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NOTICE OF PROPOSED RULEMAKING

INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 333
OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION

FILED: 07/24/2026 4:26 PM
ARCHIVES DIVISION SECRETARY OF STATE

FILING CAPTION: Reproductive Health Program updates to program requirements and coverage

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 08/24/2026 5:00 PM
The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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Filed By:
Public Health Division
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HEARING(S)
Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 08/24/2026
TIME: 10:00 AM
OFFICER: Staff

REMOTE HEARING DETAILS
MEETING URL: Click here to join the meeting
PHONE NUMBER: 971-277-2343
CONFERENCE ID: 676404717
SPECIAL INSTRUCTIONS:
This hearing is being held remotely via Microsoft Teams. To provide oral (spoken) testimony during this hearing, please contact publichealth.rules@odhsoha.oregon.gov to register to receive the link for the Microsoft Teams video conference via calendar appointment, or you may access the hearing using the meeting URL above. Alternatively, you may dial 971-277-2343, Phone Conference ID 676 404 717# for audio (listen) only. This hearing will close no later than 11:00AM but may close as early as 10:30AM if everyone who signs up to provide testimony has been heard from.

Accessibility Statement: For individuals with disabilities or individuals who speak a language other than English, OHA can provide free help. Some examples are: sign language and spoken language interpreters, real-time captioning, braille, large print, audio, and written materials in other languages. If you need help with these services, please contact the Public Health Division at 971-673-1222, 711 TTY or publichealth.rules@odhsoha.oregon.gov at least 48 hours before the meeting. All relay calls are accepted. To best ensure our ability to provide a modification please contact us if you are considering attending the meeting and require a modification. The earlier you make a request the more likely we can meet the need.

NEED FOR THE RULE(S):

Beginning September 2026, the Oregon Reproductive Health Program (RH Program) will expand coverage for screening, treatment, and rescreening of sexually transmitted infections (STIs) for enrollees of the Reproductive Health Access Fund (RHAF) seeking services at RHCare and CCare certified clinics, necessitating updates to the Certification Requirements for RHCare Clinics and Certification Requirements for CCare Clinics.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

Oregon Reproductive Health Program administrative rules Chapter 333
Oregon Administrative Rules are available at
https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1220

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE:

The rules will most directly impact reproductive health clinics contracted with the Oregon Reproductive Health Program. This includes a statewide network of safety-net clinics: Local Public Health Authorities (LPHA), Planned Parenthood, university health centers, Federally Qualified Health Centers (FQHC), and some small private clinics. These certified clinics serve clients from a broad and diverse range of communities. In 2024, 64% of RH Program clients were at or below 100% of the Federal Poverty Level. In the same year, the racial/ethnic breakdown of clients served across the RH Program's clinical network was 55.7% white non-Hispanic, 32% Hispanic or Latinx any race, 4.4% black non-Hispanic, 1.9% Asian non-Hispanic, 1% American Indian non-Hispanic, 0.7% Native Hawaiian Pacific Islander, 0.1% Alaska Native, 2.5% identifying as another race, and 1.8% as more than one race. Evidence shows that there are contradictions when it comes to racial/ethnic disparities in access to STI screening; some studies find that minoritized populations have less access to STI screening while others find that they have more (Henriquez and Heimesaat, 2025). Because this rule change will expand coverage for STI screening and treatment across the entire RHAF clinical network, access to care should increase access among all eligible individuals.

The Reproductive Health Access Fund (RHAF) uses a combination of funds, including Medicaid, Title X, and state funds allocated via the 2017 Reproductive Health Equity Act to cover the reproductive health costs of enrolled clients with no costs to clients. The rule changes will expand access to coverage for STI screening, treatment, and rescreening at all clinics that participate in the program and to all clients who seek care. Because this rule change pertains only to what is billable within the RHAF program, it will not alter the distribution of clinics in the program or client eligibility. Clients of all racial and ethnic backgrounds will have access to STI screening, treatment, and rescreening.

On June 23, 2026, the RH Program convened a Rules Advisory Committee to gather input on the proposed rules change from individuals representing a range of clinical sites and community-based organizations. Participants received copies of all proposed changes which were reviewed in the meeting. Participants did not raise any equity-related concerns.

As outlined in the Certification Requirements, contracted agencies must provide a written comprehensive plan for providing trauma-informed and culturally responsive services. The RH Program reviews the plans to ensure they meet

the intent of the rules. Additionally, as part of the ongoing agency monitoring process, contracted agencies are required to survey clients to assess their experience receiving services. Contracted agencies are also required to ensure end-user engagement to inform and improve their services.

No Tribal impacts identified.

The Oregon Reproductive Health Program has engaged with the provider network in several ways. First, the Program shared news of the expansion in STI coverage reflected in the administrative rules at a meeting of Reproductive Health Coordinators, who represent participating contracted agencies, May 5-7, 2026. At Reproductive Health Advisory Group on May 19, 2026, these changes were discussed further. Representatives from participating agencies also had the opportunity to review specific textual changes to parts of the rules and to provide feedback following that meeting. In addition, on June 23, 2026, the RH Program convened a Rules Advisory Committee in which participants were provided copies of all documents with proposed changes and engaged in discussion.

FISCAL AND ECONOMIC IMPACT:

No fiscal or economic impacts are expected on the part of participating agencies. The Oregon Health Authority anticipates a projected increase in spending of $612,000 per year for all fund sources, with approximately $330,000 of those coming from General Funds. However, preventive STI screening and treatment may save further downstream costs.

COST OF COMPLIANCE:
(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) The Oregon Reproductive Health Program is expected to enforce compliance with these rules and will conduct routine, periodic audits, including onsite reviews, of certified agencies. A number of Oregon Reproductive Health Program staff, including clinical, financial, and program integrity staff, will be responsible for ensuring compliance with rules. There is no anticipated cost of compliance impact to other state agencies, units of local government, or the public as a result of these proposed rules.

