

**BILL SUMMARY**  
2<sup>nd</sup> Session of the 59<sup>th</sup> Legislature

<b>Bill No.:</b>	<b>SB 1334</b>
<b>Version:</b>	<b>ENGR</b>
<b>Request Number:</b>	
<b>Author:</b>	<b>Rep. West (Josh)</b>
<b>Date:</b>	<b>3/28/2024</b>
<b>Impact:</b>	<b>OMES: \$2,000,000</b>
	<b>OHCA: \$313,125</b>

**Research Analysis**

SB 1334 requires health benefit plans to cover necessary expenses for standard fertility preservation services. This coverage is particularly targeted towards individuals diagnosed with cancer, where necessary treatments may cause infertility. Preauthorization for these services is not required, but the plan may have limitations and cost-sharing mechanisms like deductibles or copayments. Religious employers can request exemptions based on their beliefs, but they must inform prospective enrollees of this exemption.

Prepared By: Autumn Mathews

**Fiscal Analysis**

SB 1334 requires health benefit plans to provide coverage for standard fertility preservation services when a medically necessary treatment may cause iatrogenic infertility. Coverage must extend to individuals diagnosed with cancer and are within reproductive age. The measure provides exemption for religious employers if such coverage conflicts with the employer's beliefs and practices.

Officials with the Office of Management and Enterprise Services (OMES) estimate an annual cost of Two Million Dollars (\$2,000,000), less than one-fourth percent (.25%) increase in total premium. The impact beyond one year would be expected to increase consistent with medical trends. OMES provided the following, "this estimate is based on HealthChoice plan year experience as well as national averages. It assumes 25% of HealthChoice members with cancer-related claims are newly diagnosed in a year, 75% of eligible members will elect this procedure, national average costs for this type of claim (\$750 for Males, \$12,500 for Females) and members newly diagnosed with cancer would otherwise hit their out-of-pocket (OOP) Max for the year and not be subject to additional cost sharing."

Officials with the Oklahoma Health Care Authority (OHCA) anticipate the state's contribution toward Medicaid claims to be Three Hundred Thirteen Thousand One Hundred Twenty-Five Dollars (\$313,125) based on the applicable population of seven thirty-six (736) participants.

Thus, SB 1334 would have a fiscal impact, if realized, of Two Million Three Hundred Thirteen Thousand One Hundred Twenty-Five Dollars (\$2,313,125) to the State Health Plan, potentially impacting premium rates.

Prepared By: Alexandra Ladner, House Fiscal Staff

**Other Considerations**

None.

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