Senate Bill 691

Sponsored by Senator REYNOLDS, Representatives GRAYBER, NERON, WALLAN; Senator GELSER BLOUIN, Representative NELSON (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 tells OHA to give some moneys to an OHSU entity that helps get better maternal and neonatal health care. The Act also says OHA and a CCO have to pay for peer support specialist services and some hospital services. (Flesch Readability Score: 60.1).

Directs the Oregon Health Authority to distribute moneys to an entity within the Oregon Health and Science University that advocates for improved maternal and neonatal outcomes. Requires the authority and a coordinated care organization to provide reimbursement for services provided by a peer support specialist, regardless of the clinical setting in which services are provided, and for inpatient hospital services provided to specified individuals.

A BILL FOR AN ACT

2 Relating to health care.

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

4 <u>SECTION 1.</u> (1) The Oregon Health Authority shall distribute moneys to the Oregon 5 Health and Science University for the purpose of supporting an entity within the Oregon 6 Health and Science University that advocates for improved maternal and neonatal outcomes 7 through collaboration, implementation of evidence-based practices and policy change in this 8 state. The entity must:

9 (a) Coordinate and provide support to existing and new sites that provide integrated 10 perinatal care and substance use disorder treatment for individuals who have substance use 11 disorder and are pregnant or parents of infants; and

(b) Provide support for expansion of the existing projects, including necessary staffing
and site-specific resources.

(2) In consultation with both a collaborative that advocates for improved maternal and 14 childhood health outcomes through collaboration, implementation of evidence-based practices 15 and policy change, and a national organization that works to reimagine, redesign and imple-16 17ment sustainable improvements in the health care system, the entity described in subsection (1) of this section must ensure that the expansion of existing projects described in subsection 18 (1) of this section is through a formalized, stepwise approach in order to expand to at least 19 one additional site for the existing projects each year. The expansion approach must identify 2021funding, staff and infrastructure to support the expansion and include a framework for data collection and continual project evaluation. 22

23 <u>SECTION 2.</u> In addition to and not in lieu of any other appropriation, there is appropri-24 ated to the Oregon Health Authority, for the biennium beginning July 1, 2025, out of the 25 General Fund, the amount of \$_____ for the purpose of carrying out the provisions of sec-26 tion 1 of this 2025 Act.

27 <u>SECTION 3.</u> Sections 4 and 5 of this 2025 Act are added to and made a part of ORS

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.

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1 chapter 414.

2 <u>SECTION 4.</u> The Oregon Health Authority and a coordinated care organization shall re-3 imburse the costs of covered services provided by peer support specialists to recipients of

4 medical assistance, regardless of the clinical setting in which the services were provided.

5 <u>SECTION 5.</u> The Oregon Health Authority and a coordinated care organization shall re-6 imburse hospitals for the costs of:

7 (1) Up to five days of inpatient hospital services that are provided to a recipient of med-8 ical assistance at any gestational age during pregnancy for the purposes of stabilization and 9 medication induction for opioid use disorder; and

10 (2) Up to five days of inpatient hospital services that are provided to a recipient of med-11 ical assistance after delivery of an infant for the purposes of medication management for 12 substance use disorder, care coordination, social work support, breastfeeding support and 13 initiation of family-infant bonding.

SECTION 6. Sections 4 and 5 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 effective date of this 2025 Act.

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