



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

From: Melissa Todd, PhD, representing OIMHP

Date: September 23, 2025

Re: SB 822 Rulemaking Advisory Committee

OIMHP has been dedicated to monitoring health insurer policies and practices in Oregon for over a decade. We advocate for increased public access to behavioral health care, compliance with state and federal Behavioral Health Parity laws, and improved conditions for behavioral health providers who contract with health insurance carriers. We appreciate this opportunity to advise the department on the SB 822 rulemaking process and respectfully offer our feedback in response to the discussion from the September 9th, 2025 SB 822 Rulemaking Advisory Committee meeting and meeting materials.

We would first like to reiterate that network adequacy legislation and regulation are essential to protecting access to behavioral health care in Oregon. In contrast to medical/surgical networks, insurers have a long and documented history of maintaining narrow networks of behavioral health providers insufficient to meet the needs of their members. As a result of this measurable disparity, Oregonians with behavioral health conditions have been disproportionately burdened with higher costs for seeking out-of-network care or have had to forego care altogether. We offer recommendations specific to behavioral health with this in mind, noting carriers are explicitly directed to ensure adequate networks of behavioral health providers and access to care for consumers with mental and behavioral health conditions.

Recommendations to DCBS

We are sympathetic to the challenges of measuring and monitoring network adequacy, especially when it comes to provider availability and timely access. This may be especially difficult with behavioral health providers who are more likely to be independent practitioners carrying much lower caseloads than medical/surgical providers at any given time. A behavioral health provider's availability and capacity to take new patients can change quickly so quarterly directory updates may not fully capture behavioral health network adequacy. The time and distance standards and timely access requirements may also have limited utility with regard to behavioral health. While we still support carriers and the department collecting this data for behavioral health, we believe the most meaningful way to ensure behavioral health network

adequacy is to focus on the size of networks in relation to member numbers. We thus offer the following network adequacy reporting recommendations to the department:

- Direct carriers to report on the ratio of members to medical/surgical providers and members to behavioral health providers. This may be calculated by members insured within plans and by total members insured with the carrier.
- Compare the ratios between medical/surgical and behavioral health. Compare ratios within and between carriers. These comparisons will enable the department to establish norms, identify discrepancies, and inform their work with carriers to remedy behavioral health network inadequacies.
- If possible, direct carriers to report on the ratio of members who access behavioral health care to in-network behavioral health care providers. Identifying members who access behavioral health care may be accomplished by looking at both in-network and out-of-network claims containing behavioral health service codes.
- Track ratios over time to monitor longitudinal trends, identifying increases and decreases in behavioral health provider network size. These trends can be plotted against variables such as reimbursement trends, out-of-network behavioral health claims, and medical management trends (e.g., denials, audits, reviews) to achieve a greater understanding of the factors that affect behavioral health networks.

Recommendations to Carriers

As a committee of practicing behavioral health providers, OIMHP respectfully offers the following recommendations for carriers to communicate more information to providers to obtain more accurate data for network adequacy reporting.

- Offer more detailed explanations about why carriers are asking providers for information on the types of services offered, specific specialties, and populations served. Providers may be more motivated to share this information if they understand carriers are trying to meet Oregon standards to maintain networks sufficient to provide culturally and linguistically responsive care to enrollees.
- Include these more detailed explanations in the quarterly reporting forms providers are required to complete which allow carriers to maintain more accurate provider directories, along with questions requesting this data.

Thank you the opportunity to offer comments to inform the SB 822 rulemaking process.

Sincerely,



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Licensed Psychologist

Oregon Independent Mental Health Professionals (OIMHP)