

Senate Bill 1568

Sponsored by Senators REYNOLDS, ANDERSON, Representative NELSON, Senators NERON MISSLIN, PATTERSON; Senators GELSER BLOUIN, WEBER, Representatives GRAYBER, LEVY B, LEVY E, MARSH, RIEKE SMITH, WISE (Pre-session filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act requires OHA, CCOs and health benefit plans that cover birth and pregnancy costs to also cover doula costs up to stated amounts of service. The Act requires that those entities and health benefit plans also cover lactation counselor costs. The Act requires those changes for contracts or plans that start or renew in 2027 or later. The Act requires OHA to adopt rules about lactation counselors. The Act starts when it is signed. (Flesch Readability Score 61.8).

Establishes minimum coverage levels for doula services in the state medical assistance program and for health benefit plans that reimburse the costs of pregnancy and childbirth expenses. Requires the Oregon Health Authority, coordinated care organizations and health benefit plans that reimburse the costs for pregnancy and childbirth to provide coverage for services of lactation counselors. Specifies that minimum coverage level modifications for doula services and required coverage for lactation counselor services become operative on January 1, 2027.

Directs the Oregon Health Authority to establish a voluntary registration system for lactation counselors. Defines "lactation counselor." Becomes operative on January 1, 2027.

Creates the Oregon Perinatal Collaborative in the Oregon Health and Science University.

Declares an emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to perinatal services; creating new provisions; amending ORS 414.025, 414.665, 414.667,
3 414.668, 414.669, 676.380, 676.386, 676.665 and 743A.081 and section 21, chapter 539, Oregon Laws
4 2025; repealing ORS 676.671; and declaring an emergency.

5 **Be It Enacted by the People of the State of Oregon:**

6 **SECTION 1.** ORS 414.025 is amended to read:

7 414.025. As used in this chapter and ORS chapters 411 and 413, unless the context or a specially
8 applicable statutory definition requires otherwise:

9 (1)(a) "Alternative payment methodology" means a payment other than a fee-for-services pay-
10 ment, used by coordinated care organizations as compensation for the provision of integrated and
11 coordinated health care and services.

12 (b) "Alternative payment methodology" includes, but is not limited to:

13 (A) Shared savings arrangements;

14 (B) Bundled payments; and

15 (C) Payments based on episodes.

16 (2) "Behavioral health assessment" means an evaluation by a behavioral health clinician, in
17 person or using telemedicine, to determine a patient's need for immediate crisis stabilization.

18 (3) "Behavioral health clinician" means:

19 (a) A licensed psychiatrist;

20 (b) A licensed psychologist;

21 (c) A licensed nurse practitioner with a specialty in psychiatric mental health;

22 (d) A licensed clinical social worker;

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

- 1 (e) A licensed professional counselor or licensed marriage and family therapist;
 2 (f) A certified clinical social work associate;
 3 (g) An intern or resident who is working under a board-approved supervisory contract in a
 4 clinical mental health field; or
 5 (h) Any other clinician whose authorized scope of practice includes mental health diagnosis and
 6 treatment.
- 7 (4) “Behavioral health crisis” means a disruption in an individual’s mental or emotional stability
 8 or functioning resulting in an urgent need for immediate outpatient treatment in an emergency de-
 9 partment or admission to a hospital to prevent a serious deterioration in the individual’s mental or
 10 physical health.
- 11 (5) “Behavioral health home” means a mental health disorder or substance use disorder treat-
 12 ment organization, as defined by the Oregon Health Authority by rule, that provides integrated
 13 health care to individuals whose primary diagnoses are mental health disorders or substance use
 14 disorders.
- 15 (6) “Category of aid” means assistance provided by the Oregon Supplemental Income Program,
 16 aid granted under ORS 411.877 to 411.896 and 412.001 to 412.069 or federal Supplemental Security
 17 Income payments.
- 18 (7) “Community health worker” means an individual who meets qualification criteria adopted
 19 by the authority under ORS 414.665 and who:
 20 (a) Has expertise or experience in public health;
 21 (b) Works in an urban or rural community, either for pay or as a volunteer in association with
 22 a local health care system;
 23 (c) To the extent practicable, shares ethnicity, language, socioeconomic status and life experi-
 24 ences with the residents of the community the worker serves;
 25 (d) Assists members of the community to improve their health and increases the capacity of the
 26 community to meet the health care needs of its residents and achieve wellness;
 27 (e) Provides health education and information that is culturally appropriate to the individuals
 28 being served;
 29 (f) Assists community residents in receiving the care they need;
 30 (g) May give peer counseling and guidance on health behaviors; and
 31 (h) May provide direct services such as first aid or blood pressure screening.
- 32 (8) “Coordinated care organization” means an organization meeting criteria adopted by the
 33 Oregon Health Authority under ORS 414.572.
- 34 (9) “Dental subcontractor” means a prepaid managed care health services organization that en-
 35 ters into a noncomprehensive risk contract with a coordinated care organization or the Oregon
 36 Health Authority to provide dental services to medical assistance recipients.
- 37 (10) “Doula” means a trained professional who provides continuous physical, emotional and in-
 38 formational support to an individual during [*pregnancy, labor and delivery or the postpartum period*]
 39 **health care related transitions, including the perinatal period**, to help the individual achieve the
 40 healthiest and most satisfying experience possible.
- 41 (11) “Dually eligible for Medicare and Medicaid” means, with respect to eligibility for enroll-
 42 ment in a coordinated care organization, that an individual is eligible for health services funded by
 43 Title XIX of the Social Security Act and is:
 44 (a) Eligible for or enrolled in Part A of Title XVIII of the Social Security Act; or
 45 (b) Enrolled in Part B of Title XVIII of the Social Security Act.

