

**SB 1568 B STAFF MEASURE SUMMARY****Carrier:** Rep. Grayber**House Committee On Health Care****Action Date:** 02/26/26**Action:** Do pass with amendments to the A-Eng bill. (Printed B-Eng.)**Vote:** 7-0-1-0**Yeas:** 7 - Diehl, Harbick, Javadi, Munoz, Nelson, Nosse, Pham H**Exc:** 1 - McIntire**Fiscal:** Has minimal fiscal impact**Revenue:** No revenue impact**Prepared By:** Alexandra Kihn-Stang, LPRO Analyst**Meeting Dates:** 2/24, 2/26**WHAT THE MEASURE DOES:**

The measure makes changes to doula and lactation counselor coverage by Medicaid and health benefit plans and establishes the Oregon Perinatal Collaborative. The measure declares an emergency, effective on its passage.

Detailed Summary:

- **Makes changes to Medicaid coverage**
  - Directs the Oregon Health Authority (OHA) to define qualification criteria by rule for **birth and postpartum doulas** by January 1, 2028, and requires coverage for a minimum of 12 visits, 24 hours of services, or a comparable combination of visits and service hours
  - Removes references to **lactation educators**, and requires coverage of lactation counselor services without prior health care provider referral
- **Makes changes to health benefit plan coverage**
  - Requires coverage of up to \$3,760 of services provided by doulas per 12-month period, adjusted for inflation beginning in 2029, and directs the Department of Consumer and Business Services (DCBS) to define services not covered by the benefit
  - Removes references to lactation educators, requires coverage of lactation counselor services without prior health care provider referral, and directs DCBS to adopt coverage guidance in alignment with OHA-established requirements to the extent possible
- Coverage changes apply to contracts between OHA and coordinated care organizations (CCOs) and health benefit plans issued, renewed, or extended beginning January 1, 2028
- Repeals existing statute regarding the regulation of the practice of lactation counselors and lactation educators, use of titles, and rules; defines “lactation counselor”; directs OHA to establish a voluntary registry for lactation counselors; and permits already licensed lactation counselors and lactation educators to continue practicing
- Establishes the Oregon Perinatal Collaborative at the Oregon Health and Science University, and directs the collaborative to coordinate efforts and make policy recommendations to improve infant and maternal health

**ISSUES DISCUSSED:**

- Maternal and child health
- Senate Bill 690 and Senate Bill 692 from 2025
- Doula and lactation counselor services and requirements
- Provisions of the measure

**EFFECT OF AMENDMENT:**

The amendment replaces the measure.

**BACKGROUND:**

Doulas are birth companions who provide personal, nonmedical support to birthing people and families throughout a person’s pregnancy, childbirth, and postpartum experience. OHA, in consultation with the Traditional Health Worker Commission, is responsible for the training requirements and credentialing of doulas in Oregon (see [ORS 414.665](#) and [Oregon Administrative Rule 950-060-0150](#)). In 2011, House Bill 3311 directed OHA to study ways to use doula care to improve birth outcomes for people receiving medical assistance. In 2014, Oregon began to cover doula services for birthing people on Medicaid. Reimbursement for doula care was raised from [\\$75 to \\$350](#) in 2017 and from [\\$350 to \\$1,500](#) in 2022. In 2025, SB 692 expanded coverage of community-based perinatal supports, including doulas, lactation counselors, and lactation educators, for people receiving medical assistance, and required private health insurers to cover community-based perinatal services.

The Oregon Perinatal Collaborative, established in 2012, works to improve care and outcomes for mothers, birthing people, and newborns. Its current initiatives include improving care and outcomes for severe hypertension in pregnancy and postpartum, support for pregnant and postpartum people experiencing substance use disorders, a community birth transfer partnership, and congenital syphilis prevention. The collaborative is funded by the Oregon legislature, March of Dimes, and a federal grant through the Health Resources and Services Administration.