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PERMANENT ADMINISTRATIVE ORDER

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ARCHIVES DIVISION
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DMAP 87-2023

CHAPTER 410
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILING CAPTION: Effective 11/2024 OHP will cover facial gender confirmation surgery. This change repeals conflicting rule language.

EFFECTIVE DATE: 01/01/2024

AGENCY APPROVED DATE: 12/18/2023

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REPEAL: 410-172-0745

NOTICE FILED DATE: 10/25/2023

RULE SUMMARY: This rule states that the Oregon Health Plan (OHP) does not cover facial gender confirmation surgery and gives criteria under which OHP will consider exceptions to this policy. Effective 1/1/2024 OHP will begin covering this surgery. This rule is no longer needed.

CHANGES TO RULE:

~~410-172-0745~~

~~Exception Criteria for Facial Gender Confirmation Surgery (FGCS)~~

~~(1) The following definitions apply to this rule:¶¶~~

~~(a) "Community Life Activities" means activities such as but not limited to attending school or participating in employment;¶¶~~

~~(b) "Facial Gender Confirmation Surgery" means a constellation of surgical procedures intended to produce facial features that will be perceived by others as congruent with an individual's gender identity. The goal of facial gender confirmation surgery is to reduce gender non-congruence that causes persistent gender dysphoria and severe life interruptions such as the impairment of an individual's ability to participate in community life. Facial gender confirmation surgery may include but is not limited to frontal bone reshaping, mandible bone reshaping, cheek augmentation, rhinoplasty, tracheal shaving, and electrolysis or laser hair reduction procedures, depending on the severity of non-congruence of individual facial features;¶¶~~

~~(c) "Severe Mental Health Comorbid Condition," for the purposes of this rule, means a condition such as but not limited to PTSD or anxiety including agoraphobia, severe depression, or suicidal ideation, due to experiencing or fear of experiencing physical violence based on marked facial gender non-congruence.¶¶~~

~~(2) Facial Gender Confirmation Surgery for treatment of gender dysphoria is not paired with gender dysphoria above the funded line on the Prioritized List of Health Services as referenced in OAR 410-141-0520. A member who meets the following criteria may be considered for coverage of medically necessary and appropriate facial gender confirmation procedures:¶¶~~

~~(a) Having a severe mental health comorbid condition that prevents the member from participating in community life; and¶¶~~

~~(b) Member receives medically necessary and appropriate non-surgical treatments for mental health comorbidity as recommended by the treatment team, and non-surgical treatments are determined to be insufficient to enable~~

participation in community life; and¶¶

(c) Member experienced a gender identity non-congruent hormonal puberty; and¶¶

(d) Purpose of the surgery is to achieve a minimum level of facial gender congruence in order to be publicly identified as gender congruent and not solely to improve appearance; and¶¶

(e) Facial gender confirmation surgery is necessary to achieve the benefits of the funded treatments for gender dysphoria: Mental health care, hormone therapy, and sex reassignment surgery also known as gender confirmation surgery; and¶¶

(f) Member meets all the applicable requirements in Guideline Note 127, Gender Dysphoria of the Prioritized List in subsections (a, b, and d) for cross-sex hormone therapy and subsection (f) for sex reassignment surgery, also known as gender confirmation surgery, as referenced in OAR 410-141-0520;¶¶

(g) All other conditions of OAR 410-141-0480(11) are met;¶¶

(h) The surgery is medically necessary and appropriate as defined in OAR 410-120-0000.

Statutory/Other Authority: ORS 413.042, ORS 430.640

Statutes/Other Implemented: ORS 413.042, ORS 430.640