



PERMANENT ADMINISTRATIVE ORDER

DMAP 37-2026

CHAPTER 410

OREGON HEALTH AUTHORITY

HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

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ARCHIVES DIVISION SECRETARY OF STATE & LEGISLATIVE COUNSEL

FILING CAPTION: Updating rule language to be gender inclusive and reference the federal consent form.

EFFECTIVE DATE: 09/09/2026

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AMEND: 410-130-0580

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RULE SUMMARY: Updates rule text to reference the federal consent form (HHS-687) and updates rule language to be gender inclusive

CHANGES TO RULE:

410-130-0580
Hysterectomies and Sterilization ¶¶

~~(4)~~ Refer to OAR 410-130-0200 Prior Authorization, Table 130-0200-1 and 410-130-0220 Not Covered/Bundled Services, Table 130-0220-1. ¶¶

~~(2)~~ 1 Hysterectomies: ¶¶

~~(a)~~ Hysterectomies performed for the sole purpose of ~~/sterilization/~~ are not covered. ¶¶

~~(3)~~ b All hysterectomies, except radical hysterectomies, require prior authorization (PA). ¶¶

~~(4)~~ c A properly completed Hysterectomy Consent form (DMAP 741) or a statement signed by the performing physician, depending upon the following circumstances, is required for all hysterectomies: ¶¶

~~(a)~~ A When a ~~woman~~ person is capable of bearing children: ¶¶

- (A) Prior to the surgery, the person securing authorization to perform the hysterectomy must inform the woman/patient and their representative, if any, orally and in writing, that the hysterectomy will render them permanently incapable of reproducing. ¶
- (B) The woman/patient or their representative, if any, must sign the consent form to acknowledge they received that information. ¶
- (b) When a woman/person is sterile prior to the hysterectomy, the physician who performs the hysterectomy must certify in writing that the woman/patient was already sterile prior to the hysterectomy and state the cause of the sterility. ¶
- (c) When there is a life-threatening emergency situation that requires a hysterectomy in which the physician determines that prior acknowledgment is not possible, the physician performing the hysterectomy must certify in writing that the hysterectomy was performed under a life-threatening emergency situation in which the or she determined prior acknowledgment was not possible and describe the nature of the emergency. ¶
- (5d) In cases of retroactive eligibility: ¶
- ¶ the physician who performs the hysterectomy must certify in writing one of the following: ¶
- (a) The woman/patient was informed before the operation that the hysterectomy would make them permanently incapable of reproducing. ¶
- (b) The woman/patient was previously sterile and states the cause of the sterility; or ¶
- (c) The hysterectomy was performed because of a life-threatening emergency situation in which prior acknowledgment was not possible and describes the nature of the emergency. ¶
- (6e) Do not use the Consent to-/Sterilization-/form (DMAP 742A or B) for hysterectomies. ¶
- (7f) Submit a copy of the Hysterectomy consent form with the claim. ¶
- (82) Sterilization Male & Female: A: / ¶
- (a) Sterilization/consent forms: ¶
- (A) The patient needs a copy of a properly completed Consent to-/Sterilization-/form (DMAP 742 AB or B), the consent form in the federal brochure DHHS Publication No. (05) 79-50062 (Male), DHHS Publication No. (05) 79-50061 (Female) or another federally approved HHS-687): ¶
- (B) The original consent form must be retained by the provider for clinical records: ¶
- (C) A copy of the consent form must be submitted to by the Division for all sterilizations. The original consent form must be retained in the clinical records provider with the patients claim; and ¶
- (D) Prior authorization is not required. ¶
- (9b) Voluntary-/Sterilization: ¶
- (a) Consent for-/sterilization-/must be an informed choice. The consent is not valid if signed when the client/member is: ¶
- (A) In labor; ¶
- (B) Seeking or obtaining an abortion; or ¶
- (C) or ¶
- (ii) Under the influence of alcohol or drugs. ¶
- (b) Ages 15 years or older who are mentally competent to give informed consent: ¶
- (A) At least 30 days, but not more than 180 days, must have passed between the date of the informed written consent (date of signature) and the date of the-/sterilization-/except: ¶
- (i) In the case of premature delivery by vaginal or cesarean section the consent form must have been signed at least 72 hours before the-/sterilization-/is performed and more than 30 days before the expected date of confinement; ¶
- (ii) In cases of emergency abdominal surgery (other than cesarean section), the consent form must have been signed at least 72 hours before the-/sterilization-/was performed. ¶
- (B) The client/member must sign and date the consent form before it is signed and dated by the person obtaining the consent. The date of signature must meet the above criteria. The person obtaining the consent must sign the consent form any time after the client/member has signed but before the-/sterilization-/is performed. If an interpreter is provided to assist the individual being sterilized, the interpreter must also sign the consent form on the same date as the client; ¶
- (C) The client/member: ¶
- (iii) The member must be legally competent to give informed consent. The physician performing the procedure, and the person obtaining the consent, if other than the physician, must review with the client/member the detailed information appearing on the Consent to-/Sterilization-/form regarding effects and permanence of the procedure, alternative birth control methods, and explain that withdrawal of consent at any time prior to the surgery will not result in any loss of other program benefits. ¶
- (10c) Involuntary-/Sterilization-/Clients/of people who lack the ability to give informed consent and are 18 years of age or older: must meet the following: ¶
- (a) Only the Circuit Court of the county in which the client/member resides can determine that the client/member

is unable to give informed consent;¶

~~(bB)~~ The Circuit Court must determine that the client member requires ~~/sterilization~~;¶

~~(eC)~~ When the court orders ~~/sterilization~~, it issues a ~~/Sterilization/Order~~. The order must be attached to the billing invoice. No waiting period or additional documentation is required.¶

~~(11d)~~ Submit the Consent to ~~/Sterilization/~~Form (DMAP 742 ~~AB~~ or ~~BHHS-687~~) along with the claim. The Consent to ~~/Sterilization/~~form must be completed in full;¶

~~(aA)~~ Consent forms submitted to the Division without signatures and/or dates of signature by the client member or the person obtaining consent are invalid;¶

~~(bB)~~ The client member and the person obtaining consent may not sign or date the consent retroactively;¶

~~(eC)~~ The performing physician must sign the consent form. The date of signature must be either the date the ~~/sterilization/~~was performed or a date following the ~~/sterilization~~.¶

[ED. NOTE: Forms referenced are available from the agency.]¶

[Publications: Publications referenced are available from the agency.]

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 414.025, 414.065