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Reply to:
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September 3, 2025

Brooke Hall
Senior Policy Analyst
Department of Consumer and Business Services, Division of Financial Regulation
P.O. Box 14480
Salem, OR 97309

SENT VIA EMAIL

RE: Comments on Draft Rules Implementing SB 822 (2025) – Network Adequacy

Dear Ms. Hall:

Thank you for the opportunity to provide comments on the draft rules implementing SB 822 (2025).

Cambia Health Solutions, which operates Regence BlueCross BlueShield of Oregon (Regence) and BridgeSpan Health plans, is a not-for profit health insurer dedicated to improving the health and well-being of our members and the communities we serve. As the state's largest health insurer, we provide high-value, affordable health care to nearly one million Oregonians across a network of 39,000 providers at 705 sites across the state. In keeping with our values as a tax-paying nonprofit, 90% of every premium dollar goes to pay our members' medical claims and expenses.

We are providing these comments based on the discussion at the August 20, 2025 Rules Advisory Committee (RAC) meeting.

OAR 836-053-0310 – Network Adequacy Definitions for OAR 836-053-0300 to 836-053-0350

Low-income zip code definition

We appreciate your clarification that no federal definition of "low-income zip code" currently exists. Given this absence of federal guidance, we are concerned about reference to CMS and HHS in the definition and respectfully request its removal to avoid regulatory confusion. We recommend the following definition:

> "Low-income zip code" for the purpose of network adequacy reviews means a zip code in which a specified percentage of residents have household incomes below the federal poverty level."

We also recommend adding the CMS definition of "urban county" to ensure all carriers are using the same definitions.

OAR 836-053-XXXX - Nationally Recognized Standard for Annual Network Adequacy Evaluation

We appreciate your commitment to collaborate through this RAC process to update existing annual network adequacy reporting templates for the requirement in (4) which provides that:

> "Each carrier must submit all network data and documentation necessary for the department's annual evaluation, using forms, deadlines, and reporting templates by the department".

Completing the data template concurrent with rulemaking will provide the necessary clarity for carriers and ensure consistent implementation.

OAR 836-053-XXXX – Quantitative Network Adequacy Access Standards

Appointment Wait Time Requirements – Implementation Challenges

This section requires carriers to meet certain minimum quantitative access benchmarks consistent with the network adequacy standards for Qualified Health Plans set forth in 45 C.F.R. 156.230, as in effect on January 1, 2025. One of the minimum standards is appointment wait times for Primary, Behavioral health care, and Specialty care providers. While we support the goal of improving patient access, these appointment wait time requirements present significant operational challenges that merit careful consideration for the following reasons:

<u>Fundamental control limitations:</u>

1. Insurers have no legal authority to require providers to offer appointments within specific time frames
2. Provider appointment availability is governed by medical practice management, not insurance contracts
3. Insurers cannot directly control provider capacity, staffing, or operational decisions.

<u>Market and geographic realities:</u>

1. Rural areas may have insufficient providers regardless of insurer network development efforts.
2. Documented nationwide shortages exist in critical specialties, particularly behavioral health and dermatology
3. Provider availability varies significantly by geographic region and specialty type

<u>Patient and system factors:</u>

1. Patient preferences for specific providers may naturally extend wait times
2. Clinical distinctions between urgent and routine appointments impact scheduling availability
3. Provider scheduling systems may lack the sophistication needed for accurate wait time tracking and reporting., etc.

We also seek clarification on the DFR's enforcement approach when a carrier demonstrates network adequacy, but experiences wait time compliance challenges. Will the DFR impose penalties automatically, or will noncompliance be assessed on a case-by-case basis?

We appreciate DFR Compliance Manager Cassie Soucy's initiative to convene insurers, at the insurer's request, for discussions on the challenges insurers are experiencing today operationalizing it and the cost

associated with it to find realistic and cost-effective operationalization of these requirements. This collaborative approach will help develop implementation strategies that benefit consumers while acknowledging market realities and operational constraints.

Additional Recommendation

We recommend clarifying that these rules apply to Oregon residents seeking health care in Oregon from physicians licensed by the Oregon Medical Board or other appropriate state licensing agencies.

Conclusion

We appreciate the Department's collaborative approach and look forward to continued engagement through the RAC process. These comments reflect our commitment to improving access while ensuring realistic and effective implementation.

Thank you for your consideration of our comments.

Sincerely,

A. Awuakye

Antoinette Awuakye
Sr. Public and Regulatory Affairs Specialist