



Prioritized List of Health Services Moves from Waiver to State Plan Authority in 2027

11/2/2022

The waiver

The Centers for Medicare and Medicaid Services (CMS) recently approved the Oregon Health Plan's (OHP) new Medicaid [1115 demonstration waiver](#), effective October 1, 2022. The purpose of an 1115 waiver is to test new ways to operate Medicaid (Oregon Health Plan). One part of this waiver agreement is a transition for Oregon's Prioritized List. After 28 years, Oregon's evidence-based, public process to decide what benefits will be covered has been built into Oregon's processes and no longer needs to be tested, so it will no longer require waiver authority beginning January 1, 2027. Meanwhile, the Prioritized List will continue to guide OHP covered benefits, and the Health Evidence Review Commission (HERC) will continue to make decisions about covered health services under OHP through its open public process.

Upcoming changes

By 2027:

- The Prioritized List will no longer be included in the 1115 demonstration waiver
- Benefits will be managed under authority of Oregon's Medicaid [State Plan](#). A state plan is an agreement about OHP with CMS and the Oregon Health Authority (OHA). It does not require routine approval every five years like the waiver does.

HERC processes

OHA values the role of HERC's open, independent process for creating benefits policy. While in many other states, these decisions are made without

public input, HERC's process will continue to offer people a meaningful role in decisions about covered OHP benefits.

Between now and 2027, OHA will work with CMS, legislators, staff and members of the public—including groups which may be affected—to help make decisions about these changes. A complete review will take place to look at possible changes to law, rules and how HERC operates.

Health equity goals

It is OHA's goal to eliminate health inequities by 2030. Making good decisions about covered benefits is an important part of this goal. We will continue to ensure HERC's processes are open and accessible to the public, using available evidence and input from:

- Patients
- Community organizations
- Caregivers
- Providers
- Health plans and
- Others interested in OHP benefit policy.