

SB 1530 STAFF MEASURE SUMMARY

Senate Committee On Health Care

Action Date: 02/14/22

Action: Without recommendation as to passage and referral to Rules and then to Ways and Means by prior reference.

Vote: 3-2-0-0

Yeas: 3 - Beyer, Manning Jr, Patterson

Nays: 2 - Kennemer, Linthicum

Fiscal: Fiscal impact issued

Revenue: No revenue impact

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

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. Declares emergency, effective upon passage.

ISSUES DISCUSSED:

- Reproductive rights and inequities in access to fertility and reproductive endocrinology services
- Basis for insurer exemption from requirement to cover fertility and reproductive endocrinology services
- Program of reimbursement for out-of-pocket expenses paid by members of exempt plans
- Anticipated cost, utilization, and effect on premiums of coverage of in vitro fertilization (IVF)

EFFECT OF AMENDMENT:

No amendment.

BACKGROUND:

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.