1 (12)(a) "Family support specialist" means an individual who meets qualification criteria adopted
2 by the authority under ORS 414.665 and who provides supportive services to and has experience
3 parenting a child who:

4 (A) Is a current or former consumer of mental health or addiction treatment; or

5 (B) Is facing or has faced difficulties in accessing education, health and wellness services due
6 to a mental health or behavioral health barrier.

7 (b) A "family support specialist" may be a peer wellness specialist or a peer support specialist.

8 (13) "Global budget" means a total amount established prospectively by the Oregon Health Au-
9 thority to be paid to a coordinated care organization for the delivery of, management of, access to
10 and quality of the health care delivered to members of the coordinated care organization.

11 (14) "Health insurance exchange" or "exchange" means an American Health Benefit Exchange
12 described in 42 U.S.C. 18031, 18032, 18033 and 18041.

13 (15) "Health services" means at least so much of each of the following as are funded by the
14 Legislative Assembly based upon the prioritized list of health services compiled by the Health Evi-
15 dence Review Commission under ORS 414.690:

16 (a) Services required by federal law to be included in the state's medical assistance program in
17 order for the program to qualify for federal funds;

18 (b) Services provided by a physician as defined in ORS 677.010, a nurse practitioner licensed
19 under ORS 678.375, a behavioral health clinician or other licensed practitioner within the scope of
20 the practitioner's practice as defined by state law, and ambulance services;

21 (c) Prescription drugs;

22 (d) Laboratory and X-ray services;

23 (e) Medical equipment and supplies;

24 (f) Mental health services;

25 (g) Chemical dependency services;

26 (h) Emergency dental services;

27 (i) Nonemergency dental services;

28 (j) Provider services, other than services described in paragraphs (a) to (i), (k), (L) and (m) of
29 this subsection, defined by federal law that may be included in the state's medical assistance pro-
30 gram;

31 (k) Emergency hospital services;

32 (L) Outpatient hospital services; and

33 (m) Inpatient hospital services.

34 (16) "Income" has the meaning given that term in ORS 411.704.

35 (17)(a) "Integrated health care" means care provided to individuals and their families in a pa-
36 tient centered primary care home or behavioral health home by licensed primary care clinicians,
37 behavioral health clinicians and other care team members, working together to address one or more
38 of the following:

39 (A) Mental illness.

40 (B) Substance use disorders.

41 (C) Health behaviors that contribute to chronic illness.

42 (D) Life stressors and crises.

43 (E) Developmental risks and conditions.

44 (F) Stress-related physical symptoms.

45 (G) Preventive care.

1 (H) Ineffective patterns of health care utilization.

2 (b) As used in this subsection, “other care team members” includes but is not limited to:

3 (A) Qualified mental health professionals or qualified mental health associates meeting require-
4 ments adopted by the Oregon Health Authority by rule;

5 (B) Peer wellness specialists;

6 (C) Peer support specialists;

7 (D) Community health workers who have completed a state-certified training program;

8 (E) Personal health navigators; or

9 (F) Other qualified individuals approved by the Oregon Health Authority.

10 (18) “Investments and savings” means cash, securities as defined in ORS 59.015, negotiable in-
11 struments as defined in ORS 73.0104 and such similar investments or savings as the department or
12 the authority may establish by rule that are available to the applicant or recipient to contribute
13 toward meeting the needs of the applicant or recipient.

14 (19) “Medical assistance” means so much of the medical, mental health, preventive, supportive,
15 palliative and remedial care and services as may be prescribed by the authority according to the
16 standards established pursuant to ORS 414.065, including premium assistance under ORS 414.115 and
17 414.117, payments made for services provided under an insurance or other contractual arrangement
18 and money paid directly to the recipient for the purchase of health services and for services de-
19 scribed in ORS 414.710.