(2)(a) Small businesses providing reproductive health services may become certified as providers as long as they meet all eligibility requirements. The number of small businesses is likely to be between 15-25 agencies statewide, including community-based, non-profit health centers, governmental public health departments, and other health clinics.

(b) There are no anticipated reporting, recordkeeping or other administrative activities required for compliance with the proposed rule changes.

(c) There is no anticipated equipment, supplies, labor or increased administration required for compliance with the proposed rule changes.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Agencies and representatives from community organizations participated in the Rules Advisory Committee and reviewed the proposed rule language.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:

333-004-3010, 333-004-3020, 333-004-3030, 333-004-3050, 333-004-3070, 333-004-3080, 333-004-3090, 333-004-3100, 333-004-3230

AMEND: 333-004-3010

RULE SUMMARY: AMEND 333-004-3010: Updates Certification Requirement citations and references to Reproductive Health Program rules. Replaces the definition of “reasonable opportunity period” with the updated RHCare Certification Requirement reference. Updates other definitions used throughout.

CHANGES TO RULE:

333-004-3010
Definitions
(1) "AbortionCare Certification Requirements" means Oregon Reproductive Health Program AbortionCare Certification Requirements, Version 3.¶
(2) "AbortionCare clinic" means a clinic operated by an agency certified with the Reproductive Health Program (RH Program) to receive reimbursement for abortion services provided to enrollees who meet Reproductive Health Equity Act (RHEA) eligibility criteria.¶
(~~2~~3) "Abortion services" means any services provided in an outpatient setting to end a pregnancy so that it does not result in a live birth. Services include medication and therapeutic abortion procedures. Contraceptive drugs, devices, and supplies related to follow-up care are also included.¶
(~~3~~4) "Acquisition cost" means the amount or unit cost of the drugs, devices, or supplies the agency actually pays to the pharmaceutical manufacturer, supplier or distributor after applying any discounts, promotions or other reductions. Shipping and handling may be included in the acquisition cost only if supported by an invoice.¶
(~~4~~5) "Agency" means an entity certified by the RH Program to operate RHCare clinics, Oregon ContraceptiveCare (CCare) clinics, and/or AbortionCare clinics.¶
(~~5~~6) "Agency number" or "project number" means the administrative number assigned by the RH Program to an agency.¶
(~~6~~7) "Applicant agency" means an entity who is applying to be certified by the RH Program to operate RHCare clinics, CCare clinics, and/or AbortionCare clinics.¶
(~~7~~8) "Authority" means the Oregon Health Authority.¶
(~~8~~9) "Authorizing official" means an individual with legal authority to act on behalf of the agency.¶
(~~9~~10) "CCare" means Oregon ContraceptiveCare which is a 1115 family planning Medicaid demonstration waiver that expands Medicaid coverage for contraceptive services. CCare provides family planning services to Oregonians not enrolled in the Oregon Health Plan (OHP), with incomes at or below 250 percent of the Federal Poverty Level (FPL). CCare services are limited to those related to preventing unintended pregnancy.¶
(1~~0~~1) "CCare Certification Requirements" means Oregon Reproductive Health Program CCare Certification Requirements, Version 2.1.¶
(12) "CCare clinic" means a clinic operated by an agency certified with the RH Program to receive reimbursement for CCare services provided to enrollees who meet CCare eligibility criteria.¶
(1~~1~~3) "Center" means the Center for Prevention and Health Promotion, within the Public Health Division of the ~~Authority.¶~~
~~(12) "Certification Requirements for CCare Clinics" means Oregon Reproductive Health Program Certification Requirements for CCare Clinics, Version 2.¶~~
~~(13) "Certification Requirements for AbortionCare Clinics" means Oregon Reproductive Health Program Certification Requirements for AbortionCare Clinics, Version 3.¶~~
~~(14) "Certification Requirements for RHCare Clinics" means Oregon Reproductive Health Program Certification Requirements for RHCare Clinics, Version 3.¶~~
~~(15~~Oregon Health Authority.¶
(14) "Certification" means the agency has attested to meeting the certification requirements, submitted all required documents, been approved by the RH Program, and has an executed Medical Services Agreement (MSA) with the RH Program.¶
(1~~6~~5) "CLIA" means the Clinical Laboratory Improvement Amendments of 1988, which establishes quality standards for all laboratory testing to ensure the accuracy, reliability, and timeliness of patient test results, and allows for certification of clinical laboratories operating in accordance with these federal amendments.¶
(1~~7~~6) "Client" means any person who has reproductive capacity and is seeking reproductive health, family planning, or abortion services at a RHCare, CCare, or AbortionCare clinic.¶

