CHAPTER 92

AN ACT SB 1568

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

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

SECTION 1. 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*] **qualification criteria for 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 2. The Oregon Health Authority shall adopt by rule the qualification criteria for the distinct perinatal doula provider types of birth doula and postpartum doula, as required under the amendments to ORS 414.665 by section 1 of this 2026 Act, no later than January 1, 2028.

SECTION 3. ORS 414.667 is repealed.

SECTION 4. 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 **or signature** from another health care provider; and

(b) May not require [*a signature from or supervision by any other health care provider*] **prior authorization**, 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 5. ORS 414.668, as amended by section 4 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[*;*]**.**

(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, struc-

tures 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 doula services:

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

(b) May not require prior authorization, 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 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. (1) The amendments to ORS 414.668 by section 5 of this 2026 Act apply to contracts between coordinated care organizations and the Oregon Health Authority entered into, amended or renewed on or after January 1, 2028.

(2) A contract between a coordinated care organization and the authority that was entered into, amended or renewed before January 1, 2028, may authorize medical assistance coverage of services consistent with the amendments to ORS 414.668 by section 5 of this 2026 Act.

SECTION 7. ORS 414.669 is amended to read:

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

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

SECTION 8. Section 9 of this 2026 Act is added to and made a part of ORS chapter 414.

SECTION 9. (1) As used in this section, "lactation counselor" has the meaning given that term in section 11 of this 2026 Act.

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

(3) A coordinated care organization shall make information about how to access services provided by a lactation counselor 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.

(4) The authority shall in each even-numbered year review, and revise if necessary, any rates of reimbursement in the state medical assistance program for lactation counselors. When reviewing and revising rates of reimbursement, the authority shall consider retention of lactation counselors as a factor.

SECTION 10. Section 9 of this 2026 Act applies to contracts between coordinated care organizations and the Oregon Health Authority entered into, amended or renewed on or after January 1, 2028.

SECTION 11. (1) As used in this section, "lactation counselor" has the meaning given that term by the Traditional Health Workers Commission by rule.

(2) The commission shall adopt rules to establish a voluntary registration for lactation counselors. The rules adopted under this section must include at least rules to:

(a) Establish continuing education requirements for lactation counselors;

(b) Establish standards of practice for lactation counselors;

(c) Establish a voluntary registration process and requirements for lactation counselors; and

(d) Specify that a lactation counselor may provide services to a client who was pregnant regardless of the client's birth outcome.

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

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

[*(a)*] "doula" has the meaning given that term in ORS [*414.667*] **414.025**.

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

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

(3) Covered services required under subsection (2) of this section shall include a minimum of 24

hours of services, in addition to labor and delivery services, regardless of birth outcome, with an option for the health benefit plan to approve additional hours based on need.

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

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

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

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

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

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

743A.081. (1) As used in this section, "doula" [*has the meaning given that term*] **means a doula, as defined** in ORS 414.025**, who is certified and registered by the Oregon Health Authority**.

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

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

(2) A health benefit plan, as defined in ORS 743B.005, in this state that provides coverage for pregnancy and childbirth shall provide coverage for services provided by doulas up to $3,760 of coverage per 12-month period under a plan or per calendar year.

(3) If additional doula services are needed after the benefit amount specified in subsection (2) of this section is exhausted, a health benefit plan may approve the additional services, subject to reasonable medical management techniques.

(4) Except for [*coverage of additional hours*] **the approval of additional services** based on need as described in subsection (3) of this section, the health benefit plan described in subsection (2) of this section may not require prior authorization, a referral from another health care provider or a signature from or supervision by any other health care provider for coverage of services described in this section.

(5) A health benefit plan may develop payment models that enable the member to receive the following services within the benefit amount described in subsection (2) of this section:

(a) Support during labor and delivery; and

(b) Approximately 12 visits or 24 hours, or a comparable combination thereof, of prenatal or postpartum services.

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

(b) The Department of Consumer and Business Services shall adopt rules specifying the types of services that are not covered medical services and that are consistent with applicable definitions and guidance adopted by the federal Internal Revenue Service on or before the effective date of this 2026 Act.

[*(5)*] **(7)** A health benefit plan that provides the services described in subsection (2) of this section shall provide information on how to access doulas to all enrollees.

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

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

(9) Except as provided in subsection (3) of this section, a health benefit plan described in subsection (2) of this section shall reimburse the cost of coverage of services up to a total amount established in subsection (2) of this section. Beginning with the 2029 calendar year, the Department of Consumer and Business Services shall annually adjust the maximum amount of required coverage under subsection (2) of this section by multiplying the amount by the percentage change in the monthly averaged Consumer Price Index for All Urban Consumers,

West Region (All Items), as published by the Bureau of Labor Statistics of the United States Department of Labor, for the 12 consecutive months ending on the immediately preceding December 31 compared to the monthly averaged Consumer Price Index for All Urban Consumers, West Region (All Items), for the 12 consecutive months ending on December 31, 2028.

