

12/20/2025

Comments re: Network Adequacy

Thank you for the opportunity to provide comments regarding the rulemaking for SB 822 (OAR 836-053-0300-et seq). We have reviewed the comments submitted by Cambia, Moda and Kaiser Permanente, which express concern about the difficulty in meeting the quantitative standards in the proposed rule. As the largest primary care specialty society in the state, we acknowledge that there is an ongoing, and worsening, shortage of primary care clinicians in Oregon, and that offering adequate access to care in such a context is extremely challenging.

We also recognize that telemedicine can be helpful for reducing wait times and providing convenient access to care for patients with members of their primary care teams. Once care is established with a primary care home, telemedicine encounters with members of the care team can be an efficient way to manage chronic conditions, receive behavioral health care, or manage medications, for example.

We support the proposed rule that would set the maximum allowable percentage of primary and specialty care delivered via telemedicine at 10%. We believe that care delivered via telemedicine must be thoroughly coordinated with insureds' care teams, if it cannot be delivered by that team. Advanced primary care of the kind that is delivered in PCPCH clinics is the only model proven to improve outcomes and reduce system costs; telemedicine access to the PCPCH team can be a helpful adjunct to the model. Without orienting a network to prioritizing establishing continuous care relationships, the benefits of care continuity in primary care may erode.

Additionally, we believe that annual reports submitted by the carriers should be regarded as informative with respect to the "health" of our primary care system. Average appointment wait times and percentage of care delivered via telemedicine are important indicators of the impact of our provider shortage; as models of care adjust and workforce initiatives roll out to expand the number of licensed Oregon-based PCPs, these reports may help reveal the impact of those initiatives. We also would want to be sure the reports include helpful information about the contracted telemedicine providers they work with. Therefore, in the section "Network Adequacy Reporting Requirements (2)(b)," we recommend the following change:

“description of how telemedicine or other technology is used to meet network access standards, including a breakdown of what percentage of telemedicine was delivered by Oregon-based providers that otherwise provide in-person care, and what percentage was delivered by telemedicine-only providers contracted by the carrier, including the names of those telemedicine-only providers. The report must indicate the percentage of network adequacy standards met through telemedicine for each provider, consistent with the limits in OAR”

We are happy to offer any clarifications or answer any questions about these comments.

Thank you for your consideration.

Betsy Boyd-Flynn

CEO, Oregon Academy of Family Physicians