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Reply to:
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October 29, 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 October 14, 2025 RAC Meeting Materials Implementing SB 822 (2025) – Network Adequacy

Dear Ms. Hall:

Thank you for the opportunity to provide comments on the draft rules and reporting template implementing SB 822 (2025) and the crosswalk document created by the DFR to show the CMS QHP Standard, Oregon Draft Rule Requirement and Alignment/Divergence from the CMS QHP Standard.

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 October 14, 2025 Rules Advisory Committee (RAC) meeting and review of the current draft rules. We are commenting on the draft rules, reporting template, and crosswalk document.

Comments on Draft Rules

OAR 836-053-0300 – Purpose; Statutory Authority; Applicability of Network Adequacy Requirements

We appreciate the addition of language in subsection (2) clarifying that "These requirements apply to the adequacy of networks serving enrollees who reside in Oregon." We also recommend adding complementary language specifying that it applies to "providers licensed to provide services in Oregon" for clarity on scope of applicability.

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

Subsection (3) currently provides that carriers may use telemedicine providers to satisfy up to:

(a) 10 percent of the access requirement for primary care and specialty care services; and
(b) 30 percent of the access requirements for behavioral health care services.

We recommend increasing these percentages thresholds. The healthcare landscape has evolved with nationally recognized virtual care providers now licensed in Oregon helping address critical specialty care shortages. Virtual care has proven particularly effective for behavioral health early intervention and specialty consultations in underserved areas, often providing faster access than traditional inpatient visit care while maintaining quality outcomes. These higher thresholds better reflect current healthcare delivery capabilities and patient needs. As such, we recommend:

(a) Primary/Specialty care increase from 10% to 30%
(b) Behavioral Health increase from 30% to 50%

OAR 836-053-XXXX – Network Adequacy Reporting Requirements

Subsection (2)(a) requires annual reports to "indicate the percentage of network adequacy standards met through telemedicine for ach provider or service line consistent with the limits adopted by the department." We recommend that the DFR define or clarify "service line" accordingly. We also recommend that "facility type" be defined. Without defining them, it appears too broad and non-specific making it questionable what we are required to report.

Subsection (2)(j) addresses baseline information on culturally and linguistically responsive care requiring carriers to provide information including "(A) The availability of interpreter services across provider types." Consistent with (B) and (C), we recommend adding "self-reported" to this requirement, as carriers cannot independently verify availability of interpreter services across provider types.

Additional Recommendation – Delay First Reporting Until 2027

While the draft rules specify a March 1 annual network adequacy reporting, we respectfully request that the first report due by March 1, 2026 be delayed until March 1, 2027. This delay would provide adequate time to collect and analyze substantive quantitative data over a full year rather than the limited three-month period from the effective date of the new rules, ensuring more meaningful and accurate baseline reporting.

<u>Comments on Reporting Template</u>

Reporting Information Tab

The current template requires specifying "Health benefit plan name "and "Health benefit plan number", which would result in reporting on potentially hundreds of plans with largely redundant information. We strongly recommend reporting at the network level based on lines of business (Individual, Small Group, Large Group). This approach will provide DFR with the essential data in a concise and manageable format while reducing unnecessary administrative burden.

<u>Comments on Crosswalk Document</u>

Appointment Wait Times Requirement

Under the “Oregon Draft Rule” column, the crosswalk specifies that “Oregon requires reproductive health care providers to meet the 10-business day appointment wait time standard.” We are concerned that the DFR may be subjecting reproductive care providers to the same appointment wait time standard as behavioral health providers without clear statutory authority. The statute does not appear to specify or mandate that reproductive health care providers meet the same 10 business day standard required for behavioral health providers. We request specific statutory citation if this requirement exists, or removal of this provision if it exceeds current statutory authority under SB 822 and the Reproductive Health Equity Act (RHEA).

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 health care access while ensuring realistic and effective implementation of network adequacy standards.

Thank you for your consideration of our comments.

Sincerely,

Antoinette Awuakye
Sr. Public and Regulatory Affairs Specialist