



OREGON
INDEPENDENT MENTAL
HEALTH PROFESSIONALS

To: Division of Financial Regulation, Department of Consumer and Business Services

From: Melissa Todd, PhD, representing OIMHP

Date: October 29, 2025

Re: SB 824 Proposed Rule and Public Hearing

OIMHP is a committee of practicing behavioral health professionals supported by the Western Oregon Mental Health Alliance (WOMHA). We advocate for increased public access to behavioral health care, insurer compliance with state and federal Behavioral Health Parity laws, and improved working conditions for behavioral health providers who contract with health insurance carriers. We respectfully offer our comments on the SB 824 proposed rule filed on 09/26/2025 and discussion from the public hearing held on 10/22/2025.

OIMHP supports the adoption of the proposed rule as written, which primarily restores the HB 3046 (2021) behavioral health parity reporting requirements that sunset on 01/01/2025. These reporting requirements offer numeric indicators that make elusive non-quantitative treatment limitations (NQTLs) measurable, including appeals and denials rates, in-network vs. out-of-network utilization, and various reimbursement rate metrics. These particular reporting requirements have arguably been the most effective at exposing how insurers impose greater treatment limitations on behavioral health versus medical/surgical. Shining a light on these disparities has yielded observable systemic change. Since the first Behavioral Health Parity Report was released in 2022:

- Insurers have changed reimbursement policies and practices to align with HB 3046 directives.
- As a result, behavioral health providers have received meaningful reimbursement increases from some of the lowest paying insurers for the first time in years, making network participation more sustainable.
- Thus, the annual Behavioral Health Parity Reports show trends of increased in-network behavioral health claims over time, indicating that....
- More Oregonians have access to in-network behavioral health care.

It is significant that these changes have occurred without investigations or enforcement actions. In other words, simply exposing disparities has been sufficient to facilitate change.

That said, it bears mention that insurers have been advocating for *decreased transparency* since HB 3046 was introduced in the 2021 Oregon Legislative Session. They have particularly argued against releasing information contained in provider contracts, claiming the contracts are “proprietary” and contain trade secrets. Though this is debatable, insurers have successfully prevented the department from naming names in the annual Behavioral Health Parity Reports and even from publishing anonymized data from individual insurance companies. Six insurers felt so strongly about keeping information hidden from the public that they filed lawsuits in 2024 to prevent local media from obtaining their behavioral health parity datasets.

The SB 824 proposed rule ensures that insurers no longer need to file lawsuits to keep their datasets hidden from the public. OAR 836-053-1430 (4) specifically states that information submitted to the department under this rule is confidential and not subject to public disclosure. This confidentiality protection should pave the way for insurers to be more transparent with the department without concern that trade secrets will be revealed to the public. **OIMHP thus supports the department’s discretion to request any information necessary to assess parity compliance, including provider contracts data. We oppose reinstating reporting on “incurred claim rates” to OAR 836-053-1430 (3)(h) and (i) which benefits insurers by limiting the department’s scope to assess reimbursement NQTLs.** The added confidentiality protection for insurers is sufficient to offset departmental discretion to evolve and improve parity reporting as a means of assessing compliance with state and federal behavioral health parity requirements.

If the department is considering reinstating reporting on “incurred claim rates,” OIMHP respectfully requests that all original language be reinstated to OAR 836-053-1430 (3)(h) and (i) to include reporting on “provider contracted rates.” This issue was only minimally discussed at the 07/22/2025 Rulemaking Advisory Committee (RAC) meeting and did not allow sufficient time for OIMHP to make the case for the department to preserve their access to provider contracted rates data.

Thank you for the opportunity to participate in the SB 824 RAC and to offer comments on the proposed rule.

Sincerely,



Melissa Todd, PhD
Licensed Psychologist

Oregon Independent Mental Health Professionals (OIMHP)