



NOTICE OF PROPOSED RULEMAKING INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 836
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
INSURANCE REGULATION

FILED

10/28/2025 11:22 AM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Adopt requirement for Consumer-Friendly Summary Document in rate filings

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 12/01/2025 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: 11/20/2025

TIME: 11:00 AM

OFFICER: Ethan Baldwin

REMOTE HEARING DETAILS

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

PHONE NUMBER: 503-446-4951

CONFERENCE ID: 913410224

SPECIAL INSTRUCTIONS:

This is a virtual meeting via Microsoft Teams:

Meeting ID: 216 411 047 112 2

Passcode: rA3ja3Cf

NOTE: PUBLIC COMMENTS ARE PUBLIC RECORDS AND WILL BE POSTED ON THE DFR RULEMAKING WEBPAGE.

NEED FOR THE RULE(S)

ORS 743.018 directs carriers offering individual and small group health insurance, to file with the Department of Consumer and Business Services (DCBS), all schedules and tables of premium rates for life and health insurance to be used on risks in this state. The statute spells out the process that the department must follow when reviewing and approving rates. The entire process is fully transparent, with the entirety of every filing being posted to the department's website.

House Bill 2564 (2025) made certain modifications to the existing rate review process. One such modification was the requirement that DCBS, by rule, specify the form and manner of a consumer-friendly summary document to be submitted as part of a rate filing. The proposed rule articulates what information is required in the consumer-friendly

summary document. This will allow consumers to compare information in an easily digestible manner.

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>.

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

The proposed rule will impact Oregon insurance companies and consumers who buy health benefit plans in this state. It is unlikely to impact one group of people differently than others because consumers have the choice to purchase different health benefit plans.

FISCAL AND ECONOMIC IMPACT:

This proposed rule will create a new, consumer friendly document to assist consumers in understanding rate requests. The rule does contain a new requirement for health insurers. While the information they are providing is already included in every rate filing; creating a new, consumer friendly document, is a new requirement. However, the creation of this document is a requirement of the underlying statute and the proposed rule solely provides more specific details regarding the contents of the document. There is no fiscal impact to consumers; aside from being provided clearer information that may assist in their health plan purchasing.

The fiscal impact to insurers could have a small increase in administrative costs resulting from insurers needing to generate a new document from existing information. Inclusion of clearer language for consumers, may reduce consumer inquiries later on in the process.

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) 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.

The proposed rules apply to commercial payers only and would require minimal administrative effort to comply with the requirements of proposed rules. The fiscal impact to insurers could have a small increase in administrative costs resulting from insurers needing to generate a new document from existing information. However, as noted above, this small increase is primarily due to the underlying statutory requirement rather than the specific components of the proposed rule.

There is likely no fiscal impact to individual consumers. Based on the information currently available to DCBS, the proposed rule does not have an economic impact on the general public beyond the underlying statutory requirements.

(2)(a) The rule applies solely to health insurance carriers that submit rate filings. Based on financial filings made to DFR, no health insurers meet the definition of a small business under ORS 183.310, because no health insurer is independently owned and operated.

(2)(b) The expected costs are minimal for the proposed rules as they apply to commercial payers only and would require

minimal administrative effort to comply with the requirements of proposed rules. The fiscal impact to insurers could have a small increase in administrative costs resulting from insurers needing to generate a new document from existing information.

(2)(c) The expected costs are minimal for the proposed rules as they apply to commercial payers only and would require minimal administrative effort to comply with the requirements of proposed rules. The fiscal impact to insurers could have a small increase in administrative costs resulting from insurers needing to generate a new document from existing information.

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

Members of organizations representing small businesses were invited but declined to participate in the rulemaking advisory committee. A consumer on the committee is a small business owner.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

ADOPT: 836-053-0480

RULE SUMMARY: Adopting required consumer friendly summary document for rate filings.

CHANGES TO RULE:

836-053-0480

Consumer Friendly Summary Document for Rate Filings

(1) This rule applies to plan years beginning on and after January 1, 2026.

(2) Every insurer that offers a health benefit plan for small employers or an individual health benefit plan must file with each rate filing a consumer-friendly summary document that includes the following:

(a) Filing company's legal name;

(b) Filing company's website;

(c) Filing company's customer service phone number;

(d) Rate Filing SERFF tracking number;

(e) Requested average annual rate change expressed as a percentage;

(f) Range of requested annual rate change, from minimum to maximum, expressed as a percentage;

(g) Requested rate change effective date;

(h) Plans impacted including number of plans discontinued, number of plans modified by the rate request, and number of new plans created by the rate request;

(i) Covered lives impacted by the rate request;

(j) Visual representation of changes in service areas in this state;

(k) A breakdown of the rate request attributed to the following:

(A) Dollar and percentage for medical trend;

(B) Dollar and percentage for pharmacy trend;

(C) Dollar and percentage from recent legislation;

(D) Dollar and percentage for market-wide uncertainty;

(E) Dollar and percentage for other significant drivers of the rate request;

(l) A breakdown of retained premium and Medical Loss Ratio for the past three, full calendar years and;

(m) A narrative description of any significant changes in networks and may include, but not be limited to:

(A) Changes in network type, such as switching from a preferred provider organization (PPO) to an exclusive provider organization (EPO);

(B) Changes in out of area coverages;

(C) Changes to major health care provider network contracting including, but not limited to, adding or removing large regional hospital systems.

Statutory/Other Authority: ORS 731.244, Or Laws 2025, ch 121, HB 2564 (2025)

Statutes/Other Implemented: Or Laws 2025, ch 121