

# >> Recommendations to update preventive health services

Health Evidence Review Commission's  
Recommendations to the Legislature on HB 3391  
(2017) Reproductive Health Equity Act

Oregon  
Health  
Authority

HEALTH POLICY & ANALYTICS  
Health Evidence Review Commission

# Acknowledgments

Health Evidence Review Commission

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# Executive summary

House Bill 3391 (2017) includes a list of preventive, reproductive health and other services to be provided without cost sharing to people insured under state-regulated health plans. In addition, the bill created a program covering these services for individuals who can become pregnant and who would be eligible for medical assistance if not for federal law excluding certain immigrants from medical assistance programs (8 U.S.C. 1611 and 1612). Before November 1 of each even-numbered year, the bill requires the Health Evidence Review Commission to report to the legislature on recommended changes to the coverage listed in statute.

While existing law covers the most important services, this report provides two recommendations for changes to the list of required preventive services, which are:

- Updating the date referencing United States Preventive Services Task Force (USPSTF) and Health Resources and Services Administration (HRSA) of the United States Department of Health and Human Services from January 1, 2017 to January 1, 2022.
- Clarifying that listed preventive services must be covered in accordance with national evidence-based standards, including scope and frequencies as recommended by the USPSTF and HRSA, when applicable.

# Introduction

This report outlines recommendations of the Health Evidence Review Commission (HERC) for changes to ORS 743A.067(2) as required by ORS 414.694. These recommendations would align the coverage required in statute with current recommended evidence-based federal standards for commercial coverage and add additional services important for reproductive health.

## Background

House Bill 3391 was passed in 2017 to ensure coverage of reproductive health services in Oregon. It requires health plan coverage (including commercial plans and coverage for those who would be eligible for Medicaid but for their immigration status) for screening and other services without a deductible, coinsurance, copayment, or any other cost-sharing requirement.

ORS 414.694 states:

*The Health Evidence Review Commission shall review the coverage described in ORS 743A.067 (2) and, no later than November 1 of each even-numbered year, report to the interim committees of the Legislative Assembly related to health any recommended changes to the coverage described in ORS 743A.067 (2) based upon the latest clinical research.*

# HERC review and recommendations to the legislature

## Update dates to align with current evidence

- 1) **Revise the reference to the United States Preventive Services Task Force (USPSTF) and Health Resources and Services Administration (HRSA) to include recommendations through January 1, 2022**

### Rationale:

Currently, the law refers to USPSTF and HRSA recommendations identified as of January 1, 2017. There have been several recommendations approved since that date by these two bodies. Extending that date to January 1, 2022 would ensure coverage of more recently identified evidence-based services to align with new or recently updated federal guidelines. These additional services are unlikely to have a large cost impact. Enacting this change would align state requirements with the Affordable Care Act (ACA), preserving the status quo in the event the ACA provisions regarding preventive services are overturned, amended, or repealed.

### Impact:

This change would result in alignment with current federal requirements around coverage of all reproductive and preventive services for women and adolescents—not just those services outlined in Section 2 of HB 3391.

## Clarify that services must be provided in accordance with guidelines

- 2) **Clarify that the included preventive services required under ORS 743A.067(12) must be covered when provided in accordance with evidence-based guidelines (USPSTF, HRSA), if applicable**

### Rationale:

House Bill 3391 includes a list of preventive, reproductive health, and other services to be provided without cost sharing to people insured under state-regulated health plans. Many of these services or procedures may be considered clinical preventive services in many, but not all, circumstances. The Legislature could consider amending 743A.067 (12) to clarify that the requirements related to coverage of these services in section 2 apply only when the services are provided in accordance with relevant federal guidelines such as those from USPSTF and HRSA.

### Impact:

The statute is currently unclear whether clinical preventive services must be offered in alignment with evidence-based guidelines (i.e., USPSTF, HRSA). This could be misinterpreted to imply that insurers would be required to cover inappropriate preventive services or at intervals that are not consistent with the best evidence. This change would clarify that the intent is to cover these services in alignment with high-quality evidence.

# Conclusion

While access to reproductive health services is currently covered by state and federal law, implementing the recommendations laid out in this report would increase access to important preventive and reproductive health services. In addition, it would align Oregon's coverage requirements with national standards. These services would be available without cost sharing to Oregonians with commercial insurance and to low-income Oregonians who could become pregnant and are not eligible for Medicaid due to their immigration status.

HERC appreciates your consideration of these recommendations. We look forward to continuing to assist you so the list of services established by the Reproductive Health Equity Act reflects the most current information on evidence-based health care.





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