(1~~8~~7) "Client-centered" means care that is respectful of, responsive to, and allows individual client preferences, needs, and values to guide all clinical decisions.¶
(1~~9~~8) "Clinic" means a site within an agency that meets certification requirements and is listed on the agency's MSA.¶
(~~20~~19) "Clinic number" or "site number" means the administrative number assigned by the RH Program to each clinic within an agency.¶
(2~~1~~0) "Clinic visit record" or "CVR" means the form or set of information that is completed for each client visit and serves as the billing mechanism for the RH Access Fund.¶
(2~~2~~1) "CMS" means the Centers for Medicare and Medicaid Services, located within the U.S. Department of Health and Human Services.¶
(2~~3~~2) "Drugs, devices, or supplies" means U.S. Food and Drug Administration (FDA)-approved product(s) provided to a client pursuant to reproductive health services.¶
(2~~4~~3) "Enrollee" means a client who has completed an RH Access Fund Enrollment Form and been enrolled in the RH Access Fund.¶
(2~~5~~4) "Family planning services" means clinical, counseling, or education services related to achieving or preventing pregnancy.¶
(2~~6~~5) "FPL" means the federal poverty level guidelines established each year by the U.S. Department of Health and Human Services.¶
~~(27) "GC/CT" means gonorrhea and Chlamydia.¶~~
~~(~~2~~8~~6) "Medicaid Division" means the Division within the Oregon Health Authority that administers the Oregon Health Plan.¶
(2~~9~~7) "Medical Services Agreement" or "MSA" means an agreement that sets forth the relationship between the Center and the enrolling agency regarding payment by the Center for reproductive health services, drugs, devices, or supplies.¶
(~~30~~28) "Minor" means anyone under the age of 18, per ORS 419B.550.¶
(~~31~~29) "Nationally-recognized standard of care" means a diagnostic, screening, or treatment process recognized by a national organization, including but not limited to the American Cancer Society (ACS), American College of Obstetrics and Gynecologists (ACOG), U.S. Preventative Services Task Force (USPSTF), or the U.S. Medical Eligibility Criteria (USMEC).¶
(3~~2~~0) "NEMT" means non-emergent medical transportation as defined in OAR 410-136-3000(8)~~(i)~~.¶
(3~~3~~1) "NVRA" means the National Voter Registration Act.¶
(3~~4~~2) "Provider" means a licensed health care professional operating within the appropriate scope of practice according to their license, who works for an agency.¶
(3~~5~~3) "R~~easonable opportunity period" or "ROP" means a 90-day period during which individuals who declare U.S. citizenship or Eligible Immigration Status may receive services under CCare while documentation of such status is gathered and verified, under section 1903(x) of the Social Security Act~~HCare Certification Requirements" means Oregon Reproductive Health Program RHCare Certification Requirements, Version 3.1.¶
(3~~6~~4) "RHCare clinic" means a clinic operated by an agency certified with the RH Program to provide reproductive health services to all clients and to receive reimbursement for covered reproductive health services provided to all enrollees.¶
(3~~7~~5) "Reproductive capacity" means able to become pregnant or cause a pregnancy.¶
(3~~8~~6) "Reproductive Health Access Fund" or "RH Access Fund" means a source of coverage for reproductive health services as defined in OAR 333-004-3070 (Reproductive Health Access Fund Covered Services by Funding Source) provided to enrollees who complete the RH Access Fund Enrollment Form and are deemed eligible.¶
(3~~9~~7) "Reproductive Health Program" or "RH Program" means the program within the Center for Prevention and Health Promotion of the Oregon Health Authority that certifies RHCare, CCare, and Abortion clinics and administers the RH Access Fund which includes CCare, Title X, and RHEA funds.¶
(~~40~~38) "Reproductive health services" or "RH services" means preventive services, including family planning, and related drugs, devices, and supplies, to support the healthy reproductive processes, functions and system.¶
(~~41~~39) "RHEA" means Reproductive Health Equity Act (ORS 414.432) funding, which provides access to reproductive health and abortion services to Oregonians who are able to get pregnant and who would be eligible for medical assistance if not for 8 U.S.C. 1611 or 1612.¶
(4~~2~~0) "RH GF" means Oregon Reproductive Health Program General Funds which provide preventive reproductive health and related services for individuals with reproductive capacity.¶
(4~~3~~1) "RH Program Coordinator" or "RHC" means an agency staff person assigned to ensure compliance at all clinic sites within each agency and to be the primary liaison between state RH Program staff and the agency.¶
(4~~4~~2) "RH Access Fund Eligibility Database" means the centralized, web-based data system operated by the RH Program to house information about enrollees.¶
(4~~5~~3) "RH Access Fund Enrollment Form" means the form whereby individuals apply for RH Access Fund

coverage.¶
(464) "Sanction" means an action against agencies taken by the Authority in cases of fraud, misuse, abuse, or non-compliance of RH Program requirements.¶
(475) "School-Based Health Center" means a health center certified by the School-Based Health Center State Program, as defined in OAR 333-028-0210 (School-Based Health Center Program: Definitions).¶
(486) "Special confidentiality" means that an agency is permitted to bill the RH Program in lieu of billing a private insurer because a client fears that they will suffer harm if the policy holder of the private insurance finds out about the services they are receiving.¶
(497) "STI" means sexually transmitted infection.¶
(48) "Telehealth" means the provision of healthcare remotely by means of telecommunications technology.¶
(49) "These rules" means OAR 333-004-3000 to 333-333-4130.¶
(50) "Title X" means Title X of the Public Health Service Act, Section 1001 (42 U.S.C. § 300), which is a federal grant administered by the U.S. Department of Health and Human Services, Office of Population Affairs intended to ensure access to equitable, affordable, client-centered, quality family planning services for clients, especially low-income clients.
Statutory/Other Authority: ORS 413.042, ORS 414.432, ORS 431.147, ORS 431.149, ORS 435.205, ORS 435.230
Statutes/Other Implemented: ORS 414.432, ORS 431.147, ORS 413.032, ORS 435.205, ORS 435.230

AMEND: 333-004-3020

RULE SUMMARY: AMEND 333-004-3020: Streamlines program references.