[*(8)*] **(10)** This section is exempt from ORS 743A.001.

SECTION 14. (1) The amendments to ORS 743A.081 by section 13 of this 2026 Act apply to health benefit plans that are issued, renewed or extended on or after January 1, 2028, and to enrollees in a health benefit plan who receive services from a doula certified and registered by the Oregon Health Authority.

(2) A health benefit plan that was issued, renewed or extended before January 1, 2028, may provide covered services consistent with ORS 743A.081, as amended by section 13 of this 2026 Act, and enrollees in a health benefit plan that was issued, renewed or extended before January 1, 2028, may receive services from a doula certified and registered by the Oregon Health Authority.

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

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

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

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

(a) "Health benefit plan" has the meaning given that term in ORS 743B.005.

(b) "Lactation counselor" has the meaning given that term in section 11 of this 2026 Act.

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

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

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

(5) The Department of Consumer and Business Services shall issue guidance on coverage of lactation counselors required by this section and on the implementation of that required coverage, including alignment with the rules and requirements for lactation counselors as established by the Oregon Health Authority, to the extent practicable.

SECTION 18. Section 17 of this 2026 Act applies to health benefit plans that are issued, renewed or extended on or after January 1, 2028, and to enrollees in health benefit plans issued, renewed or extended on or after January 1, 2028.

SECTION 19. ORS 676.380 is amended to read:

676.380. (1) As used in this section:

(a) "Doula" has the meaning given that term in ORS 414.025.

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Doulas; and

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

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

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

(5) The authority may receive gifts, grants or contributions from any source, whether public or private, to carry out the provisions of this section. Moneys received under this section shall be deposited in the Community-Based Perinatal Services Access Fund established under ORS 676.383.

SECTION 19a. ORS 676.380, as amended by section 19 of this 2026 Act, is amended to read:

676.380. (1) As used in this section:

(a) "Doula" has the meaning given that term in ORS 414.025.

(b) "Lactation counselor" has the meaning given that term in section 11 of this 2026 Act.

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

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

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

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

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

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

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

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

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

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

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

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

(i) Doulas; and

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

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

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

(5) The authority may receive gifts, grants or contributions from any source, whether public or private, to carry out the provisions of this section. Moneys received under this section shall be deposited in the Community-Based Perinatal Services Access Fund established under ORS 676.383.

SECTION 20. ORS 676.386 is amended to read:

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

[*(a)*] "doula" has the meaning given that term in ORS 414.025.

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

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

SECTION 20a. ORS 676.386, as amended by section 20 of this 2026 Act, is amended to read:

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

(a) "Doula" has the meaning given that term in ORS 414.025.

(b) "Lactation counselor" has the meaning given that term in section 11 of this 2026 Act.

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

SECTION 21. ORS 676.665 is amended to read:

676.665. As used in ORS 676.665 to 676.689:

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

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

(a) Client assessment through systematic collection of data;

(b) Data analysis;

(c) Creation of a care plan;

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

(e) Evaluation of client outcomes;

(f) Problem identification and treatment;

(g) Recommendation and use of assistive devices; and

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

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

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

SECTION 22. ORS 676.671 is repealed.

SECTION 23. (1) There is created the Oregon Perinatal Collaborative in the Oregon Health and Science University.

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

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

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

SECTION 24. An entity that received a grant under ORS 676.380 before the operative date specified in section 25 of this 2026 Act for purposes related to lactation counselors or lactation educators may use the grant for purposes related to lactation counselors on and after the operative date specified in section 25 of this 2026 Act.

SECTION 25. (1) Sections 9, 11 and 17 of this 2026 Act and the amendments to ORS 414.668, 676.380, 676.386 and 743A.081 by sections 5, 13, 19a and 20a of this 2026 Act become operative on January 1, 2028.

(2) The Oregon Health Authority, the Department of Consumer and Business Services, a coordinated care organization and an insurer may take any action before the operative date specified in subsection (1) of this section that is necessary to enable those entities to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on those entities by sections 9, 11 and 17 of this 2026 Act and the amendments to ORS 414.668, 676.380, 676.386 and 743A.081 by sections 5, 13, 19a and 20a of this 2026 Act.

SECTION 26. This 2026 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2026 Act takes effect on its passage.

Approved by the Governor March 31, 2026
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