

## **SB 1530 -1, -2, -3, -4 STAFF MEASURE SUMMARY**

### **Senate Committee On Health Care**

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**Sub-Referral To:** Joint Committee On Ways and Means

**Meeting Dates:** 2/2, 2/9, 2/14

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#### **WHAT THE MEASURE DOES:**

Requires health benefit plans to cover fertility and reproductive endocrinology services. Specifies coverage requirements. Applies to plans issued, renewed, or extended on or after January 1, 2023. Exempts religious insurers if coverage of fertility or reproductive endocrinology services is contrary to the religious tenets of the insurer. Directs the Oregon Health Authority (OHA) to study inequalities in assisted reproduction for individuals who are lesbian, gay, bisexual, transgender, queer or are members of other minority gender identities or sexual orientations.

*REVENUE: May have revenue impact, but no statement yet issued.*

*FISCAL: May have fiscal impact, but no statement yet issued.*

#### **ISSUES DISCUSSED:**

##### **EFFECT OF AMENDMENT:**

- 1 Directs the Oregon Health Authority, in consultation with the Department of Consumer and Business Services, consumer advocates, and insurers, to design a program to provide statewide access to fertility and reproductive endocrinology services, including to enrollees in plans that are exempt due to an insurer's religious tenets.
- 2 Replaces exemption based on religious tenets with existing exemption applicable to coverage of reproductive health services. Directs the Department of Consumer and Business Services to collect fees from private insurers that are exempt from requirements to cover fertility and reproductive health services. Requires an exempt insurer to provide notice to enrollees and potential employees about fertility and reproductive endocrinology services accessible under the statewide fertility access program. Specifies that the Health Evidence Review Commission will study inequalities in assisted reproduction.
- 3 Replaces exemption based on religious tenets with existing exemption applicable to coverage of reproductive health services. Directs DCBS to collect fees from private insurers that are exempt from requirements to cover fertility and reproductive health services. Directs OHA to create a program to reimburse enrollees in exempt plans for out of pocket costs for fertility and reproductive endocrinology services and conduct community outreach regarding program. Directs OHA and DCBS to study cost, utilization, and inequities in access to fertility and reproductive endocrinology services based on race, ethnicity, gender identity, sexual orientation, income, marital status, immigration status and disability. Requires a report to an interim committee of the Legislative Assembly no later than September 15, 2024, to include findings and recommendations.
- 4 4: Removes requirements for health plans to cover fertility and reproductive endocrinology services, for DCBS to collect fees, and for OHA to create a program for reimbursement of enrollees in exempt plans. Directs OHA and DCBS to study cost, utilization, and inequities in access to fertility and reproductive endocrinology services based on race, ethnicity, gender identity, sexual orientation, income, marital status, immigration status and disability. Requires a preliminary report to an interim committee of the Legislative Assembly by October 31, 2022, and a final report by December 1, 2022, to include findings and recommendations.

#### **BACKGROUND:**

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*This summary has not been adopted or officially endorsed by action of the committee.*

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The American Society for Reproductive Medicine (ASRM) estimates that 10-15 percent of couples experience infertility, defined as the inability to conceive after one year. Clinicians diagnose infertility using lab tests, specimen analysis, imaging, and diagnostic procedures. Treatment may include in vitro fertilization (IVF), medications, surgery, and other practices approved by ASRM or the American College of Obstetricians and Gynecologists.

The Kaiser Family Foundation [reports](#) that most people pay out-of-pocket for reproductive health care because it is not typically covered by private insurance plans (except in the 15 states where coverage is required by law). Many people lack access to reproductive health care due to cost. Others have been excluded from reproductive care based on sexual orientation or gender identity, [according](#) to ASRM.

Senate Bill 1530 requires health benefit plans to cover fertility and reproductive endocrinology services and requires the Oregon Health Authority to study inequalities in reproductive health care.