CHANGES TO RULE:

333-004-3020
Agency Certification and Recertification Process
(1) Agency eligibility. To be eligible to be certified with the Reproductive Health Program (RH Program), an applicant agency must:¶
(a) Meet applicable licensing or regulatory requirements set forth by federal and state statutes, regulations, and rules.¶
(b) Have a valid business license if such a license is a requirement of federal, state, or local government to operate a business or to provide services.¶
(c) Have a current C~~LIA~~linical Laboratory Improvement Amendments of 1988 (CLIA) certification, if applicable.¶
(d) Have a current Board of Pharmacy license, if applicable.¶
(e) Be enrolled as an O~~HP~~regon Health Plan (OHP) Provider.¶
(f) If an applicant agency is located out of the State of Oregon, it may enroll under the following conditions:¶
(A) The applicant agency is appropriately licensed or certified and meets standards established within the provider's state for participation in Medicaid; and¶
(B) The applicant agency is located in a state contiguous to Oregon and is within 75 miles of the Oregon border.¶
(g) An applicant agency or any of its providers that are currently subject to sanctions by the ~~Authority~~Oregon Health Authority (Authority) or the federal government are not eligible for enrollment as an agency.¶
(2) Pre-Certification meeting. Prior to becoming certified, applicant agencies must meet with RH Program staff to discuss program requirements and clinic staff capacity. Applicant agency/clinic staff that must attend the meeting may include:¶
(a) Authorizing official(s);¶
(b) Clinical supervisor(s);¶
(c) Billing supervisor(s); and¶
(d) Front desk manager(s).¶
(3) Application process.~~-~~¶
(a) To apply to operate RHCare clinic(s), applicant agencies and their clinic(s) shall:¶
(A) Complete and submit to the RH Program a RHCare Certification Application ~~for RHCare Clinics~~ and all supporting documents for clinics that individually meet the Certification Requirements; and¶
(B) Respond to all requests or questions from the RH Program during application review.¶
(b) To apply to operate CCare clinic(s), applicant agencies and their clinic(s) shall:¶
(A) Complete and submit to the RH Program a CCare Certification Application ~~for CCare Clinics~~ and all supporting documents for clinics that individually meet the Certification Requirements; and¶
(B) Respond to all requests or questions from the RH Program during application review.¶
(c) To apply to operate AbortionCare clinic(s), applicant agencies and their clinic(s) shall:¶
(A) Complete and submit to the RH Program an AbortionCare Certification Application ~~for AbortionCare Clinics~~ and all supporting documents for clinics that individually meet the Certification Requirements; and¶
(B) Respond to all requests or questions from the RH Program during application review.¶
(4) Application review process. The RH Program will review the applicant agency's application and supporting documents to determine if the agency and its clinic(s) meet RHCare, CCare, or AbortionCare Certification Requirements.¶
(5) Application approval.¶
(a) Upon approval, the applicant agency will sign a medical services agreement (MSA). Signing a MSA constitutes an agreement by the agency to comply with all applicable rules of the RH Program, the ~~Health Systems~~Medicaid Division, and federal and state laws and regulations.¶
(b) The RH Program may require an on-site verification review within one year of approval.¶
(c) The RH Program may grant certification to an agency in whole or in part, by limiting the number of clinics within the first year of certification. To certify additional clinics, agencies will need to complete a new clinic certification request form and amend the agency's MSA.¶
(d) The RH Program may grant grace periods for implementation of specific requirements.~~-~~¶
(6) Application denial. The RH Program may deny an application for certification if it has evidence that the applicant agency or its clinic(s) does not meet all requirements for certification.¶
(7) Agency recertification. Agencies must apply for recertification every odd numbered year prior to the expiration of certification.~~-~~¶

(a) Recertification process. Submit recertification application prescribed by the Authority, and other documentation required in the application.-¶
(b) Recertification approval. Upon approval, agencies will receive a letter notifying them of their approval.¶
(c) Recertification denial. Upon denial, agencies will receive a letter notifying them of their denial. The RH Program may deny an agency's recertification for reasons including, but not limited to:¶
(A) Failure to address compliance findings within 180 calendar days of the date of initial non-compliance notification;¶
(B) No client enrollment or claims activity for 12 months; or¶
(C) Sanctions detailed in OAR 333-004-3200 (Grounds for Agency Sanctions; Sanctions).¶
(8) If an agency does not apply for recertification or if recertification is denied, the agency's MSA is terminated.
Statutory/Other Authority: ORS 413.042, ORS 414.432, ORS 431.147, ORS 431.149, ORS 435.205, ORS 435.230
Statutes/Other Implemented: ORS 414.432, ORS 431.147, ORS 413.032, ORS 435.205, ORS 435.230

AMEND: 333-004-3030

RULE SUMMARY: AMEND 333-004-3030: Simplifies references to the RHCare, CCare, and AbortionCare Certification Requirements and includes updated dates. Provides updated versions of Certification Requirements (see attachment).

CHANGES TO RULE:

