

SB 692 -2 STAFF MEASURE SUMMARY

Senate Committee On Early Childhood and Behavioral Health

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Sub-Referral To: Joint Committee On Ways and Means

Meeting Dates: 2/18, 4/8

WHAT THE MEASURE DOES:

The measure directs the Oregon Health Authority to fund culturally specific perinatal care, expands coverage of doula services for people receiving medical assistance, and requires coverage of doula services by private health insurers.

Detailed Summary:

Establishes the Perinatal Services Provider Incentive Fund through the State Treasury.

- Defines perinatal services to include services provided by doulas, postpartum doulas, and lactation consultants.
- Directs the Oregon Health Authority (OHA) to establish a community-based perinatal access program to increase access to and training of culturally specific perinatal service providers.
- Directs OHA to administer grants to culturally specific and nonprofit organizations to recruit and train perinatal service providers and build capacity to bill for provider services.
- Directs the State Treasury to appropriate funds to OHA.

Requires OHA and coordinated care organizations to cover certain perinatal services for recipients of medical assistance.

- Expands coverage of postpartum doula supports.
- Prohibits requiring referrals or supervision from any other health care provider.
- Directs OHA and coordinated care organizations to report on the status of doulas in the state.

Requires health insurers operating in Oregon to cover certain perinatal services.

- Sets minimum coverage requirements to include eight doula visits and 12 postpartum doula visits.
- Prohibits requirement of prior authorization, though cost-sharing provisions (deductible, copayment) may apply.

Fiscal impact: Fiscal impact issued

Revenue impact: No revenue impact

ISSUES DISCUSSED:

EFFECT OF AMENDMENT:

-2 Replaces the measure. Directs the Oregon Health Authority (OHA) to support and fund community-based perinatal services, expands coverage of community-based perinatal services for people receiving medical assistance, and requires coverage of community-based perinatal services by private health insurers.

Detailed Summary:

Directs OHA to establish a community-based perinatal services access program to increase access to culturally specific and culturally competent community-based services during the perinatal period.

- Defines “community-based services during the perinatal period” to include services provided by a doula, lactation counselor, or lactation educator from conception to one year postpartum.
- Directs OHA to establish a grant program to support community-based perinatal services.

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- Establishes the Community-Based Perinatal Services Access Fund in the State Treasury and continuously appropriates money from the fund to OHA to support the grant program.
- Appropriates funds from the General Fund to the Community-Based Perinatal Services Access Fund for the 2025-2027 biennium.

Directs OHA and coordinated care organizations (CCOs) to ensure access to services provided by doulas, lactation counselors, and lactation educators.

- Sets distinct qualification criteria for birth doulas and postpartum doulas.
- Expands coverage of doula supports to include a minimum of 24 hours of services in addition to labor and delivery services.
- Prohibits requiring referrals from or requiring supervision of services from any other health care provider except as necessary to approve hours of services over the minimum.
- Applies to contracts between OHA and CCOs entered into, amended, or renewed after the effective date of the measure.

Requires OHA to review reimbursement rates for community-based perinatal services in coordination with the Traditional Health Worker (THW) Commission.

- Directs OHA and the THW Commission to report on the status of doulas in the state to the interim committees of the Legislative Assembly related to health by September 15 of each even-numbered year.

Directs the Health Licensing Office (HLO) to adopt rules to regulate the practice of lactation counselors and lactation educators.

- Defines “lactation counselor” and “lactation educator.”

Requires health benefit plans, health care service contracts, and multiple employer welfare arrangements operating in Oregon to cover certain perinatal services.

- Requires coverage of doula supports that includes a minimum of 24 hours of services in addition to labor and delivery services.
- Prohibits requiring prior authorization, referrals from another health care provider, or supervision of services from another health care provider for services provided by doulas, lactation counselors, and lactation educators except as necessary to approve hours of services over the minimum.
- Permits cost-sharing including deductibles and coinsurance.
- Directs health insurers to reimburse the cost of services at no less than \$3,760, adjusted to reflect the percentage change of the Consumer Price Index on January 1 of each year.
- Exempts the coverage from automatic sunset.
- Directs the Department of Consumer and Business Services (DCBS) to issue guidance on implementation.
- Applies to contracts entered into, amended, or renewed after the effective date of 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. The Oregon Health Authority (OHA), in consultation with the Traditional Health Workers Commission, is responsible for the training requirements and credentialing of doulas in Oregon ([Oregon Revised Statute \(ORS\) 414.665](#); [Oregon Administrative Rule \(OAR\) 950-060-0150](#)).

In 2011, [HB 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. Since 2014, reimbursement for doula care has been raised twice, from [\\$75 to \\$350](#) in 2017 and from [\\$350 to \\$1,500](#) in 2022. The Oregon Health Authority will reimburse doulas for two prenatal visits, day of birth support, two postpartum visits, and up to four additional support visits to be completed any time during pregnancy or in the 12 months postpartum ([Doula Fee-for-Service Billing Guide](#), 2025). Doulas can also be reimbursed by certain Oregon

Educators Benefit Board and Public Employee Benefit Board plans.

Senate Bill 692 -2 directs the Oregon Health Authority to support and fund community-based perinatal services, expands coverage of community-based perinatal services for people receiving medical assistance, and requires coverage of community-based perinatal services by private health insurers.