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PERMANENT ADMINISTRATIVE RULES

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I certify that the attached copies are true, full and correct copies of the PERMANENT Rule(s) adopted on Upon filing, by the
Department of Consumer and Business Services, Insurance Regulation 836

Agency and Division

Administrative Rules Chapter Number

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To become effective Upon filing. Rulemaking Notice was published in the June 2016 Oregon Bulletin.

RULE CAPTION

Establishing standards for the adequacy of an insurer's network of health care providers.

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

RULEMAKING ACTION

Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.

ADOPT:

836-053-0300, 836-053-0310, 836-053-0320, 836-053-0330, 836-053-0340, 836-053-0350

AMEND:

REPEAL:

RENUMBER:

AMEND AND RENUMBER:

Statutory Authority:

ORS 731.244 & 743B.505

Other Authority:

2015 Or Laws Ch 59, § 12 (Enrolled House Bill 2468)

Statutes Implemented:

ORS 743B.505

RULE SUMMARY

In 2015, the Oregon Legislature enacted House Bill 2468. The bill instructs the Director of the Department of Consumer and Business Services to adopt rules pertaining to an insurer's network of health care providers. In promulgating rules, the director must prescribe annual network reporting requirements, define nationally-recognized standards to be used in demonstrating networks are adequate, and establish factors to be used when insurers demonstrate compliance with network adequacy requirements via the factor-based approach. The director must also adopt rules establishing provider directory requirements. HB 2468 applies to health benefit plans in effect on or after January 1, 2017.

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