HB 2002 Rules Advisory Committee
Gender Affirming Treatment

January 25, 2024

Department of Consumer
and Business Services

Welcome!

Agenda:

- Introductions
- Housekeeping & expectations
- Overview of Outstanding Issues
- Review Sect. 3 and 4 of draft rule
- Open Discussion
- Public comment

Introductions

Committee roster:

- Amy Penkin - OHSU-Transgender Health
- Antoinette Awuakye - Cambia Health
- Chris Coughlin - Oregon Consumer Justice
- Courtni Dresser - Oregon Medical Association
- Erin Waters – Black & Beyond the Binary Collective
- Everett Redente – Community Member/Advocate
- Glenn Baly - PEBB/OEBB
- Jonathan Frochtzwajg - Cascade AIDS Project
- Merlene Converse - Kaiser Permanente
- Richard Blackwell - PacificSource Health Plan
- Scott White - Moda Health
- Seth Johnstone - Basic Rights Oregon
- Tara Harrison - Providence Health Plan

Housekeeping & Expectations

- Video off, line muted if not speaking
- Raise hands to speak
- Chat is open
- Time reserved for public comment
- Note on language
- Good faith

Overview of Outstanding Issues

1. **Definition of "Accepted Standards of Care"**
2. **Cosmetic Exclusions**
3. **Enumerated Procedures**
4. **Definition of GAT Provider**
    1. **For Denial and Approval**
    2. **For Network Adequacy**

Overview of Outstanding Issues (cont.)

5. **Adverse Benefit Determinations**
6. **Network Adequacy**

Review Section 3 and 4 of draft rule

- Karen will share her screen to display the draft rule document dated Dec. 12, 2023

HB 2002 – Adverse Benefit Determinations

(2) A carrier offering a health benefit plan in this state may not:

(d) Issue an adverse benefit determination denying or limiting access to gender-affirming treatment unless a physical or behavioral health care provider with experience prescribing or delivering gender-affirming treatment has first reviewed and approved the denial of or the limitation on access to the treatment.

HB 2002 – Adverse Benefit Determinations

743B.001 Definitions.

(1) "Adverse benefit determination" means an insurer's denial, reduction or termination of a health care item or service, or an insurer's failure or refusal to provide or to make a payment in whole or in part for a health care item or service, that is based on the insurer's:

(a) Denial of eligibility for or termination of enrollment in a health benefit plan;

(b) Rescission or cancellation of a policy or certificate;

(c) Imposition of a preexisting condition exclusion as defined in ORS 743B.005, source-of-injury exclusion, network exclusion, annual benefit limit or other limitation on otherwise covered items or services;

(d) Determination that a health care item or service is experimental, investigational or not medically necessary, effective or appropriate;

(e) Determination that a course or plan of treatment that an enrollee is undergoing is an active course of treatment for purposes of continuity of care under ORS 743B.225; or

(f) Denial, in whole or in part, of a request for prior authorization, a request for an exception to step therapy or a request for coverage of a treatment, drug, device or diagnostic or laboratory test that is subject to other utilization review requirements.

HB 2002 – Network Adequacy

(3) A carrier described in subsection (2) of this section must:

(a) Satisfy any network adequacy standards under ORS 743B.505 related to gender-affirming treatment providers; **and**…

HB 2002 – Network Adequacy

(3) A carrier described in subsection (2) of this section must:

(b)(A) Contract with a network of gender-affirming treatment providers that is sufficient in numbers and geographic locations to ensure that gender-affirming treatment services are accessible to all enrollees without unreasonable delay; **or**

(b)(B) Ensure that all enrollees have geographical access without unreasonable delay to out-of-network gender-affirming treatment services with cost-sharing or other out-of-pocket costs for the services no greater than the cost-sharing or other out-of-pocket costs for the services when furnished by an in-network provider.

HB 2002 – Network Adequacy

(3) A carrier described in subsection (2) of this section must:

(b)(A) Contract with a network of gender-affirming treatment providers that is sufficient in numbers and geographic locations to ensure that gender-affirming treatment services are accessible to all enrollees without unreasonable delay; **or**

(b)(B) Ensure that all enrollees have geographical access without unreasonable delay to out-of-network gender-affirming treatment services with cost-sharing or other out-of-pocket costs for the services no greater than the cost-sharing or other out-of-pocket costs for the services when furnished by an in-network provider.

Public Comment

Next Steps

- Next meeting – March 21, 2024, 1-2:30 p.m.
- Division contacts:

Brooke Hall, Senior Policy Advisor
Brooke.m.hall@Dcbs.Oregon.Gov
Phone: 503-910-7969
Pronouns: she/her/hers

Lisa Emerson, Senior Policy Advisor
Lisa.Emerson@Dcbs.Oregon.Gov
Phone: 971-719-6164
Pronouns: she/her/hers

Karen Winkel, Rules Coordinator
Karen.J.Winkel@Dcbs.Oregon.Gov
Phone: 503-947-7694
Pronouns: she/her/hers