



OREGON INDEPENDENT MENTAL HEALTH PROFESSIONALS

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

From: Melissa Todd, PhD, representing OIMHP

Date: December 10, 2025

Re: SB 822 Rulemaking Advisory Committee

OIMHP is a committee of practicing behavioral health professionals supported by the Western Oregon Mental Health Alliance (WOMHA). We advocate for increased public access to behavioral health care, insurer compliance with state and federal Mental Health Parity laws, and improved working 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 draft rule and discussion from the November 12th, 2025 committee meeting.

Telemedicine

OIMHP continues to support the current percentage caps for telemedicine in OAR 836-053-XXX Quantitative Network Adequacy Standards Section 3(a-b) as written in the draft rule and opposes the recommendation, now by multiple insurers, to increase the percentages. Previous Oregon network adequacy law prohibited insurers from using telemedicine-only providers to meet network adequacy standards. We support the department in their prudent adjustment, allowing a sensible increase from 0% to 10% for medical and 0% to 30% for behavioral health rather than the drastic increases to 30% and 50%, respectively, proposed by insurers.

As stated in OIMHP's October 28th, 2025 comments, there could be unintended negative consequences for allowing insurers too much leeway to rely on telemedicine to meet network adequacy that could be extremely difficult to walk back once set in motion. Vertical integration and anticompetitive monopolies have become a major problem in healthcare, with telemedicine-only companies uniquely capable of employing large numbers of providers without the need for geographically-bound physical offices. There is already a procedure in place for insurers to request increases in the caps under "safe harbor" provisions for designated health provider shortage areas (HPSAs) and low-income zip codes. With telemedicine utilization rates trending downward, OIMHP supports the department's measured approach to allowing the current sensible percentages of telemedicine and evaluating the effects over time.

Provider Self-Reported Data

During the last two RAC meetings, insurers have expressed concern that they would somehow be held responsible for provider self-reported information if insurers collect such data and report the data in directories or to the department. We would like to reiterate that all health care providers are subject to state licensing board and professional ethical standards that prohibit them from misrepresenting their scope of practice to the public. It is our opinion that providers are thus responsible for how they represent themselves and insurers would not be seen as responsible if a provider self-reported inaccurate information about their scope of practice.

Insurers also expressed concern about the use of the word “specialized” as stated in 836-053-XXXX Network Adequacy Reporting Requirements Section 2(j), suggesting this term may be protected for some types of health care providers. We agree there may be validity to this concern; this could be mitigated by removing the phrase “specialized experience” and retaining “clinical focus” as a descriptive phrase that is unlikely to be a protected term. In fact, the word “clinical” could also be removed without losing the meaning of the language. We defer to the department to decide on the best course of action.

Behavioral Health Network Composition and Reporting

OIMHP appreciates and supports the addition of this new section focusing specifically on behavioral health given the longstanding history of insurers maintaining inadequate behavioral health networks. We also support the RAC member suggestion to add language that includes individuals who identify as LGBTQIA+ or with diverse gender identities or sexual orientations to the list of populations a behavioral health provider may self-identify as serving.

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

Sincerely,



Melissa Todd, PhD

Licensed Psychologist

Oregon Independent Mental Health Professionals (OIMHP)