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**NOTICE OF PROPOSED RULEMAKING**  
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 836  
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
INSURANCE REGULATION

**FILED**

06/27/2024 3:11 PM  
ARCHIVES DIVISION  
SECRETARY OF STATE

FILING CAPTION: 2024 Well-Women Rulemaking

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 08/06/2024 5:00 PM

*The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.*

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350 Winter St NE  
Salem, OR 97301

Filed By:  
Karen Winkel  
Rules Coordinator

HEARING(S)

*Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.*

DATE: 07/23/2024

TIME: 11:00 AM - 11:30 AM

OFFICER: Brooke Hall

IN-PERSON HEARING DETAILS

ADDRESS: Labor & Industries Building, 350 Winter St NE, Basement, Conf Rm E, Salem, OR 97301

REMOTE HEARING DETAILS

MEETING URL: [Click here to join the meeting](#)

PHONE NUMBER: 1-503-446-4951

CONFERENCE ID: 481532707

SPECIAL INSTRUCTIONS:

This is a hybrid meeting conducted in-person and virtually via Microsoft Teams:

Meeting ID: 224 327 126 040

Passcode: GeV4Zp

NEED FOR THE RULE(S)

Amendments to OAR 836-053-0435 are necessary to ensure that health benefit plans in Oregon provide comprehensive well-woman preventive care services without cost-sharing, in compliance with ORS 743A.067, also known as the "Reproductive Health Equity Act," which was enacted by the Oregon Legislature in 2017.

ORS 743A.067 directs the Oregon Department of Consumer and Business Services (DCBS) to develop rules ensuring that health insurance plans cover a specified list of preventive services without cost-sharing. This includes services identified by the United States Health Resources and Services Administration (HRSA) as part of their Women's Preventive Services Initiative (WPSI) guidelines.

The proposed amendments modify OAR 836-053-0435 to require that health benefit plan policies or certificates issued, renewed, modified, or extended on or after September 1, 2024, must provide coverage without cost-sharing for comprehensive well-woman care services in line with the HRSA guidelines as of December 2022. The proposed rule specifies that health benefit plans must cover the thirteen well-woman preventive services identified by HRSA, ensuring these services are provided without copayments, deductibles, or coinsurance.

These rules were developed in conjunction with a Rules Advisory Committee, which met on November 15, 2023, and April 16, 2024. Members of the committee included representatives of health insurers, advocacy groups, insurance producers and consumers.

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#### DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

Draft rules are available from Karen Winkel, Rules Coordinator, Division of Financial Regulation located at 350 Winter St. NE, Salem, OR 97301 and are available on the division's website:  
<https://dfr.oregon.gov/laws-rules/Pages/proposed-rules.aspx>.

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#### STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

The amendments to OAR 836-053-0435 will enhance healthcare equity in Oregon by ensuring comprehensive well-woman preventive care services are covered without cost-sharing in a manner aligned with the most up-to-date federal recommendations. This rule is designed to benefit women, particularly those from underserved communities, by removing financial barriers to essential healthcare services.

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#### FISCAL AND ECONOMIC IMPACT:

The proposed rules reflect existing federal requirements, so they are not expected to significantly increase the cost of compliance. Specifically, OAR 836-053-0435 requires health benefit plans to cover comprehensive well-woman preventive care services without cost-sharing.

Most of the services identified in the rule are already required to be covered with no cost sharing under the Affordable Care Act (ACA). Therefore, this updated state-level rule is not expected to have a significant financial impact on health plans or consumers.

Based on financial filings made to DFR, no insurers meet the definition of a small business under ORS 183.310, because no insurer is independently owned and operated.

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#### COST OF COMPLIANCE:

*(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).*

(1) State Agencies: DCBS will have a role in overseeing the implementation and compliance of the rule. This includes ensuring that health insurance carriers adhere to the requirements and possibly managing any appeals or disputes related to coverage.

Local Governments: Local health departments may see an increase in demand for preventive services as awareness and access improve. This could result in a need for additional resources or adjustments in service provision to accommodate the increased utilization.

Members of the Public: Women of reproductive age will benefit directly from enhanced access to preventive services without cost-sharing, potentially improving overall health outcomes.

Based on information currently available to DCBS, the proposed rule would not have a fiscal or economic impact on state agencies, local government units, nor the public.

(2)(a) Estimate the number and type of small businesses subject to the rule(s).

OAR 836-053-0435 primarily affects health insurers and their coverage of well-woman preventive services. Based on financial filings made to the Division of Financial Regulation (DFR), no insurers meet the definition of a small business under ORS 183.310, as no insurer is independently owned and operated. However, the rule may have indirect positive impacts on small healthcare providers by increasing demand for certain services and influencing service delivery and reimbursement processes.

(2)(b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s).

The rule is not expected to impact reporting, recordkeeping, or administrative activities as these responsibilities primarily fall on the health insurers, who must adjust their coverage policies to comply with the new requirements, rather than on the healthcare providers.

Based on financial filings made to DFR, no insurers meet the definition of a small business under ORS 183.310, because no insurer is independently owned and operated.

(2)(c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

The rule primarily involves changes in administrative and billing practices rather than new equipment or supplies. Therefore, the cost associated with implementing the rule is expected to be minimal.

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DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Representatives of small businesses were invited to provide comment on the rule. The types of small businesses involved in the development of the rule included:

- Independent Insurance Agencies: Small businesses providing insurance services and consultations.
- Healthcare Clinics: Small clinics offering a range of healthcare services, including preventive care.
- Reproductive Health Advocacy Organizations: Small advocacy groups focused on women's health and reproductive rights.
- Medical Providers: Independent medical practitioners and small medical practices offering various healthcare services.

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WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

AMEND: 836-053-0435

RULE SUMMARY: The amended rule updates the services that health plans are required to cover during a

comprehensive well-woman visit to include the thirteen well-woman preventive services identified by the United States Health Resources and Services Administration (HRSA) as of December 2022. It aligns with the guidelines set forth by the Women's Preventive Services Initiative (WPSI) and requires carriers to adhere to current practice and form filing requirements

CHANGES TO RULE:

836-053-0435

Health Benefit Plan Coverage of Well-woman Preventive Care Services

~~Effective September 1, 2024, health benefit plan policies or certificates issued, renewed, modified, or extended on or after January 1, 2019~~Effective September 1, 2024, health benefit plan policies or certificates issued, renewed, modified, or extended on or after January 1, 2019 must provide coverage for all of the without cost sharing for comprehensive well-woman care services consistent with guidelines published set forth by the United States Health Resources and Services Administration as of January 1, 2017.

~~(1) The United States Health Resources and Service Administration guidelines support the Women's Preventive Services Initiative clinical recommendations. Health benefit plans must provide coverage for well-woman preventive visits as outlined in the clinical recommendations described on pages 147 through 154 (HRSA) as of December 2022.~~

(1) Health benefit plans must provide coverage without cost sharing for the thirteen (13) well-woman preventive services identified by HRSA. A list of the Women's Preventive Service Initiative Report, published December 2016 and available covered services can be found on the HRSA website at: <https://dfr.oregon.gov/business/insurance-industry/health-ins-regulation/Pages/regulatory-guid.aspx> [www.hrsa.gov/womens-guidelines](http://www.hrsa.gov/womens-guidelines).

(2) Carriers shall ensure that health benefit plans are consistent with current practice and form filing requirements found in OAR 836-010-0011(2).

Statutory/Other Authority: ~~2017 Or Laws ch 721~~ORS 743A.067

Statutes/Other Implemented: ~~2017 Or Laws ch 721~~ORS 743A.067