

Important Notice About Gender-Affirming Care Benefits

What is changing?

The Oregon Health Authority (OHA) is watching a proposed federal rule. The rule may start on October 13, 2026. It may stop federal payment for some gender-affirming medicines and surgeries for people under age 18 who have Medicaid or CHIP.

The rule is not in effect now. Your OHP benefits have not changed. OHA is reviewing the rule. OHA will share more news if the rule affects OHP members.

What does OHP cover now?

OHP covers care that is medically needed and ordered by a health care provider. The care must meet current medical standards. It may include office visits, mental health care, medicine, tests, and surgery. Some care may need approval first.

What does this mean for you?

- Your gender-affirming care benefits have not changed.
- Keep your visits and care plan unless your provider tells you to make a change.
- If your benefits change later, we will send you a notice.
- You can ask for free language help or a format that works for you.

How to get care

1. Talk with your primary care provider, specialist, or mental health provider.
2. Ask the provider to send a referral or approval request if one is needed.
3. Call Member Services if you need help finding a provider or understanding your benefits.

If care is denied

If we deny a service, we will send you a letter. The letter will tell you why and how to appeal. You can ask us to review the decision. You may also ask for a state fair hearing after you appeal. Deadlines apply, so read the letter and call us if you need help.

You can also call OHP Client Services at 1-800-273-0557. If you still need help, call the OHA Ombuds Program at 1-877-642-0450 or email

OHA.OmbudsOffice@odhsoha.oregon.gov.

Learn more on the [OHA gender-affirming care webpage](#).