

## SENATE AMENDMENTS TO SENATE BILL 529

By COMMITTEE ON HEALTH CARE

March 31

1 On page 1 of the printed bill, delete lines 5 through 26 and delete pages 2 through 4 and insert:

2 “**SECTION 1.** ORS 414.667 is amended to read:

3 “414.667. As used in ORS [*414.667, 414.668 and 414.669,*] **414.665 to 414.669:**

4 “(1) ‘**Community-based organization**’ means a community-based organization that pro-  
5 vides health care services through traditional health workers or community health regis-  
6 tered nurses.

7 “(2) ‘**Community health registered nurse**’ means a registered nurse licensed under ORS  
8 **678.010 to 678.410** who engages in the practice of nursing, as that term is defined in ORS  
9 **678.010**, to provide patient care outside of a health care facility and in a setting that combines  
10 **primary care and public health.**

11 “(3) ‘**Doula**’ means an individual who meets criteria for a doula adopted by the Oregon Health  
12 Authority in accordance with ORS 414.665.

13 “(4) ‘**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.*]

27 “[*(f) A tribal traditional health worker.*]

28 “[*(2)*] (1) In consultation with the Traditional Health Workers Commission established under  
29 ORS 413.600, the Oregon Health Authority, for purposes related to the regulation of traditional  
30 health workers, shall adopt by rule:

31 “(a) The qualification criteria, including education and training requirements, for the traditional  
32 health workers utilized by coordinated care organizations;

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

34 “[*(c) Processes by which other occupational classifications may be approved to supervise the tra-*  
35 *ditional health workers.*]

1       “(c) Requirements for the supervision of traditional health workers.

2       “(2) The requirements for the supervision of traditional health workers under this sec-

3       tion must:

4       “(a) Create processes to allow other occupational classifications to be approved by the

5       authority to supervise traditional health workers;

6       “(b) Allow individuals who are not licensed but who have sufficient professional experi-

7       ence, as determined by the authority, to supervise traditional health workers; and

8       “(c) Establish a level and frequency of supervision of traditional health workers that will

9       allow for group supervision and remote supervision.

10       “(3) The criteria and requirements established under [subsection (2) of] this section:

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

12       organization;

13       “(b) Must meet requirements of the Centers for Medicare and Medicaid Services to qualify for

14       federal financial participation; and

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

16       “**SECTION 3.** Sections 4 and 5 of this 2025 Act are added to and made a part of ORS

17       414.665 to 414.669.

18       “**SECTION 4.** (1) The Oregon Health Authority shall adopt rules related to the regulation

19       of community health registered nurses. The rules adopted under this section must include

20       qualification criteria, including training and education requirements, for community health

21       registered nurses utilized by coordinated care organizations.

22       “(2) The criteria and requirements established under subsection (1) of this section:

23       “(a) Must be broad enough to encompass the potential unique needs of any coordinated

24       care organization;

25       “(b) Must meet requirements of the Centers for Medicare and Medicaid Services to

26       qualify for federal financial participation; and

27       “(c) May not require supervision of community health registered nurses.

28       “**SECTION 5.** The Oregon Health Authority shall contract directly with community health

29       registered nurses and community-based organizations to provide services to medical assist-

30       ance recipients.

31       “**SECTION 6.** ORS 414.668 is amended to read:

32       “414.668. (1) A coordinated care organization may provide reimbursement on a fee-for-

33       service basis or using alternative payment methodologies to:

34       “(a) Traditional health workers;

35       “(b) Community health registered nurses; and

36       “(c) Community-based organizations.

37       “(2) A coordinated care organization shall provide information to community health reg-

38       istered nurses and community-based organizations about the process for requesting to con-

39       tract with the coordinated care organization as an in-network provider. A coordinated care

40       organization shall approve or deny a request to contract submitted by a community health

41       registered nurse or community-based organization within 90 days.

42       “(3) A coordinated care organization shall make information about how to access [doula] ser-

43       vices from traditional health workers and community health registered nurses available on a

44       website operated by or on behalf of the coordinated care organization and shall provide the infor-

45       mation in print whenever a printed explanation of benefits is available.

1       “**SECTION 7.** ORS 414.669 is amended to read:

2       “414.669. (1) **The Oregon Health Authority shall establish comprehensive billing codes to**  
3 **include reimbursement for the costs of a wide range of preventive and social support services**  
4 **provided by traditional health workers and community health registered nurses to medical**  
5 **assistance recipients. To be eligible for reimbursement, services provided by a traditional**  
6 **health worker or community health registered nurse must be medically necessary and med-**  
7 **ically appropriate, as determined by the authority.**

8       “(2) [*The Oregon Health authority, in coordination with the Traditional Health Workers Commis-*  
9 *sion, shall in each even-numbered year review, and revise if necessary, any rates of reimbursement for*  
10 *doulas.*] **In each even-numbered year the authority shall:**

11       “(a) **In coordination with the Traditional Health Workers Commission, review and revise**  
12 **if necessary any rates of reimbursement for traditional health workers.**

13       “(b) **Review and revise if necessary any rates of reimbursement for community health**  
14 **registered nurses.**

15       “(3) When reviewing and revising rates of reimbursement **under this section**, the authority  
16 shall consider factors including retention of [*doulas*] **traditional health workers and community**  
17 **health registered nurses, administrative costs to support traditional health workers and**  
18 **community health registered nurses**, access to culturally specific [*doulas*] **traditional health**  
19 **workers and community health registered nurses** and evidence-based factors and empirical  
20 studies related to the cost-effectiveness of services provided by [*doulas*] **traditional health workers**  
21 **and community health registered nurses.**

22       “(4) **The authority may not require a medical diagnosis as a condition of reimbursing the**  
23 **cost of a service provided by a traditional health worker or a community health registered**  
24 **nurse to a medical assistance recipient when the service is provided outside of a health care**  
25 **facility.**

26       “**SECTION 8.** Sections 4 and 5 of this 2025 Act and the amendments to ORS 414.665,  
27 414.667, 414.668 and 414.669 by sections 1, 2, 6 and 7 of this 2025 Act become operative on  
28 **January 1, 2026.**

29       “**SECTION 9.** The Oregon Health Authority may take any action before the operative date  
30 specified in section 8 of this 2025 Act that is necessary to enable the authority to exercise,  
31 on and after the operative date specified in section 8 of this 2025 Act, all of the duties,  
32 functions and powers conferred on the authority by sections 4 and 5 of this 2025 Act and the  
33 amendments to ORS 414.665, 414.667, 414.668 and 414.669 by sections 1, 2, 6 and 7 of this 2025  
34 **Act.**

35       “**SECTION 10.** The amendments to ORS 414.668 by section 6 of this 2025 Act apply to new,  
36 amended or renewed contracts between a coordinated care organization and the Oregon  
37 Health Authority that take effect on or after the operative date specified in section 8 of this  
38 **2025 Act.**

39       “**SECTION 11.** This 2025 Act being necessary for the immediate preservation of the public  
40 peace, health and safety, an emergency is declared to exist, and this 2025 Act takes effect  
41 **on its passage.”.**