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State/Territory Name: Oregon

State Plan Amendment (SPA)#: 24-0017

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services 7500
Security Boulevard, Mail Stop S2-14-26 Baltimore,
Maryland 21244-1850



Center for Medicaid and CHIP Services
Medicaid Benefits and Health Programs Group

August 29, 2024

Emma Sandoe, PhD
Director, Oregon Health Authority
Medical Assistance Programs
500 Summer Street Northeast, E-65
Salem, OR 97301-1079

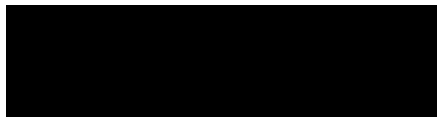
Dear Dr. Sandoe,

The Centers for Medicare and Medicaid Services (CMS) Division of Pharmacy team has reviewed Oregon's State Plan Amendment (SPA) 24-0017 received in the CMS OneMAC application on August 8, 2024. This SPA has been submitted to allow coverage of authorized drug imports when there is inadequate supply of the fully FDA-approved, non-imported drug product during a recognized critical drug shortage.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that OR-24-0017 is approved with an effective date of July 1, 2024. We are attaching a copy of the signed CMS-179 form, as well as the pages approved for incorporation into Oregon's state plan.

If you have any questions regarding this request, please contact Michael Forman at 410-786-2666 or michael.forman@cms.hhs.gov.

Sincerely,



Cynthia R. Denemark, R.Ph.
Director, Division of Pharmacy

cc: Jesse Anderson, Oregon Health Authority
Nikki Lemmon, CMS Division of Program Operations

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 4 — 0 0 1 7</u>	2. STATE <u>OR</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
7/1/24

5. FEDERAL STATUTE/REGULATION CITATION
(1905(a)(12), 42 CFR 440.120(a) and 42 CFR 441.25)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 0
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, page 5-c.1 (NEW)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT
This transmittal is being submitted to allow to cover authorized drug imports when there is inadequate supply of the fully FDA-approved, non-imported drug product during a recognized critical drug shortage.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

AGENCY OFFICIAL

Emma Sandoe, PhD

13. TITLE
Medicaid Director

14. DATE SUBMITTED
8/7/24


15. RETURN TO
Oregon Health Authority
Medical Assistance Programs
500 Summer Street NE E-65
Salem, OR 97301

ATTN: Jesse Anderson, State Plan Manager

FOR CMS USE ONLY

16. DATE RECEIVED <u>08/08/24</u>	17. DATE APPROVED <u>08/29/24</u>
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>07/01/24</u>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <u>Cynthia R. Denmark, R.Ph.</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Pharmacy</u>

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

LIMITATIONS ON SERVICES (Cont.)

12.a. Prescribed Drugs (Cont)

Drug Shortages:

Prescribed drugs that are not covered outpatient drugs (including drugs authorized for import by the Food and Drug Administration) are covered when medically necessary during drug shortages identified by the Food and Drug Administration.

TN No. 24-0017

Approval Date: 08/29/24

Effective Date: 7/1/24

Supersedes TN No. NEW