SB 822 A   STAFF MEASURE SUMMARY

Joint Committee On Ways and Means

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Meeting Dates: 5/28, 6/6

WHAT THE MEASURE DOES:

Directs the Department of Consumer and Business Services (DCBS) to adopt new rules to evaluate the adequacy of provider networks of health insurance carriers offering individual or group benefit plans.

Detailed Summary:
- Specifies that adequacy review should include the ratio of providers to enrollees, the geographic distribution of providers, and wait times for care.
- Directs DCBS to adopt standards to evaluate networks for all covered services, including services for mental health, substance use disorder, and reproductive health care.
- Specifies that DCBS is directed to adopt standards to evaluate whether networks provide appropriate, culturally competent care to all enrollees, including those with diverse cultural and ethnic backgrounds, sexual orientations and gender identities, and physical and mental health conditions.
- Specifies that standards for network adequacy will be consistent with federal standards, including 45 C.F.R. 156.230, as in effect on January 1, 2025, but may incorporate flexibility to address issues specific to Oregon.
- Clarifies that carriers may not use telemedicine providers to meet network adequacy standards except as permitted by rules to be adopted by DCBS.

ISSUES DISCUSSED:

- Fiscal impact of the measure

EFFECT OF AMENDMENT:

No amendment.

BACKGROUND:

House Bill 2468 (2015) directed health insurance carriers to submit a report each year to the Department of Consumer and Business Services (DCBS) to demonstrate how provider networks meet state and federal requirements. DCBS is required to conduct an annual evaluation to determine whether provider networks meet requirements.

Senate Bill 822 A directs the Department of Consumer and Business Services to adopt rules to evaluate provider networks for provider ratio, geographic distribution, and wait time in evaluating network adequacy requirements for all enrollees.