333-004-3030
Agency Certification Requirements
(1) Agencies newly certified or recertified with the Reproductive Health Program (RH Program) to operate RHCare clinics on or after ~~October 27, 2022~~[INSERT EFFECTIVE DATE OF RULES] shall:¶
(a) Adhere to ~~the following~~all sections of the Certification Requirements for RHCare Clinics Version 3.1, incorporated by reference.¶
~~(A) Section A: Facility, Operations, and Staffing;¶~~
~~(B) Section B: Equitable Access;¶~~
~~(C) Section C: Clients' Rights and Safety;¶~~
~~(D) Section D: Services;¶~~
~~(E) Section E: Data Collection and Reporting; and¶~~
~~(F) Section F: Reproductive Health Access Fund.¶~~
(b) Be eligible for reimbursement from the RH Program for reproductive health services, as described in OAR 333-004-3070(2), (3), and (4)(a) (RH Access Fund Covered Services by Funding Source), provided to enrollees who meet CCare, Title X, or Reproductive Health Equity Act (RHEA) eligibility criteria.¶
(c) Serve all clients of reproductive capacity seeking reproductive health services.¶
(d) Deliver services in compliance with the requirements of the Federal Title X Program as detailed in statutes and regulations, including but not limited to 42 USC 300 et seq., 42 CFR Part 50 subsection 301 et seq., and 42 CFR Part 59 et seq., the Title X Program Requirements, and Office of Population Affairs Program Policy Notices (PPN).¶
(2) Agencies newly certified or recertified with the RH Program to operate CCare clinics on or after ~~October 27, 2022~~[INSERT EFFECTIVE DATE OF RULES] shall:¶
(a) Adhere to ~~the following~~all sections of the Certification Requirements for CCare Clinics Version 2.1, incorporated by reference.¶
~~(A) Section A: Facility, Operations, and Staffing;¶~~
~~(B) Section B: Equitable Access;¶~~
~~(C) Section C: Enrollees' Rights and Safety;¶~~
~~(D) Section D: Services;¶~~
~~(E) Section E: Data Collection and Reporting; and¶~~
~~(F) Section F: Reproductive Health Access Fund.¶~~
(b) Be eligible for reimbursement from the RH Program for CCare-covered services, as described in OAR 333-004-3070(3) (RH Access Fund Covered Services by Funding Source), provided to enrollees who meet CCare eligibility criteria.¶
(3) Agencies newly certified or recertified with the RH Program to operate AbortionCare clinics on or after ~~October 27, 2022~~[INSERT EFFECTIVE DATE OF RULES] shall:¶
(a) Adhere to ~~the following~~all sections of the Certification Requirements for AbortionCare Clinics Version 3, incorporated by reference.¶
~~(A) Section A: Facility, Operations, and Staffing;¶~~
~~(B) Section B: Equitable Access;¶~~
~~(C) Section C: Enrollees' Rights and Safety; ¶~~
~~(D) Section D: Services;¶~~
~~(E) Section E: Data Collection and Reporting; and¶~~
~~(F) Section F: Reproductive Health Access Fund.¶~~
(b) Be eligible for reimbursement from the RH Program for abortion services, as described in OAR 333-004-3070(4)(b) (RH Access Fund Covered Services by Funding Source), provided to enrollees who meet RHEA eligibility criteria.
Statutory/Other Authority: ORS 413.042, ORS 414.432, ORS 431.147, ORS 431.149, ORS 435.205, ORS 435.230
Statutes/Other Implemented: ORS 414.432, ORS 431.147, ORS 413.032, ORS 435.205, ORS 435.230

RULE ATTACHMENTS MAY NOT SHOW CHANGES. PLEASE CONTACT AGENCY REGARDING CHANGES.

NOTE: Attachments referenced are attached to this document. You may view the attachment 333-004-3030.pdf from the Attachments panel. Alternately, you may view the attachments at the following link:

https://secure.sos.state.or.us/oard/viewAttachment.action?ruleVrsnRsn=337996

AMEND: 333-004-3050

RULE SUMMARY: AMEND 333-004-3050: Clarifies that, in the event that an agency's certification is terminated, the agency's Authorized Individual will be notified by email rather than by certified mail.

CHANGES TO RULE:

333-004-3050
Agency Termination
(1) Agency initiated termination. An agency may terminate certification. To terminate certification, the agency must¶
(a) Submit written notice to the Reproductive Health Program (RH Program) by secure electronic mail to rh.program@oha.oregon.gov 30 calendar days prior to the termination effective date.¶
(A) The notice shall specify the termination effective date and plans for notifying and referring clients to other certified RHCare, CCare or AbortionCare clinics. This plan shall outline mechanisms used to notify clients and efforts to ensure coordination of care for clients.¶
(B) The termination effective date shall be at least 30 calendar days upon receipt of notice.¶
(b) Termination of agency certification does not terminate any obligations of the agency for dates of services during which the certification was in effect.¶
(2) RH Program initiated termination.¶
(a) The RH Program may terminate agency certification for reasons including, but not limited to:¶
(A) Failure to address compliance findings within 180 calendar days of the date of initial non-compliance notification;¶
(B) No client enrollment or claims activity for 12 months; or¶
(C) Sanctions as described in OAR 333-004-3200 (Grounds for Agency Sanctions; Sanctions).¶
(b) The RH Program will notify an agency that it or its clinic(s~~)~~') certification will be terminated via a written notice ~~by certified mail, return-receipt requested~~sent via electronic mail to the agency's Authorized Official as identified on the agency's certification or recertification documentation, whichever is most recent.¶
(c) The termination effective date shall be 30 calendar days from the date the notice was sent via electronic mail~~ed~~.¶
(d) Agencies that have been terminated due to OAR 333-004-3050(2)(a)(A) or (C) may not apply for certification for two years after termination.¶
(e) Termination notices will follow ORS chapter 183.
Statutory/Other Authority: ORS 413.042, ORS 414.432, ORS 431.147, ORS 431.149, ORS 435.205, ORS 435.230
Statutes/Other Implemented: ORS 414.432, ORS 431.147, ORS 413.032, ORS 435.205, ORS 435.230

AMEND: 333-004-3070

RULE SUMMARY: AMEND 333-004-3070: Updates the relevant services that are covered by funding source, including Title X, CCare, and Reproductive Health Equity Act (RHEA). Specifically, the section broadens Title X covered services to include screening, treatment, and rescreening for sexually transmitted infections (STIs) and cervical cancer screening and rescreening; clarifies that RHEA covered services include annual visits that are related to preventing or achieving pregnancy; and broadens RHEA covered services to include STI treatment and rescreening and cervical cancer screening and rescreening.

CHANGES TO RULE:

333-004-3070
Reproductive Health Access Fund Covered Services by Funding Source
(1) Each of the funding sources that make up the Reproductive Health Access Fund (RH Access Fund) may only be used to cover the services defined in this rule and only for enrollees who meet the funding source's eligibility requirements as defined in OAR 333-004-3090 (Client Eligibility for the RH Access Fund).¶
(2) Title X covers preventive reproductive health and related services.¶
(a) Covered services include:¶
(A) Annual visits that include education, counseling, or clinical services related to preventing or achieving pregnancy;¶
(B) Contraceptive drugs, devices, and supplies;¶
(C) Clinically indicated follow-up visits to evaluate effectiveness of a contraceptive method, including but not limited to, management of side effects related to a contraceptive method; and, changing a contraceptive method if medically necessary or requested by the enrollee, including the removal of contraceptive devices;¶
(D) Counseling and education related to pregnancy intention, including effective contraceptive use or preconception care;¶
(E) Health screenings, laboratory tests, medical procedures, and pharmaceutical supplies and devices directly related to preventing or achieving pregnancy;¶
(F) ~~T~~Screening, treatment and rescreening for ~~gonorrhea and Chlamydia (GC/CT) pursuant to a family planning visit;¶~~
~~(G) Repeat Pap tests pursuant to a family planning visit;~~ sexually transmitted infections (STIs);¶
(G) Cervical cancer screening and rescreening;¶
(H) Non-emergent medical transportation to and from clinic appointments provided through a brokerage, as that term is defined in OAR 410-136-3000; and¶
(I) Vasectomy services.¶
(b) Each enrollee may receive up to a one-year supply of contraceptives per date of service.¶
(3) CCare covers a specific set of family planning services to prevent unintended pregnancies.¶
(a) Covered services include:¶
(A) Annual visits that support contraceptive use;¶
(B) Contraceptive drugs, devices, and supplies;¶
(C) Clinically indicated follow-up visits to evaluate effectiveness of a contraceptive method, including but not limited to, management of side effects related to a contraceptive method; and, changing a contraceptive method if medically necessary or requested by the enrollee, including the removal of contraceptive devices;¶
(D) Counseling and education to support contraceptive use;¶
(E) Health screenings, laboratory tests, medical procedures, and drugs, devices, and supplies directly related to contraceptive use;¶
(F) Non-emergent medical transportation to and from clinic appointments provided through a brokerage, as that term is defined in OAR 410-136-3000; and¶
(G) Vasectomy services.¶
(b) Each enrollee may receive up to a one-year supply of contraceptives per date of service.¶
(4) Reproductive Health Equity Act (RHEA) covers services, drugs, devices, products, and procedures related to reproductive health.¶
(a) Covered services include:¶
(A) Annual visits that include education, counseling, or clinical services related to preventing or achieving pregnancy;¶
(B) Contraceptive drugs, devices, and supplies;¶
(C) Clinically indicated follow-up visits to evaluate effectiveness of a contraceptive method, including but not limited to, management of side effects related to a contraceptive method; and, changing a contraceptive method if

medically necessary or requested by the enrollee, including the removal of contraceptive devices;¶
(D) Counseling and education related to pregnancy intention, including effective contraceptive use or preconception care;¶
(E) Health screenings, laboratory tests, medical procedures, and pharmaceutical supplies and devices directly related to preventing or achieving pregnancy;¶
(F) Sexually transmitted infections (STI) screening, treatment, and rescreening;¶
(G) Non-emergent medical transportation to and from clinic appointments provided through a brokerage, as that term is defined in OAR 410-136-3000; and¶
(H) ~~Repeat Pap tests.~~ Cervical cancer screening and rescreening.¶
(b) Abortion services include:¶
(A) Pre-abortion visits;¶
(B) Abortion procedures, including medication abortion (MAB) and therapeutic abortion (TAB) procedures performed in an outpatient setting;¶
(C) Abortion-related medical services, including but not limited to laboratory tests, ultrasounds, and pain management;¶
(D) Contraceptive drugs, devices, and supplies provided immediately following abortion procedures; and¶
(E) Post-abortion follow-up visits.
Statutory/Other Authority: ORS 413.042, ORS 414.432, ORS 431.147, ORS 431.149, ORS 435.205, ORS 435.230
Statutes/Other Implemented: ORS 414.432, ORS 431.147, ORS 413.032, ORS 435.205, ORS 435.230

AMEND: 333-004-3080

RULE SUMMARY: AMEND 333-004-3080: Updates the relevant services that are not covered by funding source, including Title X, CCare, and Reproductive Health Equity Act (RHEA). Specifically, the section removes from the lists of Title X non-covered services the treatment for sexually transmitted infections (STIs) not pursuant to a family planning visit, as well as stand-alone visits for repeat Pap tests not pursuant to a family planning visit; replaces in the list of CCare non-covered services "repeat Pap tests" with "cervical cancer screening"; and removes from the list of RHEA non-covered services the treatment of STIs and stand-alone visits for repeat Pap tests. Modifies citations.

CHANGES TO RULE:

333-004-3080
Reproductive Health Access Fund Excluded Services by Funding Source
(1) Title X does not cover:¶
(a) Sterilizations for enrollees assigned female at birth;¶
(b) ~~Treatment for sexually transmitted infections (STIs) not pursuant to a family planning visit;¶~~
~~(c) Stand-alone visits for repeat Pap tests not pursuant to a family planning visit;¶~~
~~(d)~~ Hysterectomies or abortions;¶
(~~e~~c) Procedures performed for medical reasons, whether or not the procedure results in preventing or delaying pregnancy or restoring fertility;¶
(~~f~~d) Human papillomavirus (HPV) vaccinations; or¶
(~~g~~e) Any other medical service or laboratory test that is not described in OAR 333-004-3070(2) (Reproductive Health Access Fund Covered Services by Funding Source) and whose primary purpose is other than preventing or achieving pregnancy.¶
(2) CCare does not cover:¶
(a) Sterilizations for enrollees assigned female at birth;¶
(b) Treatment for sexually transmitted infections (STIs);¶
(c) Preconception or prenatal care, including pregnancy confirmations;¶
(d) Stand-alone visits for repeat ~~Pap tests~~cervical cancer screening;¶
(e) Hysterectomies or abortions;¶
(f) Procedures performed for medical reasons, whether or not the procedure results in preventing or delaying pregnancy or restoring fertility;¶
(g) Human papillomavirus (HPV) vaccinations; or¶
(h) Any other medical service or laboratory test that is not described in OAR 333-004-3070(3) (RH Access Fund Covered Services by Funding Source), and whose primary purpose is other than preventing unintended pregnancy.¶
(3) Reproductive Health Equity Act (RHEA) does not cover:¶
(a) ~~Treatment for STIs;¶~~
~~(b) Stand-alone visits for repeat Pap tests;¶~~
~~(c)~~ Hysterectomies;¶
(~~d~~b) Human papillomavirus (HPV) vaccinations;¶
(~~e~~c) Any other medical service or laboratory test that is not described in ORS 743A.067;¶
(~~f~~d) Mammography services. These services are available through the ScreenWise program (OAR 333-010-0120(2)(a) (Covered Services));¶
(~~g~~e) Abortion services not occurring in clinics certified by the Reproductive Health Program (RH Program). These services, for individuals with a household income and size at or below 185 percent of the federal poverty level (FPL), are available under the benefit package for this population in OAR 410-134-0003(~~2)(c~~a) (Healthier Oregon and Healthier Oregon Cover All Kids Coverage); or¶
(~~h~~f) Sterilization procedures. These services, for individuals with a household income and size at or below 138 percent of the FPL, are available under the benefit package for this population in OAR 410-134-0003(~~2)(c~~b) (Healthier Oregon and Healthier Oregon Cover All Kids Coverage).
Statutory/Other Authority: ORS 413.042, ORS 414.432, ORS 431.147, ORS 431.149, ORS 435.205, ORS 435.230
Statutes/Other Implemented: ORS 414.432, ORS 431.147, ORS 413.032, ORS 435.205, ORS 435.230