20 (20) “Medical assistance” includes any care or services for any individual who is a patient in
21 a medical institution or any care or services for any individual who has attained 65 years of age
22 or is under 22 years of age, and who is a patient in a private or public institution for mental dis-
23 eases. Except as provided in ORS 411.439 and 411.447, “medical assistance” does not include care
24 or services for a resident of a nonmedical public institution.

25 (21) “Mental health drug” means a type of legend drug, as defined in ORS 414.325, specified by
26 the Oregon Health Authority by rule, including but not limited to:

27 (a) Therapeutic class 7 ataractics-tranquilizers; and

28 (b) Therapeutic class 11 psychostimulants-antidepressants.

29 (22) “Patient centered primary care home” means a health care team or clinic that is organized
30 in accordance with the standards established by the Oregon Health Authority under ORS 414.655
31 and that incorporates the following core attributes:

32 (a) Access to care;

33 (b) Accountability to consumers and to the community;

34 (c) Comprehensive whole person care;

35 (d) Continuity of care;

36 (e) Coordination and integration of care; and

37 (f) Person and family centered care.

38 (23) “Peer support specialist” means any of the following individuals who meet qualification
39 criteria adopted by the authority under ORS 414.665 and who provide supportive services to a cur-
40 rent or former consumer of mental health or addiction treatment:

41 (a) An individual who is a current or former consumer of mental health treatment; or

42 (b) An individual who is in recovery, as defined by the Oregon Health Authority by rule, from
43 an addiction disorder.

44 (24) “Peer wellness specialist” means an individual who meets qualification criteria adopted by
45 the authority under ORS 414.665 and who is responsible for assessing mental health and substance

1 use disorder service and support needs of a member of a coordinated care organization through
2 community outreach, assisting members with access to available services and resources, addressing
3 barriers to services and providing education and information about available resources for individ-
4 uals with mental health or substance use disorders in order to reduce stigma and discrimination
5 toward consumers of mental health and substance use disorder services and to assist the member
6 in creating and maintaining recovery, health and wellness.

7 (25) “Person centered care” means care that:

8 (a) Reflects the individual patient’s strengths and preferences;

9 (b) Reflects the clinical needs of the patient as identified through an individualized assessment;
10 and

11 (c) Is based upon the patient’s goals and will assist the patient in achieving the goals.

12 (26) “Personal health navigator” means an individual who meets qualification criteria adopted
13 by the authority under ORS 414.665 and who provides information, assistance, tools and support to
14 enable a patient to make the best health care decisions in the patient’s particular circumstances and
15 in light of the patient’s needs, lifestyle, combination of conditions and desired outcomes.

16 (27) “Prepaid managed care health services organization” means a managed dental care, mental
17 health or chemical dependency organization that contracts with the authority under ORS 414.654
18 or with a coordinated care organization on a prepaid capitated basis to provide health services to
19 medical assistance recipients.

20 (28) “Quality measure” means the health outcome and quality measures and benchmarks identi-
21 fied by the Health Plan Quality Metrics Committee and the metrics and scoring subcommittee in
22 accordance with ORS 413.017 (4) and 413.022 and the quality metrics developed by the Behavioral
23 Health Committee in accordance with ORS 413.017 (5).

24 (29)(a) “Quality of life in general measure” means an assessment of the value, effectiveness or
25 cost-effectiveness of a treatment that gives greater value to a year of life lived in perfect health than
26 the value given to a year of life lived in less than perfect health.

27 (b) “Quality of life in general measure” does not mean an assessment of the value, effectiveness
28 or cost-effectiveness of a treatment during a clinical trial in which a study participant is asked to
29 rate the participant’s physical function, pain, general health, vitality, social functions or other sim-
30 ilar domains.

31 (30) “Resources” has the meaning given that term in ORS 411.704. For eligibility purposes, “re-
32 sources” does not include charitable contributions raised by a community to assist with medical
33 expenses.

34 (31) “Social determinants of health” means:

35 (a) Nonmedical factors that influence health outcomes;

36 (b) The conditions in which individuals are born, grow, work, live and age; and

37 (c) The forces and systems that shape the conditions of daily life, such as economic policies and
38 systems, development agendas, social norms, social policies, racism, climate change and political
39 systems.

