SB 822: Network Adequacy Rule Advisory Committee Meeting

DFR | Division of Financial Regulation

Department of Consumer and Business Services

Agenda

1. Welcome and Introductions
1. Overview of SB 822 and Purpose of Rulemaking
1. Review of Proposed Rule Changes
1. Group Discussion and Feedback
1. Public Comment
1. Next Steps (Next RAC 9/2 10:30-12:00 pm)

Why Is Rulemaking Needed?

- Large group plans were not previously covered by network adequacy rules.
- Oregon law did not require clear, enforceable quantitative standards for network adequacy.
- Network and access data reporting was inconsistent and difficult to compare across plans.

SB 822: Key Provisions

- Expands network adequacy requirements to large group plans *(Section 1(1))*
- Access must be appropriate and culturally competent. *(Section 1(1)(b))*
- Replaces factor-based method with a single, nationally recognized standard adjusted for enrollee demographics. *(Section 1(3))*
- Requires adoption of quantitative access standards, consistent with federal standards in place as of Jan. 1, 2025. Standards must account for HPSA designations and local provider/specialist availability. *(Section 1(4)(a)(A))*

SB 822: Key Provisions (continued)

- Requires standards for the scope and use of telemedicine to demonstrate compliance with network adequacy requirements. *(Section 1(4)(a)(C))*
- Requires network adequacy standards to explicitly cover reproductive health and behavioral health services *(Section 1(1)(d), 1(1)(e))*
- Strengthens network adequacy requirements for enrollees in low-income ZIP codes and federally designated health professional shortage areas. *(Section 1(4)(a))*

How the Rules Will Change

- Extends NA requirements to large group plans
- Repeals OAR 836-053-320 through 0340 (removes current reporting, national standard, and factor-based approach) and replaces with updated rules
- Requires annual NA evaluation using a nationally recognized standard (aligned with CMS QHP standards as of 1/1/2025)
- Establishes clear, enforceable quantitative standards:
  - Travel time & distance
  - Appointment wait times
- Limits use of telemedicine to meet access standards

How the Rules Will Change (continued)

- Includes reproductive and behavioral health provider access as core standard
- Standardizes and strengthens annual reporting requirements
- Focuses on access in low-income ZIP codes & HPSA areas, with adjustments allowed when documented
- Requires carriers to demonstrate culturally and linguistically responsive care
- Streamlines rules by repealing outdated or conflicting requirements

Rulemaking Process & RAC Timeline

- Today: Review SB 822 and proposed rule updates
- Collect feedback from RAC members (**feedback due August 19)**
- Revise rules as needed and circulate updated drafts
- Next RAC meeting September 2, 2025, 10:30-12:00 pm
- Anticipate a total of 3 to 4 RAC meetings
- Rules finalized January 1, 2026

Next Steps

- Submit written feedback by August 19th, 2025 to DCBS
- DCBS will review and incorporate feedback as appropriate
- Next RAC September 2, 2025, 10:30-12:00 pm

Thank You & Contact Information

- Thank you for your participation and feedback!

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