

Fri 4/12/2024 11:33 AM

Hello all,

Here is the written comment from Basic Rights Oregon for the last RAC meeting.

- Section 1b- Basic Rights Oregon advocates for the World professional standards of transgender healthcare version 8 to be accepted in its entirety rather than only requiring the statements of recommendation at a minimum. The statements of recommendation in WPATH8 are bolded single sentences and the body of supporting evidence and guidance below each are important for providers and insurers to understand the best practice. It is also critical to understand how the updates to the standards in version 8 differ from WPATH7 and what contributed to the need for update in each section.
- Section 1b- We are concerned about the addition of revised language referencing "other evidence-based guidelines" that can be used "in conjunction with, and not as a substitute for" WPATH8. We advocate for the current WPATH8 international standard for trans healthcare to be used as the approved current evidence based guideline and encourage a new RAC to be formed if additional guidelines do come out in the future that should be considered.
- Section 5bii: Our original recommendation was not that the provider be practicing within the scope of their own license, but that the procedures they were reviewing be within their field. For example, if a mental health provider with experience in gender affirming mental healthcare was reviewing surgical procedure claims. We would encourage their expertise be applicable to the scope of practice they are reviewing.
- Section 5iv- Basic Rights Oregon would like to see more specificity on the required training. Our recommendation to assure that adverse benefit reviewers understand the WPATH8 updated standards is that these positions be required to complete a training program specific to WPATH GEI. The revised recommendation language of "a training program focused on gender equality and inclusivity" is slightly too vague to accomplish our recommendation and we appreciate more attention to include more specificity in the revised language.
- Lastly, I recommend an additional section be considered within section 5 related to the notice and explanation of adverse benefit determinations because it would improve the implementation of HB2002 and give patients a clearer understanding of

the reason for denial. An example of this can be found in WA rulemaking for SB5313 the gender affirming treatment act, the WA rulemaking states:

- *5) "If an internal rule, guideline, protocol, or other similar criterion was relied on in making the adverse benefit determination, the notice must contain either the specific rule, guideline, protocol, or other similar criterion; or a statement that a copy of the rule, guideline, protocol, or other criterion will be provided free of charge to the appellant on request.*
- *(8) An enrollee or covered person may request that a carrier identify the medical, vocational, or other experts whose advice was obtained in connection with the adverse benefit determination, even if the advice was not relied on in making the determination. The carrier may satisfy this requirement by providing the job title, a statement as to whether the expert is affiliated with the carrier as an employee, and the expert's specialty, board certification status, or other criteria related to the expert's qualification without providing the expert's name or address. The carrier must be able to identify for the commissioner upon request the name of each expert whose advice was obtained in connection with the adverse benefit determination.*
- Currently for Oregon Health plan, a notice of adverse benefit determination requires the following:
 - Every notice must:
 - Clearly state that it is a Notice of Adverse Benefit Determination
 - List a date of notice
 - List an effective date
 - List the provider who has requested the service, treatment or item
 - Clearly explain why the CCO or OHA made the coverage decision
 - List the Oregon Administrative Rules used to make the decision
 - Give you a contact number to get information that was used to deny the requested service or item, and
 - Give you a contact number to call if you have questions about the information in the notice.

Thank you for your consideration,

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