40 (32) “Tribal traditional health worker” means an individual who meets qualification criteria
41 adopted by the authority under ORS 414.665 and who:

42 (a) Has expertise or experience in public health;

43 (b) Works in a tribal community or an urban Indian community, either for pay or as a volunteer
44 in association with a local health care system;

45 (c) To the extent practicable, shares ethnicity, language, socioeconomic status and life experi-

ences with the residents of the community the worker serves;

(d) Assists members of the community to improve their health, including physical, behavioral and oral health, and increases the capacity of the community to meet the health care needs of its residents and achieve wellness;

(e) Provides health education and information that is culturally appropriate to the individuals being served;

(f) Assists community residents in receiving the care they need;

(g) May give peer counseling and guidance on health behaviors; and

(h) May provide direct services, such as tribal-based practices.

(33)(a) “Youth support specialist” means an individual who meets qualification criteria adopted by the authority under ORS 414.665 and who, based on a similar life experience, provides supportive services to an individual who:

(A) Is not older than 30 years of age; and

(B)(i) Is a current or former consumer of mental health or addiction treatment; or

(ii) Is facing or has faced difficulties in accessing education, health and wellness services due to a mental health or behavioral health barrier.

(b) A “youth support specialist” may be a peer wellness specialist or a peer support specialist.

SECTION 2. ORS 414.665 is amended to read:

414.665. (1) As used in this section, “traditional health worker” includes any of the following:

(a) A community health worker.

(b) A personal health navigator.

(c) A peer wellness specialist.

(d) A peer support specialist.

(e) A doula.

(f) A tribal traditional health worker.

(2) In consultation with the Traditional Health Workers Commission established under ORS 413.600, the Oregon Health Authority, for purposes related to the regulation of traditional health workers, shall adopt by rule:

(a) The qualification criteria, including education and training requirements, for the traditional health workers utilized by coordinated care organizations, including [*distinct qualification criteria for birth doulas and postpartum doulas*] **but not limited to the distinct perinatal doula provider types of birth doula and postpartum doula;**

(b) Appropriate professional designations for supervisors of the traditional health workers; and

(c) Processes by which other occupational classifications may be approved to supervise the traditional health workers.

(3) The criteria and requirements established under subsection (2) of this section:

(a) Must be broad enough to encompass the potential unique needs of any coordinated care organization;

(b) Must meet requirements of the Centers for Medicare and Medicaid Services to qualify for federal financial participation; and

(c) May not require certification by the Home Care Commission.

SECTION 3. The Oregon Health Authority shall adopt by rule the qualification criteria for doulas, including but not limited to the distinct perinatal doula provider types of birth doula and postpartum doula, as required under the amendments to ORS 414.665 by section 2 of this 2026 Act, no later than January 1, 2027.

SECTION 4. ORS 414.667 is amended to read:

414.667. As used in ORS 414.667 to 414.671[.],

[(1)] “doula” has the meaning given that term in ORS 414.025.

[(2)] “Lactation counselor” has the meaning given that term in ORS 676.665.]

[(3)] “Lactation educator” has the meaning given that term in ORS 676.665.]

SECTION 5. ORS 414.668 is amended to read:

414.668. (1) In determining the types and extent of health care and services to be provided to medical assistance recipients under ORS 414.065, the Oregon Health Authority and a coordinated care organization shall ensure that recipients have access to services provided by doulas[, *lactation counselors and lactation educators*].

(2) The services described in subsection (1) of this section must:

(a) Include a minimum of 24 hours of services, in addition to labor and delivery services, regardless of birth outcome, with an option for the authority or a coordinated care organization to approve additional hours based on need;

(b) Be sufficient to support recipients’ robust maternal health and support positive birth outcomes; and

(c) Be provided:

(A) By an individual or organization from the community of the recipient, using language, structures and settings familiar to members of the community; or

(B) If an individual or organization from the community of the recipient is not available, by a provider that has received cultural competency training within the preceding three years.

(3) Access to [*doulas, lactation counselors and lactation educators*] **doula services**:

(a) Must be made available without a referral from another health care provider; and

(b) May not require a signature from or supervision by any other health care provider, except as necessary to approve additional hours based on need as described in subsection (2)(a) of this section.

(4) A coordinated care organization shall make information about how to access services provided by a doula[, *lactation counselor or lactation educator*] available on a website operated by or on behalf of the coordinated care organization and shall provide the information in print whenever a printed explanation of benefits is available.

SECTION 6. ORS 414.668, as amended by section 5 of this 2026 Act, is amended to read:

414.668. (1) In determining the types and extent of health care and services to be provided to medical assistance recipients under ORS 414.065, the Oregon Health Authority and a coordinated care organization shall ensure that recipients have access to services provided by doulas.

