October 28, 2025

Oregon Division of Financial Regulation
350 Winter Street NE
Salem, OR 97301
Submitted via email

Re: Comments on Network Access draft rules

Dear Ms. Hall,

Kaiser Foundation Health Plan of the Northwest appreciates the opportunity to provide feedback to the Oregon Division of Financial Regulation (DFR) on the network access draft regulation. Kaiser Permanente Northwest is an integrated health care system that covers and cares for Oregonians. We are committed to delivering affordable, coordinated, and high-quality care and coverage that supports not only our members but also the communities we serve.

Thank you for holding the Rulemaking Advisory Committee (RAC) on October 14th. As a follow-up to the meeting, we have comments related to network adequacy reporting at the provider network level; counting telemedicine providers toward network adequacy metrics; the appointment access measurement for reproductive health services; and the use of the CMS Network Adequacy Baseline and Alternative Time & Distance Standard.

Revise the regulation to reference reporting at the provider network level

Thank you for sharing the draft reporting template so that carriers may review the types of data elements that would be in the report. In reviewing the draft rules at OAR 836-053-XXXX "Network Adequacy Reporting Requirements" and the template, we note that as written, the provider network reports would be submitted at the health benefit plan level. This approach would result in a high volume of spreadsheets with duplicative information. When assessing the network adequacy of a provider network, it's important to look at each provider network and the overall enrollee population that would be using that provider network. We note that multiple health benefit plans use the same provider networks. Reporting at the provider network level would simplify the reporting for both health carriers and the DFR staff. If would provide a single report for each provider network that provides an overall view of enrollee access to services. In other jurisdictions, health carriers provide a list of the products and plans that use each unique provider network as part of the provider network report. This could be an approach for the DFR to consider to achieve the goal of clarity about which provider networks go with which products and plans.

Adjust the percentage of telemedicine providers that may be included in quantitative network adequacy standards

In (3) of draft rule OAR 836-053-XXXX Quantitative Network Adequacy Standards, carriers may use telemedicine providers to help satisfy the access requirements. The draft language currently states up to 10% for primary care and specialty care and up to 30% for behavioral health care services. Telemedicine

is a popular option for members who want convenient access to their care without needing to drive to an in-person appointment. Carriers already cover telemedicine services, and being allowed to count telemedicine providers in network access gives a better overall picture of the provider network available to members. In the context of health care provider shortages in Oregon, we believe it is important to allow health carriers to count a higher percentage of telemedicine providers toward satisfying the access requirements. We recommend that the draft regulation be revised as follows:

> (3) In meeting the quantitative network adequacy standards in this rule for travel distance and time and appointment wait times, carriers may use telemedicine providers to satisfy up to:
> (a) ~~10~~ 30 percent of the access requirements for primary care and specialty care services; and
> (b) ~~30~~ 50 percent of the access requirements for behavioral health care services.

Time to appointment standard for reproductive health care

It was helpful to see the crosswalk document of the Oregon to Federal network adequacy requirements. One item called out in that document was appointment wait times for reproductive health care. The DFR has deviated from the federal standard for reproductive health care and has placed a requirement that appointments for reproductive health care services be available within 10 business days, aligning with the behavioral health time to appointment standard. It's not clear what the basis is for reproductive services to align with behavioral health services. Reproductive health care services include a wide range of services that may be provided by either primary care or specialty care providers and physicians depending on the service being provided. There is not a statutory basis in the reproductive health care and equity act that supports a network adequacy standard of 10 business days for access to appointments. We recommend that the time to appointment measurement for reproductive health care be based on the primary or specialty care standard depending on the service being accessed by the enrollee.

Clarify the CMS resources in OAR-053-XXX to include the Network Adequacy Baseline and Alternative Time and Distance Standard

The rule section titled "nationally recognized standard for annual network adequacy evaluation" includes a reference to the "federal network adequacy standards for Qualified Health Plans set forth in 45 C.F.R. § 156.230, as in effect on January 1, 2025, and as published in annual CMS network adequacy guidance." We note that as part of the qualified health plan (QHP) filing resources, CMS also publishes a Network Adequacy Baseline and Alternative Time and Distance Standard document for certain provider specialty type / county combinations where CMS has determined that the Baseline Time and Distance Standards are not achievable due to provider supply shortages, topographical challenges, or other limitations outside a QHP issuer's control. In these situations, CMS will apply the Alternative Time and Distance Standards to assess an issuer's network, crediting issuers for in-network providers located beyond the baseline times and distances.

As drafted the regulation is unclear about a carrier's ability to use the adjusted time and distance standards, as they would for QHP network adequacy. Is the current draft language "as published in annual CMS network adequacy guidance", meant to include the Network Adequacy Baseline and Alternative Time and Distance Standard? We recommend alignment between the Oregon and CMS standard.

Thank you for the opportunity to provide comments on this stakeholder draft. We look forward to our continued collaboration throughout this rulemaking process.

Sincerely,

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