



Oregon

Tina Kotek, Governor

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Equity & Inclusion Division

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All relay calls are accepted

**Oregon Health Policy Board Health Equity Committee
Advocacy and Policy Recommendations for Ensuring Access
to Gender-Affirming Care in Oregon**

Members of the Oregon Health Policy Board and Oregon Health Authority,

The Health Equity Committee is writing to urge the Oregon Health Policy Board (OHPB) and Oregon Health Authority (OHA) to affirm their commitment to supporting gender-affirming care (GAC) and to address the pressing health equity and social determinants of health (SDOH) needs for Lesbian, Gay, Queer, Trans, Intersex, Asexual, and Two Spirit (LGBTQIA2S+) communities in our state.

Access to GAC is not only a fundamental aspect of healthcare but also a critical factor for the safety and thriving of trans, nonbinary, and Two Spirit individuals. It is widely recognized as accepted standard medical practice by major professional organizations, making it imperative for our state to prioritize its availability. Moreover, expanding access to GAC aligns with Oregon's commitment to health equity and the eradication of health inequities.

While Oregon has made significant strides in ensuring access to GAC, there are still substantial barriers that need to be addressed. These barriers include prolonged wait lists, financial barriers to accessing surgery and recovery as well as a scarcity of GAC providers, especially in rural areas. Furthermore, limited access to GAC doesn't just negatively impact the health and wellbeing of LGBTQIA2S+ Oregonians, but increases rates of depression and suicide, ultimately affecting the broader state population and its economy.

The national context cannot be overlooked; over 160,000 trans individuals and families are migrating away from states passing policies undermining and eroding access to GAC. Oregon expects an influx of trans individuals seeking healthcare and safety because we are one of only 25 states that provides GAC under our state Medicaid program. However, we also confront anti-trans sentiments, making it crucial for us to proactively protect and affirm the rights and healthcare access of LGBTQIA2S+ communities.

In light of these pressing issues, we propose the following recommendations for meaningful actions that will keep Oregon accountable and pave the way for meaningful change:

1. Codify statewide access to GAC into law or constitution, ensuring its protection from undermining changes to federal law.



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2. Actively engage LGBTQIA2S+ individuals and communities, such as the Oregon Trans Health Coalition and Gender Hive, in policy creation processes to ensure their voices are heard and needs are addressed. This could include community-led conversations convened and/or facilitated by the OHPB Health Equity Committee.
3. Address ongoing issues related to access to GAC, including the lack of providers, lengthy wait times, and disparities in access between urban and rural areas, with targeted investment in developing the GAC workforce.
4. Develop policies, in collaboration with trans and nonbinary individuals and communities, that ensure OHP contracted providers receive GAC training and are held accountable to providing equitable care, particularly in rural areas of the state. This can be started by developing a provider network where peer-learning and support can happen and incentivizing culturally specific care through reimbursement.
5. Encourage the Governor, OHA, and OHPB to issue public statements in unequivocal support of access to GAC.
6. Safeguard access to GAC for LGBTQIA2S+ youth, recognizing them as one of the most vulnerable populations at risk of political scapegoating and targeting. Providing appropriate GAC to youth reduces the likelihood of suicide by an astonishing 73%.
7. Revisit reimbursement policies around travel and lodging during surgery and recovery for rural patients in favor of covering travel and lodging up front to reduce financial barriers.

It is essential to stand united with LGBTQIA2S+ allies at the forefront of this advocacy effort. Thank you for your attention to this critical issue, and we remain hopeful for a positive response and the necessary actions to ensure equitable access to GAC for all Oregonians.

Sincerely,

Katie Cox
HEC Co-chair

Bryon Lambert
HEC Co-chair

Jorge I. Ramirez Garcia, PhD
HEC Co-Chair, 2022-2023