(2) The services described in subsection (1) of this section must:

(a) Include a minimum of **12 visits or 24 hours of services, or a comparable combination of visits and hours**, in addition to labor and delivery services, regardless of birth outcome, with an option for the authority or a coordinated care organization to approve additional hours based on need[;]. **For purposes of this paragraph, each visit must be a minimum of one hour in duration.**

(b) Be sufficient to support recipients’ robust maternal health and support positive birth outcomes[; *and*].

(c) Be provided:

(A) By an individual or organization from the community of the recipient, using language, structures and settings familiar to members of the community; or

1 (B) If an individual or organization from the community of the recipient is not available, by a
 2 provider that has received cultural competency training within the preceding three years.

3 (3) Access to doula services:

4 (a) Must be made available without a referral from another health care provider; and

5 (b) May not require a signature from or supervision by any other health care provider, except
 6 as necessary to approve additional hours based on need as described in subsection (2)(a) of this
 7 section.

8 (4) A coordinated care organization shall make information about how to access services pro-
 9 vided by a doula available on a website operated by or on behalf of the coordinated care organiza-
 10 tion and shall provide the information in print whenever a printed explanation of benefits is
 11 available.

12 **SECTION 7. (1) The amendments to ORS 414.668 by section 6 of this 2026 Act apply to**
 13 **contracts between coordinated care organizations and the Oregon Health Authority entered**
 14 **into, amended or renewed on or after January 1, 2027.**

15 **(2) A contract between a coordinated care organization and the authority that was en-**
 16 **tered into, amended or renewed before January 1, 2027, may authorize medical assistance**
 17 **coverage of services consistent with the amendments to ORS 414.668 by section 6 of this 2026**
 18 **Act.**

19 **SECTION 8.** ORS 414.669 is amended to read:

20 414.669. *[(1)]* The Oregon Health Authority, in coordination with the Traditional Health Workers
 21 Commission, shall in each even-numbered year review, and revise if necessary, any rates of re-
 22 imbursement in the state medical assistance program for doulas. When reviewing and revising rates
 23 of reimbursement, the authority shall consider factors including retention of doulas and the need to
 24 ensure that a career as a doula is financially sustainable, access to culturally specific doulas and
 25 evidence-based factors and empirical studies related to the cost-effectiveness of services provided
 26 by doulas.

27 *[(2) The authority shall in each even-numbered year review, and revise if necessary, any rates of*
 28 *reimbursement in the state medical assistance program for lactation counselors and lactation educators.*
 29 *When reviewing and revising rates of reimbursement, the authority shall consider factors including*
 30 *retention of lactation counselors and lactation educators and the need to ensure that a career as a*
 31 *lactation counselor or lactation educator is financially sustainable, access to culturally specific lactation*
 32 *counselors and lactation educators and evidence-based factors and empirical studies related to the*
 33 *cost-effectiveness of services provided by lactation counselors and lactation educators.]*

34 **SECTION 9. Section 10 of this 2026 Act is added to and made a part of ORS chapter 414.**

35 **SECTION 10. (1) As used in this section, “lactation counselor” has the meaning given**
 36 **that term in ORS 676.665.**

37 **(2) The Oregon Health Authority and a coordinated care organization shall ensure that**
 38 **medical assistance recipients have access to services provided by lactation counselors and**
 39 **that access to those services is made available without a referral from another health care**
 40 **provider.**

41 **(3) A coordinated care organization shall make information about how to access services**
 42 **provided by a lactation counselor available on a website operated by or on behalf of the co-**
 43 **ordinated care organization and shall provide the information in print whenever a printed**
 44 **explanation of benefits is available.**

45 **(4) The authority shall in each even-numbered year review, and revise if necessary, any**

1 **rates of reimbursement in the state medical assistance program for lactation counselors.**
 2 **When reviewing and revising rates of reimbursement, the authority shall consider retention**
 3 **of lactation counselors as a factor.**

4 **SECTION 11. Section 10 of this 2026 Act applies to contracts between coordinated care**
 5 **organizations and the Oregon Health Authority entered into, amended or renewed on or after**
 6 **January 1, 2027.**

7 **SECTION 12.** ORS 743A.081 is amended to read:

8 743A.081. (1) As used in this section[:],

9 [(a)] “doula” has the meaning given that term in ORS 414.667.

10 [(b)] “*Lactation counselor*” and “*lactation educator*” have the meanings given those terms in ORS
 11 676.665.]

12 (2) A health benefit plan, as defined in ORS 743B.005, in this state that reimburses the cost of
 13 pregnancy and childbirth expenses shall provide coverage for services provided by doulas[, *lactation*
 14 *counselors and lactation educators*].

15 (3) Covered services required under subsection (2) of this section shall include a minimum of 24
 16 hours of services, in addition to labor and delivery services, regardless of birth outcome, with an
 17 option for the health benefit plan to approve additional hours based on need.

