

# House Bill 3391 (2017) Report – Executive Summary

---

## Executive Summary

Section 2 of the Reproductive Health Equity Act<sup>1</sup> (RHEA) requires health benefit plans in Oregon to provide a wide range of reproductive health services to their members without cost-sharing. In addition to the law's requirement to cover these services, health benefit plans are prohibited from imposing prior authorization or other utilization control techniques for FDA-approved contraceptive drugs, devices or other products.

Section 3 of RHEA requires DCBS to report to the interim committees of the Legislative Assembly related to health on the degree of compliance with section 2 of RHEA and of any actions taken to enforce compliance with the requirements of that section.

This report is necessarily a status report on compliance to date. State-regulated, large group plans have not yet had to renew their policies, so a substantial portion of the commercial market has not yet had to comply with RHEA. Health benefit plans offered by employers may be issued or renewed at any time of year. It is not uncommon for plans to have their annual renewal date in the fall. For such plans, the coverage requirements of RHEA are not yet in effect as of the time of this report, and will go into effect upon renewal. Through experience in other areas of insurance regulation, DFR estimates that up to 40% of large group plans renew in the fourth quarter.

Since January 1, 2019, DCBS has received three consumer complaints related to the coverage requirements of RHEA. However, in the case of two of these complaints, the law's requirements did not apply. In one case, the consumer was covered by a self-insured employer plan exempt from state regulation, and in the other case, the plan had not yet renewed in 2019, so the law's requirements had yet to go into effect. In the final case, the health insurance carrier's decision was overturned and coverage was made available without cost-sharing as required by the law.

## Next Steps for DCBS

*Issue the data call:* DCBS will issue a data call Q1 2020, once all relevant plans have been modified or renewed. Carriers will have opportunities to ask questions and engage with the department through the process. While any individual results in the data call will be confidential, an aggregate report could be made available outlining the department's findings.

*Work with the Oregon Health Authority to obtain APAC data.* DCBS currently is a signatory to several data use agreements for APAC data, including for rate review and surprise billing

---

<sup>1</sup> 2017 Or Laws ch 721, codified at ORS 743A.067.

## **House Bill 3391 (2017) Report – Executive Summary**

---

benchmarking. OHA is a willing and engaging partner in data sharing, and DCBS looks forward to more collaboration.

*Process for provider complaints:* DCBS is already in process of working with providers to ensure that their patients have the opportunity to report information to us regarding cost sharing and coverage issues. DCBS' insurance expertise will both help individual patients as well as giving the department a sense of what is occurring in the market.

*Next update prior to 2021 session.* DCBS commits to updating this report by Q3 2020, so as to help inform any policy conversation that may need to occur during the 2021 legislative session.