Senate Bill 529

Sponsored by Senator PATTERSON (Presession 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 makes changes to laws about certain health workers. (Flesch Readability Score: 78.2).

Directs the Oregon Health Authority and coordinated care organizations to contract directly with traditional health workers, community health registered nurses and community-based organizations to provide services to medical assistance recipients. Directs the authority to establish comprehensive billing codes for traditional health workers and community health registered nurses. Directs the authority to modify the requirements for the supervision of traditional health workers. Directs the authority to adopt requirements for the regulation of community health registered nurses.

Declares an emergency, effective on passage.

1 A BILL FOR AN ACT

- Relating to community health; creating new provisions; amending ORS 414.665, 414.667, 414.668 and 414.669; and declaring an emergency.
- 4 Be It Enacted by the People of the State of Oregon:
- 5 **SECTION 1.** ORS 414.667 is amended to read:
- 6 414.667. As used in ORS [414.667, 414.668 and 414.669,] 414.665 to 414.669:
- 7 (1) "Community health registered nurse" means a registered nurse licensed under ORS 678.010 to 678.410 who engages in the practice of nursing, as that term is defined in ORS 678.010, to provide patient care outside of a health care facility and in a setting that combines primary care and public health.
- 11 **(2)** "Doula" means an individual who meets criteria for a doula adopted by the Oregon Health 12 Authority in accordance with ORS 414.665.
- 13 (3) "Traditional health worker" includes any of the following:
- 14 (a) A community health worker.
- 15 (b) A personal health navigator.
- 16 (c) A peer wellness specialist.
- 17 (d) A peer support specialist.
- 18 **(e) A doula.**
- 19 (f) A tribal traditional health worker.
- 20 **SECTION 2.** ORS 414.665 is amended to read:
- 21 414.665. [(1) As used in this section, "traditional health worker" includes any of the following:]
- 22 [(a) A community health worker.]
- 23 [(b) A personal health navigator.]
- 24 [(c) A peer wellness specialist.]
- 25 [(d) A peer support specialist.]
- 26 [(e) A doula.]

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.

[(f) A tribal traditional health worker.]

- [(2)] (1) 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;
 - (b) Appropriate professional designations for supervisors of the traditional health workers; and
- 8 [(c) Processes by which other occupational classifications may be approved to supervise the tradi-9 tional health workers.]
 - (c) Requirements for the supervision of traditional health workers.
 - (2) The requirements for the supervision of traditional health workers under this section must:
 - (a) Create processes to allow other occupational classifications to be approved by the authority to supervise traditional health workers;
 - (b) Allow individuals who are not licensed but who have sufficient professional experience, as determined by the authority, to supervise traditional health workers; and
 - (c) Establish a level and frequency of supervision of traditional health workers that will allow for group supervision and remote supervision.
 - (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. Sections 4 and 5 of this 2025 Act are added to and made a part of ORS 414.665 to 414.669.
 - SECTION 4. (1) The Oregon Health Authority shall adopt rules related to the regulation of community health registered nurses. The rules adopted under this section must include qualification criteria, including training and education requirements, for community health registered nurses utilized by coordinated care organizations.
 - (2) The criteria and requirements established under subsection (1) 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 supervision of community health registered nurses.
 - **SECTION 5. The Oregon Health Authority shall:**
 - (1) Contract directly with individual traditional health workers, community health registered nurses and community-based organizations to provide services to medical assistance recipients; and
 - (2) Make information about how to access services from traditional health workers and community health registered nurses available on a website operated by or on behalf of the authority and shall provide the information in print whenever a printed explanation of benefits is available.
 - **SECTION 6.** ORS 414.668 is amended to read:

414.668. A coordinated care organization shall:

- (1) Contract directly with individual traditional health workers, community health registered nurses and community-based organizations to provide services to members of the coordinated care organization. The coordinated care organization shall reimburse traditional health workers, community health registered nurses and community-based organizations using fee-for-service rates or alternative payment methodologies that are based on quality and that include the cost of necessary administrative and infrastructure costs; and
- (2) Make information about how to access [doula] services from traditional health workers and community health registered nurses 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 7. ORS 414.669 is amended to read:

- 414.669. (1) The Oregon Health Authority shall establish comprehensive billing codes to include reimbursement for the cost of a wide range of preventive and social support services provided by traditional health workers and community health registered nurses to medical assistance recipients.
- (2) [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 for doulas.] In each even-numbered year the authority shall:
- (a) In coordination with the Traditional Health Workers Commission, review and revise if necessary any rates of reimbursement for traditional health workers.
- (b) Review and revise if necessary any rates of reimbursement for community health registered nurses.
- (3) When reviewing and revising rates of reimbursement under this section, the authority shall consider factors including retention of [doulas] traditional health workers and community health registered nurses, administrative costs to support traditional health workers and community health registered nurses, access to culturally specific [doulas] traditional health workers and community health registered nurses and evidence-based factors and empirical studies related to the cost-effectiveness of services provided by [doulas] traditional health workers and community health registered nurses.
- (4) The authority may not require a medical diagnosis as a condition of reimbursing the cost of a service provided by a traditional health worker or a community health registered nurse to a medical assistance recipient when the service is provided outside of a health care facility.
- SECTION 8. Sections 4 and 5 of this 2025 Act and the amendments to ORS 414.665, 414.667, 414.668 and 414.669 by sections 1, 2, 6 and 7 of this 2025 Act become operative on January 1, 2026.
- SECTION 9. The Oregon Health Authority may take any action before the operative date specified in section 8 of this 2025 Act that is necessary to enable the authority to exercise, on and after the operative date specified in section 8 of this 2025 Act, all of the duties, functions and powers conferred on the authority by sections 4 and 5 of this 2025 Act and the amendments to ORS 414.665, 414.667, 414.668 and 414.669 by sections 1, 2, 6 and 7 of this 2025 Act.
- SECTION 10. The amendments to ORS 414.668 by section 6 of this 2025 Act apply to contracts between a coordinated care organization and the Oregon Health Authority entered

- into, amended or renewed on or after the operative date specified in section 8 of this 2025 Act.
- SECTION 11. This 2025 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2025 Act takes effect on its passage.
