

September 24, 2025

Division of Financial Regulation  
Department of Consumer and Business Services  
350 Winter St NE  
Salem, OR 97301

Re: Rulemaking to Establish Network Adequacy Standards According to SB 822 (2025)

Providence Health Plan (PHP) is a local, non-profit health carrier covering over 140,000 Oregonians and their families through individual and group health plans. Originating in Oregon, we understand the necessity for clear access standards that reflect the state's unique needs. and ensure access to care across the state. Our mission aligns with this goal, striving for health care for all. PHP offers these comments in support of the legislature's passage of Senate Bill 822 and the DFR's efforts to implement it.

Specifically, we suggest clarifications relating to reporting, provider training expectations, and telehealth thresholds to ensure rigorous yet practicable standards for carriers and enrollees.

### [Applicability of Standards](#)

PHP appreciates the DFR's work to establish network adequacy standards that build on the federal framework. To support smooth implementation, we recommend that the rules include clear transition timelines and phased milestones. For example, specifying when reporting templates and related guidance will be available would allow carriers to prepare systems and processes in advance of the new requirements. Including these benchmarks within the rules would provide consistency across the market and help carriers focus resources on timely compliance and maintaining strong networks. Ultimately, setting out these timelines will ensure the transition strengthens provider access and continuity of care for members.

### [Quantitative Standards and Network Adequacy Reporting](#)

PHP supports the adoption of clear, nationally recognized quantitative standards for network adequacy that ensure members can access timely, appropriate care. To promote transparency and consistency, we recommend that the DFR publish a crosswalk document identifying where Oregon's standards align with, and where they diverge from, federal CMS requirements. Such a

tool would minimize ambiguity and support consistent application across the market. We also encourage the DFR to provide a defined methodology for documenting the percentage of telemedicine utilization, so carriers can report this information in a standardized and comparable way.

With respect to annual network adequacy reporting, we urge the DFR to streamline templates to reduce duplication of information already required for QHP filings. This would ensure carriers' resources remain focused on building and maintaining robust provider networks rather than reformatting duplicative data. Additionally, clear instructions and example justifications for documenting adjustments in health professional shortage areas or low-income ZIP codes would support consistent and transparent application of standards. By refining reporting expectations in this way, the DFR can uphold strong access protections while minimizing administrative burden that does not meaningfully impact care.

### Telemedicine Flexibility

PHP strongly supports the telehealth flexibilities within the proposed rules. Telehealth has become increasingly crucial to care access amid growing demand and provider shortages, particularly in behavioral health care, where Oregon faces severe provider shortages and member preferences for telehealth continue to grow.

While telehealth is essential, it must remain a companion to in-person care. The proposed allowances, 10% for primary and specialty care and 30% for behavioral health, strike an appropriate balance between supporting member preferences and maintaining network integrity. We recommend that the DFR maintain these ratios in the final rule.

### Culturally and Linguistically Responsive Care

PHP appreciates the DFR's inclusion of requirements relating to culturally and linguistically responsive care within provider networks. As a regional health plan, we understand how appropriate care based on individual needs and identities leads to better health outcomes. To best support this goal, we suggest that the DFR create a standardized reporting metric so carriers may comply consistently while also meeting members' needs. For example, establishing a baseline percentage of providers within a network with second-language capacity would provide measurable standards tailored to covered populations.

We also recommend leveraging standards from recognized organizations that grant health equity accreditations. For instance, the National Committee for Quality Assurance (NCQA) requires carriers seeking health equity accreditation to meet rigorous criteria for language services and culturally responsive networks. Since carriers offering individual health plans on the Oregon Health Insurance Marketplace will obtain this accreditation, NCQA's standards could serve as an appropriate reporting baseline.

Further, PHP is committed to supporting our network providers in meeting the linguistic and cultural needs of our members. To strengthen clarity, we recommend that the DFR specify appropriate ways carriers may support providers in accessing training on culturally responsive and trauma-informed care, while clarifying that carriers are not expected to directly administer or provide such training. While we strongly agree that such training is essential to high-quality care, carriers are not positioned to develop or deliver it. Specialized organizations are better equipped to provide this education in a cost-effective and impactful manner. Requiring providers to complete separate training for each carrier would create an unnecessary and duplicative burden. Ultimately, clarifying this expectation will ensure providers can access high-quality training without undue administrative challenges while still advancing the important goals of cultural responsiveness and trauma-informed care.

As proposed, the rules reflect a strong commitment to ensuring access to care for fully insured members. Building from federal Qualified Health Plan standards provides consistency, predictability, and alignment with national best practices. These rules strike a balance between enforceable standards and the flexibility needed to address Oregon's unique population and geographic challenges. We are supportive of the proposed network adequacy standards, which incorporate federal benchmarks, recognize equity and cultural responsiveness, and thoughtfully integrate telemedicine. With the clarifications offered here, the rules will remain rigorous and practicable for carriers while setting a high standard of access for Oregonians.

We appreciate the DFR's consideration of PHP's comments and welcome further discussion.

Kind regards,

Tara Harrison  
Government Affairs Director  
Providence Health Plan  
[Tara.Harrison@Providence.org](mailto:Tara.Harrison@Providence.org)