18 (4) Except for coverage of additional hours based on need as described in subsection (3) of this
 19 section, the health benefit plan described in subsection (2) of this section may not require prior au-
 20 thorization, a referral from another health care provider or a signature from or supervision by any
 21 other health care provider for coverage of services described in this section.

22 (5) A health benefit plan that provides the services described in subsection (2) of this section
 23 shall provide information on how to access doulas[, *lactation counselors and lactation educators to*
 24 *all enrollees*].

25 (6) The coverage required by subsection (2) of this section may be made subject to provisions
 26 of the policy, certificate or contract that apply to other benefits under the policy, certificate or
 27 contract, including, but not limited to, provisions related to deductibles and coinsurance.

28 (7) The health benefit plan shall reimburse the cost [*for coverage of services described in this*
 29 *section up to a total amount that is not less than*] **of doula services up to \$3,760.** On January 1 of
 30 each year, the Department of Consumer and Business Services shall adjust the dollar limit provided
 31 by this subsection to reflect the percentage changes in the Consumer Price Index for all Urban
 32 Consumers, West Region (All Items), as published by the Bureau of Labor Statistics of the United
 33 States Department of Labor or a successor agency, and may vary from year to year.

34 (8) This section is exempt from ORS 743A.001.

35 **SECTION 13.** ORS 743A.081, as amended by section 12 of this 2026 Act, is amended to read:

36 743A.081. (1) As used in this section, “doula” has the meaning given that term in ORS 414.667.

37 (2) A health benefit plan, as defined in ORS 743B.005, in this state that reimburses the cost of
 38 pregnancy and childbirth expenses shall provide coverage for services provided by doulas.

39 (3)(a) Covered services required under subsection (2) of this section shall include a minimum of
 40 **12 visits or 24 hours of services, or a comparable combination of visits and hours,** in addition
 41 to labor and delivery services, regardless of birth outcome, with an option for the health benefit plan
 42 to approve additional hours based on need. **For purposes of this paragraph, each visit must be**
 43 **a minimum of one hour in duration.**

44 (b) Covered services under subsection (2) of this section shall be limited to services that
 45 relate directly to medical services covered by the health benefit plan.

1 (c) **The Department of Consumer and Business Services shall by rule define the services**
2 **that relate directly to medical services for purposes of this subsection.**

3 (d) **A health benefit plan may provide additional restrictions to those restrictions set**
4 **forth in rules adopted under this subsection.**

5 (4) Except for coverage of additional hours based on need as described in subsection (3) of this
6 section, the health benefit plan described in subsection (2) of this section may not require prior au-
7 thorization, a referral from another health care provider or a signature from or supervision by any
8 other health care provider for coverage of services described in this section.

9 (5) A health benefit plan that provides the services described in subsection (2) of this section
10 shall provide information on how to access doulas.

11 (6) The coverage required by subsection (2) of this section may be made subject to provisions
12 of the policy, certificate or contract that apply to other benefits under the policy, certificate or
13 contract, including, but not limited to, provisions related to deductibles and coinsurance.

14 (7) The health benefit plan shall reimburse the cost of doula services up to \$3,760. On January
15 1 of each year, the Department of Consumer and Business Services shall adjust the dollar limit
16 provided by this subsection to reflect the percentage changes in the Consumer Price Index for all
17 Urban Consumers, West Region (All Items), as published by the Bureau of Labor Statistics of the
18 United States Department of Labor or a successor agency, and may vary from year to year.

19 (8) This section is exempt from ORS 743A.001.

20 **SECTION 14. (1) The amendments to ORS 743A.081 by section 13 of this 2026 Act apply**
21 **to health benefit plans that are issued, renewed or extended on or after January 1, 2027.**

22 **(2) A health benefit plan that was first issued, renewed or extended before January 1,**
23 **2027, may provide covered services consistent with ORS 743A.081 as amended by section 13**
24 **of this 2026 Act.**

25 **SECTION 15.** Section 21, chapter 539, Oregon Laws 2025, is amended to read:

26 **Sec. 21.** The Department of Consumer and Business Services shall issue guidance on the im-
27 plementation of [section 17 of this 2025 Act] **ORS 743A.081**, including alignment with the rules and
28 requirements for doulas[, *lactation counselors and lactation educators*] as described by the Oregon
29 Health Authority.

