

Thu 4/11/2024 4:18 PM

Hi, Brooke and Lisa--

Following up on this meeting, I'd like to propose new rule language related to network adequacy. As I mentioned during the meeting, I'm concerned that the language currently proposed doesn't require review by DCBS (beyond DCBS' review of network adequacy in general). So, I'm suggesting the following language, mirroring language in OAR 836-053-0320 (Annual Report Requirements for Network Adequacy):

(5) In its annual report for each network required under ORS 743B.505, an insurer offering individual or small group health benefit plans must include at least the following information for networks associated with health benefit plans currently in force and networks associated with health plans being marketed at the time the report is submitted:

(a) The insurer's process for contracting with a network of gender-affirming treatment providers that is sufficient in numbers and geographic locations to ensure that gender-affirming treatment services are accessible to all enrollees without unreasonable delay; and

(b) The insurer's process for ensuring that all enrollees have geographical access without unreasonable delay to out-of-network gender-affirming treatment services with cost sharing or other out-of-pocket costs for the services no greater than the cost sharing or out-of-pocket costs for the services when furnished by an in-network provider.

Thanks for your consideration!

JF



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