AMEND: 333-004-3090

RULE SUMMARY: AMEND 333-004-3090: Removes as a requirement for Title X qualification eligible immigration verification.

CHANGES TO RULE:

333-004-3090
Client Eligibility for the R~~H~~eproductive Health Access Fund
(1) To be considered eligible for the Reproductive Health Access Fund (RH Access Fund), an enrollee must meet the eligibility requirements for Title X, CCare, or RHEA.¶
(a) Title X. To qualify for Title X, an enrollee must:¶
(A) Have a household size and personal income at or below 250 percent of the federal poverty level (FPL); and¶
(B) Have reproductive capacity.¶
(b) CCare. For an enrollee's services to be reimbursed using CCare funds, they must meet the eligibility requirements stated in OAR 333-004-3090(1)(a) (Client Eligibility for the RH Access Fund), and:¶
(A) Reside in Oregon as described in OAR 461-120-0010 (Residency Requirements);¶
(B) Provide a valid Social Security Number (SSN) as required by 42 USC 1320b-7; and¶
(C) Be a citizen of the United States, with acceptable proof of citizenship verification and identity; or¶
(D) Hold eligible immigration status with acceptable proof of ~~eligible immigration verification and identity.¶~~
~~(c)~~ identity.¶
(c) Reproductive Health Equity Act (RHEA). For an enrollee's services to be reimbursed using RHEA funds, they must meet the eligibility requirements stated in OAR 333-004-3090(1)(a) (Client Eligibility for the RH Access Fund); and¶
(A) Be able to become pregnant;¶
(B) Reside in Oregon as described in OAR 461-120-0010 (Residency Requirements); and¶
(C) Be ineligible for medical assistance because of 8 U.S.C. 1611 or 1612.¶
(2) Eligibility for CCare does not constitute eligibility for any other medical assistance program.
Statutory/Other Authority: ORS 413.042, ORS 414.432, ORS 431.147, ORS 431.149, ORS 435.205, ORS 435.230
Statutes/Other Implemented: ORS 414.432, ORS 431.147, ORS 413.032, ORS 435.205, ORS 435.230

AMEND: 333-004-3100

RULE SUMMARY: AMEND 333-004-3100: Removes the requirements that to enroll in the Reproductive Health Access Fund a client must complete the enrollment form, include their U.S. citizenship or immigration status, or provide acceptable proof of U.S. citizenship and identity.

CHANGES TO RULE:

333-004-3100
Client Enrollment into the Reproductive Health Access Fund
(1) To enroll in the Reproductive Health Access Fund (RH Access Fund) a client must submit t~~he following items to the clinic:¶~~
~~(a) A signed, completed,~~o the clinic a signed and dated RH Access Fund Enrollment Form that includes all information necessary to determine the client's eligibility and benefit level:¶
(~~A~~a) Sex designated at birth;¶
(~~B~~b) Social Security number (SSN), as applicable; ¶
(~~C~~c) A mailing address, as applicable;~~¶~~
~~(D) U.S. citizenship or immigration status;~~ and¶
(~~E~~d) Income information. Clients can be enrolled based solely on their own income, whether living with others or on their own~~; and¶~~
~~(b) Acceptable proof of U.S. citizenship and identity, as applicable~~.¶
(2) RH Access Fund Enrollment Forms may not be backdated. A client or agency that backdates a form shall be considered by the Reproductive Health Program (RH Program) to have committed fraud.¶
(3) All client eligibility information must be:¶
(a) Reviewed by clinic staff to ensure accuracy to the best of the client's knowledge, and completeness; and¶
(b) Recorded in the RH Access Fund Eligibility Database.¶
(4) Final determination of eligibility and enrollment into the RH Access Fund is made by the RH Program based on the information recorded in the RH Access Fund Eligibility Database.¶
(a) An enrollee's enrollment in the RH Access Fund shall be suspended by the RH Program if it determines that the enrollee's income is above the eligibility threshold.¶
(b) An enrollee shall have 45 calendar days from the date of suspension to confirm their income information or the enrollee's enrollment in the RH Access Fund shall be terminated by the RH Program.¶
(5) The enrolling agency must retain a copy of the completed, signed Enrollment Form. Electronic copies are acceptable.¶
(6) The enrolling agency must retain proof of citizenship and identity provided by the enrollee, as applicable. Electronic copies are acceptable. An agency is prohibited under ORS 432.380, from making a copy of a birth certificate. For clients providing a birth certificate as proof of citizenship, only the birth certificate number and the state of issuance must be retained by the enrolling agency.¶
(7) Upon application, an enrollee is conferred eligibility. If, after the RH Program performs an eligibility verification process, an enrollee is deemed ineligible for coverage, they will be provided notice of their ineligibility.¶
(a) An enrollee may appeal this decision and request a hearing in accordance with sections (9) or (10) of this rule, depending on the basis for the ineligibility.¶
(b) Clients who are issued a determination of ineligibility will remain ineligible for coverage through the duration of the appeals process.¶
(c) The request form must be received by the RH Program within 30 calendar days after the date of termination.¶
(8) Enrollment in the RH Access Fund is effective for two years from the date of enrollment. The date of enrollment is the date the enrollee signed the Enrollment Form and must be on or before the first date of service for which the RH Program will be billed.¶
(9) If an enrollee is denied eligibility for CCare, the following procedures apply:¶
(a) An enrollee has the right to a contested case hearing.¶
(b) To be timely, a request for a hearing must be received by the Oregon Health Authority (Authority) no later than the 60th calendar day following the date of the decision notice.¶
(c) In the event a request for hearing is not timely, the Authority shall determine whether the enrollee showed there was good cause, as defined in OAR 137-003-0501(7), for their failure to timely file the hearing request. In determining whether to accept a late hearing request, the Authority requires the request to be supported by a written statement that explains why the request for hearing is late. The Authority may conduct such further inquiry as the Authority deems appropriate. If the Authority finds that the enrollee has good cause for late filing, the Authority shall refer the case to the Office of Administrative Hearings (OAH) for a contested case hearing. The following factual disputes shall be referred to the OAH for a hearing:¶

