



November 24th, 2025

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

Submitted via email

Re: Comment on Network Access SB822 draft rules

Basic Rights Oregon appreciates the opportunity to provide feedback to the Oregon Division of Financial Regulation (DFR) on the network access draft regulation. Basic Rights Oregon's mission as a statewide organization is to ensure that all LGBTQ2SIA+ Oregonians live free from discrimination and be treated with dignity and respect in every community in our state. One core component of our work is ensuring accessible healthcare to our community members.

Thank you for holding the Rulemaking Advisory Committee (RAC) in November 2025. As a follow-up to the meeting, we have comments related to the discussion in the last meeting of delaying the network adequacy reporting with an additional workgroup to work on reporting requirements and whether DFR would be creating a temporary rule. Our concern with delaying rule due to an additional workgroup process without implementing a temporary rule is that Oregon's House bill 2002, passed in 2023, has a network adequacy clause and the definition of statewide network adequacy was to be determined by SB822's RAC. In order to determine if a patient is experiencing "unreasonable delay" within HB2002 of appointment wait times for care with insurance carriers, SB822 rule is needed provide metrics and the appointment access measurement standards. If there is not a temporary rule filed and rule is delayed by another year we are looking at a few years delay of the proper implementation and function of that law and an impact on access for patients to be able to go out of network when there are network adequacy challenges in certain areas for gender affirming treatment, providers, and healthcare services.

Secondly, if we are using a national quantitative standard and list of categories, our organization wanted to flag that at a national level we are seeing direct attacks on the lawful healthcare provision of treatment for individuals with diverse gender identities in the states. For this reason, we recommend considering defining reproductive healthcare and gender affirming healthcare as applicable provider or healthcare care types so that our network adequacy standards continue to apply in definition here in the state of Oregon if this field of healthcare is no longer defined in national standards.

Our discussion of the Health Provider Shortage Areas (HPSA) raised some questions for our organization. There is work being done around the state on workforce development to increase the number of gender affirming healthcare and mental health providers. However, we hear from providers they continue to face consistent contracting challenges with carriers when attempting to become an in-network provider. When insurance carriers submit justification statements when they are not able to meet network adequacy reporting metrics and standards, we were pleased to hear that when a carrier submits reason such as a lack of available providers, a lack of providers willing to contract, or the recent departure or

closure of a key provider or facility- that there is follow up by DFR to verify good faith effort to contract has been made.

Lastly, we wanted to note that there needed to be an addition of statement in the Behavioral Health Network Composition and Reporting section about providers being able to serve the LGBTQ+ population so this section of the rule would match the healthcare provider section.

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

Sincerely,

Seth Johnstone

Transgender Justice Program Manager

Organization: Basic Rights Oregon