

# SB 822: Strengthening Network Adequacy Protections

**Presenters:**

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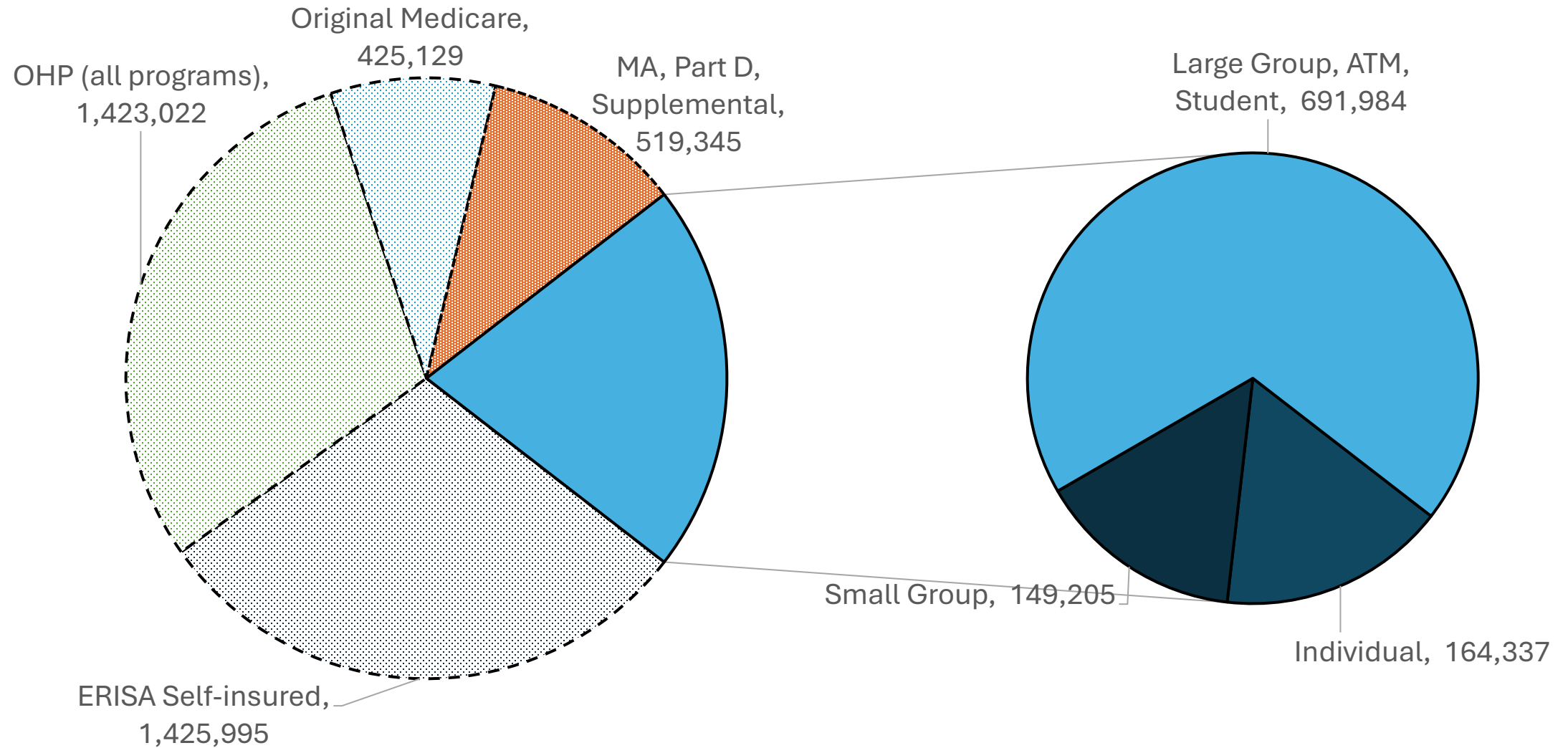


Department of Consumer  
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# Network Adequacy – Background

- Network adequacy refers to the ability of a health benefit plan to provide enrollees with timely access to a sufficient number of in-network providers.
- Oregon law (ORS 743B.505) requires in-network providers sufficient in number, geographic distribution, and provider types to ensure that all covered services are accessible without unreasonable delay.
- Without adequate networks, consumers may face:
  - Long wait times
  - Excessive travel burdens
  - Financial hardships

# Health insurance enrollment in Oregon (Q3 2024)



# SB 822 Key Provisions

- Expanding protections to large group health benefit plans
- Establishing quantitative network adequacy standards
- Enhancing culturally and linguistically appropriate care
- Integrating telemedicine into network adequacy standards

# Expanding Protections to Large Group Plans

- **Problem:** Large group health benefit plans are not subject to network adequacy requirements under current Oregon law. DFR receives complaints about network access under these plans that are not currently actionable.
- **Solution:** SB 822 extends these critical protections to large group plans, safeguarding majority of Oregonians insured in the commercial market.

# Establishing Quantitative Standards

- **Problem:** Current law does not establish specific, measurable, enforceable standards to assess network adequacy.
- **Solution:** SB 822 directs DCBS to develop such standards by rule, addressing access to covered services using key metrics such as:
  - Geographic Access Standards
  - Provider-to-Patient Ratios
  - Appointment Wait Times

# Enhancing Access to Culturally Appropriate Care

- **Problem:** Oregon's network adequacy law does not currently address the unique health care access challenges facing disadvantaged and underserved communities.
- **Solution:** SB 822 would establish that a health insurance carrier's network must be adequate to provide culturally appropriate care to all enrollees, including those with unique access needs or challenges.
- **Focus:** Historically underserved populations, including diverse cultural and ethnic groups, LGBTQ+ individuals, and people with disabilities.

# Integrating Telemedicine

- **Problem:** Current law (ORS 743A.058) prohibits the use of telemedicine to meet network adequacy standards. This does not provide sufficient flexibility for carriers or DFR.
- **Solution:** SB 822 would enable the use of telemedicine to meet network adequacy standards, but solely to the extent allowed by DFR by rule.



# Other Provisions

- **Reproductive health access:** SB 822 explicitly adds reproductive health services to the services that must be made accessible to all enrollees to clarify that this will be a focus of the department's network adequacy oversight.
- **Removing outdated provisions:** State law currently provides insurers the option to use a “factor-based approach” to demonstrate network adequacy compliance. This option is not being used by carriers in practice and is not aligned with the department's intended approach to network adequacy oversight. SB 822 repeals these provisions.

# Questions?

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