Informational Hearing on Health Care Provider Complaints & Insurance Accountability



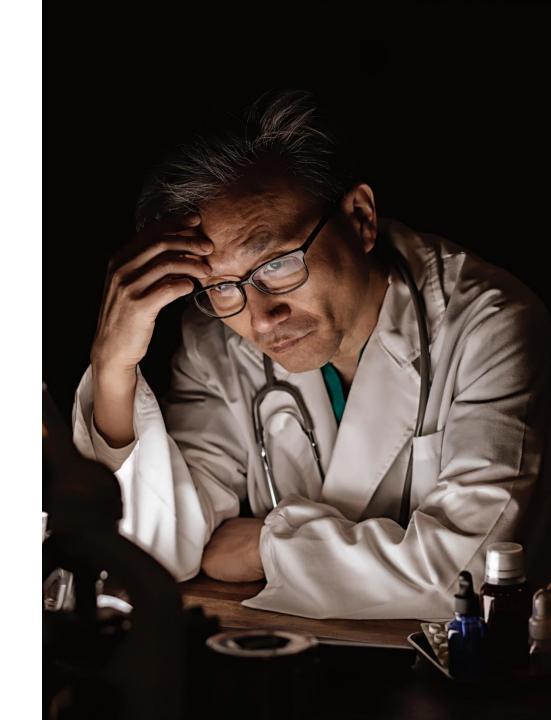
The Oversight Gap in Insurance Regulation

- Oregon's current system splits oversight: OHA for public plans, DCBS for private plans.
- DCBS lacks sufficient clarity in statute to enforce existing rules.
- No agency has authority to regulate or enforce provider-insurer contract fairness.
- Providers must accept unfair contract terms or leave networks, disrupting patient care.
- Recommendation: Create a full-time enforcement position at both DCBS and OHA.



The Impact on Medical Providers

- Providers are not legally defined as consumers or industry – yet they deliver care, bill insurers, and receive reimbursement.
- Burnout and attrition are increasing due to administrative burdens and delays/denials.
- Providers using insurance systems face double the workload compared to cash-pay counterparts.
- Trend: More providers are switching to concierge models – reducing access for patients who rely on insurance.





Financial Pressures & Inequities

- Insurance premiums are rising while provider reimbursements remain flat or decline.
- Example: Clinic premiums up 28%; OHP raised reimbursement by only ~2%.
- Providers struggle to maintain staff wages and quality care amid rising costs.
- Insurers continue to report record-breaking profits at the expense of care delivery.

What's at Stake & What We Need

- Burnout and inequity are pushing providers out of the workforce.
- Fewer providers = longer wait times, less access, worse health outcomes.
- We need accountability, transparency, and equitable oversight across all insurance markets.
- Ask: Support legislation to establish enforcement authority and complaint tracking across agencies.