

Testimony on HB 4070 -A11 Amendments

February 27, 2026

Chair Reynolds and Members of the Committee:

My name is Mary Anne Cooper, and I am the Oregon Director of Public Affairs Regence BlueCross BlueShield of Oregon. As the state's largest health insurer, Regence is committed to addressing both persistent and emerging health needs for the nearly one million Oregonians we serve. In keeping with our values as a tax paying nonprofit, 90% of every premium dollar goes to pay our members' medical claims and expenses.

Thank you so much for the opportunity to testify HB 4070 and the -A11 Amendments. There are two sections of the -A11 Amendments that impact the insurance code, Sections 36 and 39. We are writing to provide clarity around our interpretation and the intent of the language.

We understand from the proponents that the intent of the legislation is to ensure that Oregon licensed providers are providing care to Oregonians. For commercial health insurance carriers, coverage of telehealth services is still allowed, and facilities can continue to be covered whether located out of state or virtually. The intent is not to prohibit commercial insurers from contracting with or covering virtual only entities providing behavioral health services with licensed providers.

All of the changes **are adjustments to coverage requirements** that have the effect of narrowing what needs to be covered in certain instances to only entities with a physical presence or practice in Oregon, or only state-credentialed entities. These changes do not change what carriers are permitted to cover or what types of entities they are permitted to contract with.

The phrase "eligible for reimbursement," used in a few places in ORS 743A.168, does not mean that an insurer is prohibited from reimbursing a provider if they do not meet those conditions; it means that coverage must be provided (subject to the terms of the policy) when those conditions are met. So in other words, narrowing the definition of "facility" referred to in that section does not mean that other types of

facilities or providers could not be reimbursed, but rather that insurers are not required to cover those facilities.

We note that these amendments likely have the unintended effect of actually narrowing coverage requirements and apply to situations outside of the specific issues that we understand that HB 4070 and the - A11 amendments are trying to address, especially for Medicaid. We are committed to working with the sponsors in 2027 to recraft these provisions to more closely align with the intent and ensure that coverage requirements that Oregonians expect are not rolled back.

Thank you for the opportunity to provide testimony, and please let me know if you have any questions.

Mary Anne Cooper

MaryAnne.Cooper@CambiaHealth.com