

SB 529 -2 STAFF MEASURE SUMMARY

Senate Committee On Health Care

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Sub-Referral To: Joint Committee On Ways and Means

Meeting Dates: 3/6, 3/25

WHAT THE MEASURE DOES:

The measure directs the Oregon Health Authority (OHA) and Coordinated Care Organizations (CCOs) to contract directly with Traditional Health Workers (THWs), Community Health Registered Nurses (CHRN), and Community Based Organizations (CBOs) to provide services to Medicaid members. The measure directs OHA to set comprehensive billing codes and requires OHA and CCOs to reimburse using fee for services rates or an alternative payment methodology. The measure defines supervising requirements for THWs and directs OHA to create a process for classifying supervisors.

Detailed Summary:

Directs OHA to change supervisory requirements for THWs.

- Directs OHA to create a process to classify occupations that can supervise THWs.
- Allows OHA to approve experienced but unlicensed individuals as THW supervisors.

Directs OHA to adopt rules to regulate CHRN.

- Establishes training and education standards for CHRN without requiring direct supervision.
- Requires that rules must be flexible to meet CCO needs and comply with CMS requirements for federal funding.

Requires OHA and CCOs to contract directly with individual THWs, CHRN, and CBOs.

- Instructs OHA and CCOs to provide clear online and printed information about how to access THW and CHRN services.

Requires OHA to create detailed billing codes reimbursing preventative and social support services provided by THWs and CHRN.

- Directs OHA and the THW commission to review and revise rates of reimbursements during even numbered years.
- Requires services from THWs and CHRN to be reimbursed, even if no medical diagnosis is given.
- Requires CCOs to reimburse THWs, CHRN, and CBOs using a fee-for-service rates or an alternative payment methodology and include administrative and infrastructure costs.

Applies to contracts between CCOs and OHA signed or renewed after January 1, 2026. Becomes operative January 1, 2026

Fiscal impact: Fiscal impact Issued

Revenue impact: No revenue impact

ISSUES DISCUSSED:

EFFECT OF AMENDMENT:

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- Directs CCOs to instruct community health registered nurses and community-based organizations how to apply to become in-network providers. Requires determinations on submitted applications within 90 days.

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- Directs OHA to determine which services are medically necessary and eligible for reimbursement.
- Removes requirement for reimbursement of THW and CHRN services when no medical diagnosis is given.

BACKGROUND:

In 2011, [House Bill 3650](#) mandated the development and implementation of a plan to integrate Traditional Health Workers (THWs) into Oregon's Health System Transformation process. The Oregon Health Authority (OHA) defines THWs as trusted individuals from their communities who may share socioeconomic and life experiences with their clients. OHA certifies six types of THWs: community health workers, peer support specialists, peer wellness specialists, personal health navigators, birth doulas, and Tribal THWs. To bill Medicaid for services provided, THWs must meet certain supervision requirements.

The Oregon State Board of Nursing (OSBN) interprets the Oregon Nurse Practice Act, evaluates and approves nursing education, issues licenses and renewals, and investigates complaints and takes disciplinary action. Community Health Registered Nurses (CHRN) are professional nurses who specialize in providing health care services to communities and population. They work in a variety of settings, including schools, community centers and public health clinics. [OAR 410-120-1260](#) states that providers seeking to enroll with OHA must be a provider type established in the State Plan. Registered nurses are not permitted to bill Medicare and, in Oregon, are not permitted to independently bill Medicaid in most settings.

Senate Bill 529 directs OHA and CCOs to contract directly with and develop payment methodologies for THWs and CHRNs, and changes supervision requirements for THWs and CHRNs to permit them to bill Medicaid without supervision of a licensed health care provider.

Analysis prepared by Aleya García Rivas.