30 **SECTION 16. Section 17 of this 2026 Act is added to and made a part of the Insurance**
31 **Code.**

32 **SECTION 17. (1) As used in this section:**

33 **(a) “Health benefit plan” has the meaning given that term in ORS 743B.005.**

34 **(b) “Lactation counselor” has the meaning given that term in ORS 676.665.**

35 **(2) A health benefit plan issued in this state that reimburses the cost of pregnancy and**
36 **childbirth expenses shall provide coverage for services provided by lactation counselors and**
37 **may not require prior authorization, a referral from another health care provider, approval**
38 **or a signature from another health care provider or supervision by another health care**
39 **provider for coverage of services described in this section.**

40 **(3) A health benefit plan that provides the services described in this section shall provide**
41 **information on how to access lactation counselors to all enrollees.**

42 **(4) The coverage described in this section may be made subject to provisions of the health**
43 **benefit plan that apply to other benefits under the plan, including but not limited to pro-**
44 **visions relating to deductibles or coinsurance.**

45 **(5) The Department of Consumer and Business Services shall issue guidance on lactation**

1 **counselor coverage required by this section and on the implementation of that required**
 2 **coverage, including alignment with the rules and requirements for lactation counselors as**
 3 **established by the Oregon Health Authority, to the extent practicable.**

4 **SECTION 18. Section 17 of this 2026 Act applies to health benefit plans that are issued,**
 5 **renewed or extended on or after January 1, 2027.**

6 **SECTION 19.** ORS 676.380 is amended to read:

7 676.380. (1) As used in this section:

8 (a) “Doula” has the meaning given that term in ORS 414.025.

9 [(b) “Lactation counselor” and “lactation educator” have the meanings given those terms in ORS
 10 676.665.]

11 [(c)] (b) “Community-based services during the perinatal period” includes, but is not limited to,
 12 services provided by a doula[, *lactation counselor or lactation educator*] to a pregnant or postpartum
 13 individual from conception through one year postpartum.

14 (2)(a) The Oregon Health Authority shall establish a community-based perinatal services access
 15 program to support activities that increase access to culturally specific and culturally competent
 16 community-based services during the perinatal period. The program must issue grants **or contracts**
 17 to eligible entities with a demonstrated ability to offer the activities described in this subsection,
 18 including culturally specific organizations, the nine federally recognized **Indian** tribes in this state,
 19 nonprofit organizations and businesses.

20 (b) Grants **and contracts** issued under this section may be used for purposes including, but not
 21 limited to:

22 (A) Paying for costs of required training and education to provide community-based services
 23 during the perinatal period, including tuition, fees, books and other materials and supplies;

24 (B) Providing wages and financial benefits for individuals who are training to provide
 25 community-based services during the perinatal period;

26 (C) Outreach and recruitment to attract individuals to training programs to provide
 27 community-based services during the perinatal period;

28 (D) Funding for culturally specific **or community-based** organizations and programs to:

29 (i) Establish or expand community-based services during the perinatal period;

30 (ii) Support billing insurance for community-based services during the perinatal period;

31 (iii) Provide training and mentoring for providers of community-based services during the
 32 perinatal period; and

33 (iv) Conduct consumer or provider education and research regarding community-based services
 34 during the perinatal period; and

35 (E) Funding to provide technical assistance related to billing and consumer or provider outreach
 36 and education to:

37 (i) Doulas; and

38 (ii) Organizations that employ doulas or contract with doulas to provide doula services.

39 (3) An eligible entity that receives a grant **or contract** issued under this section may use the
 40 grant **or contract** to provide funding to partner entities that are organized to meet the purposes
 41 of the program.

42 (4) The authority may administer the program directly or contract with a third party to admin-
 43 ister the program. If the authority contracts with a third party, the third party must have experience
 44 in implementing state-funded grant programs that utilize community and stakeholder engagement.

45 (5) The authority may receive gifts, grants or contributions from any source, whether public or

1 private, to carry out the provisions of this section. Moneys received under this section shall be de-
2 posited in the Community-Based Perinatal Services Access Fund established under ORS 676.383.

3 **SECTION 20.** ORS 676.386 is amended to read:

4 676.386. (1) As used in this section[.],

5 [(a)] “doula” has the meaning given that term in ORS 414.025.

6 [(b)] “*Lactation counselor*” and “*lactation educator*” have the meanings given those terms in ORS
7 676.665.]

8 (2) To the extent practicable, a doula[, *lactation counselor* or *lactation educator*] shall strive to
9 provide services that are culturally specific, as defined in ORS 413.256, to a client or patient.

10 **SECTION 21.** Section 22 of this 2026 Act is added to and made a part of ORS 676.665 to
11 **676.689.**

12 **SECTION 22.** The Oregon Health Authority shall adopt rules to establish a voluntary
13 registration for lactation counselors. The rules adopted under this section must include at
14 least rules to:

15 (1) Establish continuing education requirements for lactation counselors;

16 (2) Establish standards of practice for lactation counselors;

17 (3) Establish a voluntary registration process and requirements for lactation counselors;
18 and

19 (4) Specify that a lactation counselor may provide services to a client who was pregnant
20 regardless of the client’s birth outcome.