(A) Whether the hearing request received was timely.¶
(B) Whether the enrollee received the notice of denial.¶
(C) The information included in the enrollee's statement of good cause.¶
(d) An enrollee who requests a hearing shall be referred to as a claimant. The parties to a contested case hearing are the claimant and the Authority.¶
(e) A claimant may be represented by any of the individuals identified in ORS 183.458.¶
(f) The Authority shall take final administrative action on a contested hearing request within the time limits set forth in 42 CFR Part 431 and Part 435 except in unusual circumstances when:¶
(A) The Authority cannot reach a decision because the enrollee requests a delay or fails to take a required action; or¶
(B) There is an administrative or other emergency beyond the Authority's control.¶
(g) Informal conference.¶
(A) The Authority and the enrollee, and their legal representative if any, may have an informal conference without the presence of an Administrative Law Judge (ALJ) to discuss any of the matters listed in OAR 137-003-0575. The informal conference may also be used to:¶
(i) Provide an opportunity for the Authority and the claimant to settle the matter;¶
(ii) Provide an opportunity to make sure the claimant understands the reason for the action that is the subject of the hearing request;¶
(iii) Give the claimant and the Authority an opportunity to review the information that is the basis for that action;¶
(iv) Inform the claimant of the rules that serve as the basis for the contested action;¶
(v) Give the claimant and the Authority the chance to correct any misunderstanding of the facts;¶
(vi) Determine if the claimant wishes to have any witness subpoenas issued for the hearing; and¶
(vii) Give the Authority an opportunity to review its action.¶
(B) The claimant may at any time prior to the hearing date request an additional informal conference with the Authority representative, which may be granted if the Authority representative finds in their sole discretion that the additional informal discussion will facilitate the hearing process or resolution of disputed issues.¶
(C) The Authority may provide to the claimant the relief sought at any time before the Final Order is served.¶
(D) Any agreement reached in an informal conference shall be submitted to the ALJ in writing or presented orally on the record at the hearing.¶
(h) A claimant may withdraw a hearing request at any time. The withdrawal is effective on the date it is received by the Authority or the ALJ, whichever is first. The claimant may cancel the withdrawal up to the 10th day following the date such an order is effective.¶
(i) Contested case hearings are closed to non-participants in the hearing; however, an enrollee may choose to have another individual present.¶
(j) The Authority retains final order authority.¶
(k) A hearing request will be dismissed by order when neither the claimant nor the claimant's legal representative, if any, appears at the time and place specified for the hearing. The order is effective on the date scheduled for the hearing. The Authority shall cancel the dismissal order on request of the enrollee upon the claimant being able to show good cause, as defined in OAR 137-003-0501(7), as to why they were unable to attend the hearing and unable to request a postponement.¶
(10) If an enrollee is denied eligibility for a program other than CCare, they have 60 calendar days to request a hearing and the hearing will be conducted in accordance with ORS chapter 183 and in accordance with the Attorney General's Model Rules, OAR 137-003-0501 through 137-003-0700.
Statutory/Other Authority: ORS 413.042, ORS 414.432, ORS 431.147, ORS 431.149, ORS 435.205, ORS 435.230
Statutes/Other Implemented: ORS 414.432, ORS 431.147, ORS 413.032, ORS 435.205, ORS 435.230

AMEND: 333-004-3230

RULE SUMMARY: AMEND 333-004-3230: Updates reference.

CHANGES TO RULE:

333-004-3230
Discretionary Use of Funds
The R~~H Program~~eproductive Health Program (RH Program) may, at its discretion, use RH G~~F~~eneral Funds (GF) or Title X instead of CCare to reimburse an agency for ~~CCare-covered~~ services, referenced in OAR 333-004-3070~~(3)(a)~~ (RH Access Fund Covered Services by Funding Source), provided to clients who may otherwise be eligible for CCare, in which case OAR 333-004-3090(1)(b) (Client Eligibility for the Reproductive Health Access Fund (RH Access Fund)) will not apply.
Statutory/Other Authority: ORS 413.042, ORS 414.432, ORS 431.147, ORS 431.149, ORS 435.205, ORS 435.230
Statutes/Other Implemented: ORS 414.432, ORS 431.147, ORS 413.032, ORS 435.205, ORS 435.230