



Regulatory Affairs

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Reply to:

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August 8, 2025

Ethan Baldwin

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 SB 699 (2025) – Prosthetic and Orthotics Rules

Dear Mr. Baldwin:

Thank you for the opportunity to provide comments on the Division of Financial Regulation's (DFR) rulemaking implementing SB 699 (2025), which among other things, requires coverage of prosthetic and orthotic devices:

"that are determined to be medically necessary and the most appropriate model that meets the medical needs of the insured for purposes of performing physical activities, including but not limited to running, biking, swimming and strength training, and that maximizes the insured's whole-body health, including lower and upper limb functions."

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.

During the July 31, 2025 Rule Advisory Committee (RAC) meeting, you requested feedback on the DFRs approach to rule drafting and any additional comments from RAC members.

Response to DFRs Rule Drafting Approach

We support the DFR's streamlined approach to update existing rule language by maintaining the provision which specifies the list of orthotics that must be covered under ORS 743A.145 (SB 699 of 2025), and "any prosthetic or orthotic device for which the Centers for Medicare and Medicaid Services (CMS) has established an L Code in the Healthcare Common Procedure Coding System (HCPCS) Level II" but as of **January 1, 2026**.



This approach appropriately recognizes that the statutory language is clear and requires minimal regulatory clarification.

Additional Feedback

We appreciate DFR's confirmation of two important points:

1. **Application of Medical Necessity Standards:** Payors may continue applying their medical necessity criteria as they do today, with SB 699 not altering these determination processes. Disputes remain subject to standard appeal procedures.
2. **Coverage Scope:** Orthotic and prosthetic coverage is limited to the body parts as defined in statute.

Thank you for your consideration of our comments and your continued collaborative approach to regulatory development. We look forward to supporting the effective rulemaking implementing SB 699.

Sincerely,

A handwritten signature in blue ink, reading "A. Awuakye". The signature is fluid and cursive, with the first letter of the first name being a large capital 'A'.

Antoinette Awuakye
Sr. Public and Regulatory Affairs Specialist