21 **SECTION 23.** ORS 676.665 is amended to read:

22 676.665. As used in ORS 676.665 to 676.689:

23 (1) “Lactation consultant” means a person licensed to practice lactation consultation.

24 (2) “Lactation consultation” means the clinical application of scientific principles and evidence
25 to provide care related to lactation to childbearing families. Lactation consultation includes, but is
26 not limited to:

27 (a) Client assessment through systematic collection of data;

28 (b) Data analysis;

29 (c) Creation of a care plan;

30 (d) Implementation of the care plan, including demonstration and instructions to clients and
31 communication with the clients’ primary care provider;

32 (e) Evaluation of client outcomes;

33 (f) Problem identification and treatment;

34 (g) Recommendation and use of assistive devices; and

35 (h) Lactation education to childbearing families and to health care providers.

36 [(3)] “*Lactation counselor*” means a person certified by the Academy of Lactation Policy and Prac-
37 tice, or its successor organization, as approved by the Health Licensing Office by rule, as a clinical
38 lactation care provider who has demonstrated the necessary skills, knowledge and attitude to provide
39 clinical support to families that are thinking, or have questions, about breastfeeding or that have
40 problems with breastfeeding.]

41 [(4)] “*Lactation educator*” means a person certified by the Childbirth and Postpartum Professional
42 Association, or its successor organization, as approved by the office by rule, as a certified lactation
43 educator to educate, counsel and support families by providing evidence-based information about
44 lactation and breastfeeding.]

45 **SECTION 24.** ORS 676.665, as amended by section 23 of this 2026 Act, is amended to read:

1 676.665. As used in ORS 676.665 to 676.689:

2 (1) "Lactation consultant" means a person licensed to practice lactation consultation.

3 (2) "Lactation consultation" means the clinical application of scientific principles and evidence
4 to provide care related to lactation to childbearing families. Lactation consultation includes, but is
5 not limited to:

6 (a) Client assessment through systematic collection of data;

7 (b) Data analysis;

8 (c) Creation of a care plan;

9 (d) Implementation of the care plan, including demonstration and instructions to clients and
10 communication with the clients' primary care provider;

11 (e) Evaluation of client outcomes;

12 (f) Problem identification and treatment;

13 (g) Recommendation and use of assistive devices; and

14 (h) Lactation education to childbearing families and to health care providers.

15 (3) "Lactation counselor" means a person who has received training to provide counseling
16 and education to families that are considering, or have questions about, lactation or
17 breastfeeding and who can support families that are having problems with lactation or
18 breastfeeding in accessing clinical support.

19 **SECTION 25.** ORS 676.671 is repealed.

20 **SECTION 26.** (1) There is created the Oregon Perinatal Collaborative in the Oregon
21 Health and Science University.

22 (2) The responsibilities of the Oregon Perinatal Collaborative shall include:

23 (a) Coordinating statewide efforts for quality improvement in maternal and infant health;
24 and

25 (b) Developing policy recommendations to further maternal and infant health.

26 **SECTION 27.** (1) An entity that received a grant under ORS 676.380 before the operative
27 date specified in section 28 of this 2026 Act for purposes related to lactation counselors or
28 lactation educators may use the grant for purposes related to lactation counselors on and
29 after the operative date specified in section 28 of this 2026 Act.

30 (2) An individual regulated by the Health Licensing Office for the purpose of practicing
31 as a lactation counselor or lactation educator on or before the operative date specified in
32 section 28 of this 2026 Act may continue to practice as a lactation counselor on and after the
33 operative date specified in section 28 of this 2026 Act.

34 **SECTION 28.** (1) Sections 10, 17 and 22 of this 2026 Act and the amendments to ORS
35 414.668, 743A.081 and 676.665 by sections 6, 13 and 24 of this 2026 Act become operative on
36 January 1, 2027.

37 (2) The Oregon Health Authority, the Department of Consumer and Business Services,
38 a coordinated care organization and an insurer may take any action before the operative date
39 specified in subsection (1) of this section that is necessary to enable those entities to exer-
40 cise, on and after the operative date specified in subsection (1) of this section, all of the du-
41 ties, functions and powers conferred on those entities by sections 10, 17 and 22 of this 2026
42 Act and the amendments to ORS 414.668, 743A.081 and 676.665 by sections 6, 13 and 24 of this
43 2026 Act.

44 **SECTION 29.** This 2026 Act being necessary for the immediate preservation of the public
45 peace, health and safety, an emergency is declared to exist, and this 2026 Act takes effect

1 **on its passage.**

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