



***Regulatory Affairs***

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**Reply to:**

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Lisa Emerson

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 Draft Rules Implementing HB 3134 (2025) – Prior Authorization**

Dear Ms. Emerson:

Thank you for the opportunity to provide comments on the draft rules implementing HB 3134 (2025), which, among other things, establishes annual prior authorization reporting requirements by January 31 based on prior authorizations in the previous calendar year.

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.

At the first Rule Advisory Committee (RAC) meeting on July 29, 2025, you requested input whether the report on prior authorization should be based on completed prior authorizations or on all prior authorizations including those pending.

Our recommendation is that the annual reporting should be based on completed prior authorizations only, because it ensures that the reporting elements are accurately calculated and meaningfully analyzed when based on prior authorizations with final dispositions.

Cambia appreciates DFR's collaborative approach through the RAC process and your commitment to stakeholder engagement.

Thank you for your consideration of our comments.

Sincerely,



*A. Awuakye*

Antoinette Awuakye  
Sr. Public and Regulatory Affairs Specialist