



Reproductive Health Equity Act: Frequently Asked Questions March 2018

What is the Reproductive Health Equity Act (HB 3391)?

On Aug. 15, 2017, Governor Brown signed HB 3391, the Reproductive Health Equity Act, into law. The Reproductive Health Equity Act protects and expands coverage for reproductive health services at no out-of-pocket cost for Oregonians covered by commercial health plans regulated by the State of Oregon, and establishes reproductive health coverage for Oregon women categorically excluded from Medicaid based on citizenship status.

Upon signing, the Reproductive Health Equity Act codified the right to receive and provide abortion care in the State of Oregon. There are several other new benefits in the bill that will be implemented over the next two years.

How does this law benefit transgender and gender-nonconforming Oregonians?

As of August 15, 2017, commercial health plans regulated by the State of Oregon are prohibited from discriminating on the basis of gender identity, ensuring access to healthcare for transgender and gender-nonconforming people.

What are the new benefits for Oregon immigrants?

Starting April 1, 2018, Oregon women who have been excluded from Medicaid coverage because of their citizenship status will now have access reproductive health care. These services include, but are not limited to:

- Screenings for pregnancy, sexually-transmitted infections(STI's), breast and cervical cancers, genetic cancer risk factors;
- Counseling on tobacco use, STIs, breast cancer treatment, and domestic violence;
- Breastfeeding support;
- Abortion;
- A comprehensive list of FDA approved contraception, and contraceptive-related services including insertion and counseling; and
- Voluntary sterilization.

In addition, starting April 1, 2018, women receiving services through the CAWEM Plus prenatal care program will be able to access comprehensive medical care for 60 days during the postpartum period.



What benefits are protected for people with private health insurance?

This law guarantees commercial health plans regulated by the State of Oregon will continue to cover the preventive services covered for women by the Affordable Care Act at no out-of-pocket cost, regardless of what happens at the federal level. These services include but are not limited to:

- Screenings for pregnancy, sexually-transmitted infections (STI's), breast and cervical cancers, genetic cancer risk factors;
- Counseling on tobacco use, STIs, breast cancer treatment, and domestic violence;
- Breastfeeding support;
- A comprehensive list of FDA-approved contraception, and contraceptive-related services including insertion and counseling; and
- Voluntary sterilization.

Does this law guarantee abortion coverage at no out-of-pocket cost?

Starting January 1, 2019, commercial health plans subject to Oregon regulation will be required to cover abortion with no out-of-pocket costs, even if the patient has to go out of network for care. The Reproductive Health Equity Act did not change any other requirement for abortion access. Oregon has a long-standing policy of not criminalizing abortion at any stage or restricting access to timely, safe care.

How does this law benefit men?

Starting January 1, 2019, commercial health plans subject to Oregon regulation will be required to cover these services for men as well as women. This includes coverage for STI screening and vasectomy at no out-of-pocket cost. Oregon's Medicaid program, the Oregon Health Plan, already provides vasectomy and STI screening for men at no out-of-pocket cost.

Does this law apply to all private health insurance plans in Oregon?

The Reproductive Health Equity Act applies to all commercial health plans regulated by the State of Oregon, including those plans purchased through healthcare.gov.

It does not apply to federal health plans, such as the Federal Employees Health Benefits Program (FEHBP), TRICARE, or Civilian Health or Medical Program of the Uniformed Services (CHAMPUS); nor does it apply to self-funded plans or other plans subject to the Employee Retirement Income Security Act (ERISA).

In compliance with federal policy, religious employers like churches are allowed to have plans that do not cover contraceptives or abortion. Under the Reproductive Health Equity Act,



health insurers which already exclude abortion coverage in all their plans are exempted from the law's requirement to cover abortion, and will not be required to start. To ensure Oregonians covered by religious employers or exempted health plans have access to the abortion care they need, the Oregon Health Authority is required to develop a plan to fill these gaps in coverage by November 1, 2017.

What are the new benefits for people with Medicaid/OHP and people covered by Public Employee Benefit Plans?

Oregon's Medicaid program, the Oregon Health Plan (OHP), and public employee benefit plans like PEBB and OEBC are already required to include comprehensive reproductive health coverage including abortion. The Reproductive Health Equity Act does not expand or detract from coverage requirements for these plans.

House Bill 3391

<https://olis.leg.state.or.us/liz/2017R1/Downloads/MeasureDocument/HB3391>

Oregon Health Authority: Reproductive Health Program

<http://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/Pages/reproductive-health-equity-act.aspx>

Division of Consumer and Business Services: Health Insurance Regulated by Oregon

<http://dfr.oregon.gov/gethelp/ins-help/health/Pages/index.aspx>