

Part 1: High-Level Description of Possible Significant Change

The table below provides high-level information about the possible significant change, as submitted.

Tracking #	2027-024
Q6. Provide a short name for possible change	12-month dispensing of hormone prescriptions
Q1. Which CCO Contract(s) will be impacted?	(a) All 3 contracts
Q2. High-level description of possible change	OHA is pursuing an ORS update and corresponding CCO contract amendment that would allow for the prescription and dispensing of 12-month supply of certain medications. This work is in alignment with HB2002 (2023).
Q3. Which prioritized restatement category applies?	(e) Other (this change does not fit into any of the prioritized categories)
Explain how change fits into "Other" category	This change, while not directly required by federal or state changes, would ensure OHA's rules and contracts are in alignment with HB2002 (2023), helping to allow access to hormone prescriptions for people in Oregon.
Q4. Could entire change be deferred to later contract year?	No
Consequence(s) if not included in 2027 contract	This (OARs) rule change will go into place in 2026, immediately changing benefit access for the Fee-for-Service population. CCO contracts should be updated as soon as possible, following the OARs update, to ensure alignment within different health plans administered by the state.
Q5. Could change be reduced to smaller components so it's phased in over multiple contract years?	No
Which component(s) could be in later contract year(s)?	
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Part 2: Information for Engagement

This should be completed by the responsible OHA unit. **Be specific yet clear and concise in your responses; use bullet points.**

Tracking #	2027-024
Short name	12-month dispensing of hormone prescriptions

1. What is the specific issue that will be addressed by this change?

This should explain the current state and why it's an issue to be addressed.

OHP patients currently receiving hormone treatments are facing the risk of loss of medication access and treatment disruption due to federal CMS policy changes. The OHA Fee-For-Service program and the Washington legislature have already initiated administrative and legislative action steps to ensure access, leaving an access gap for OHP members receiving care through CCOs

2. What is the preliminary suggestion for how to address the issue?

This should align with the high-level description submitted for the change. Refer to Part 1: High-Level Description of Possible Significant Change. The final proposed change may differ from the preliminary suggestion as a result of OHA and CCO engagement.

To ensure maximal access to hormone therapies without the potential risks of disruption, the proposed contract change will align hormone therapy prescription dispensing practices with a proposed rule change for Fee-For-Service members, which will allow for Medicaid reimbursement to pharmacies for dispensing of up to 12-month supplies of specific hormone pharmaceuticals at one time. The anticipated effective date of this rule change would be June 2026.

3. What knowledge and/or skills should CCOs consider when deciding which staff to work with OHA on this issue?

LGBTQIA2S+ health care, community engagement, hormone prescription provider specialization, CCO Gender-Affirming Care and Transgender Health Navigators, pharmacy billing and dispensing practices

4. Is there an existing meeting where OHA and CCOs can work – or are already working – on this issue? If so, identify the meeting and its schedule.

This work may require regular OHA-CCO engagement over a few weeks, possibly up to a couple months. If there is not a suitable existing forum, then OHA will hold a dedicated work session/s specifically for this purpose.

No