

A-Engrossed Senate Bill 692

Ordered by the Senate April 14
Including Senate Amendments dated April 14

Sponsored by Senator REYNOLDS, Representatives GRAYBER, NERON; Senators GELSER BLOUIN, PATTERSON, 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. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act expands access to maternal health services. (Flesch Readability Score: 61.2).

Establishes a community-based perinatal *[provider]* **services** access program to increase access to culturally specific *[perinatal services]* and culturally competent *[perinatal services providers]* **community-based services during the perinatal period.**

Expands coverage in the medical assistance program and under health insurance policies for *[doula services, postpartum doula services and lactation consultations]* **services provided by doulas, lactation counselors and lactation educators.**

[Requires the reimbursement rate for doula services and postpartum doula services provided in the medical assistance program to be not less than the rate paid in the State of Washington.]

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

A BILL FOR AN ACT

Relating to perinatal services; creating new provisions; and amending ORS 413.600, 414.025, 414.665, 414.667, 414.668, 414.669, 676.665, 750.055 and 750.333.

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

SECTION 1. (1) As used in this section:

(a) “Doula” has the meaning given that term in ORS 414.025.

(b) “Lactation counselor” and “lactation educator” have the meanings given those terms in ORS 676.665.

(c) “Community-based services during the perinatal period” includes, but is not limited to, services provided by a doula, lactation counselor or lactation educator to a pregnant or postpartum individual from conception through one year postpartum.

(2)(a) The Oregon Health Authority shall establish a community-based perinatal services access program to support activities that increase access to culturally specific and culturally competent community-based services during the perinatal period. The program must issue grants to eligible entities with a demonstrated ability to offer the activities described in this subsection, including culturally specific organizations, the nine federally recognized tribes in this state, nonprofit organizations and businesses.

(b) Grants issued under this section may be used for purposes including, but not limited to:

(A) Paying for costs of required training and education to provide community-based services during the perinatal period, including tuition, fees, books and other materials and supplies;

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.

(B) Providing wages and financial benefits for individuals who are training to provide community-based services during the perinatal period;

(C) Outreach and recruitment to attract individuals to training programs to provide community-based services during the perinatal period;

(D) Funding for culturally specific organizations and programs to:

(i) Establish or expand community-based services during the perinatal period;

(ii) Support billing insurance for community-based services during the perinatal period;

(iii) Provide training and mentoring for providers of community-based services during the perinatal period; and

(iv) Conduct consumer or provider education and research regarding community-based services during the perinatal period; and

(E) Funding to provide technical assistance related to billing and consumer or provider outreach and education to:

(i) Doulas; and

(ii) Organizations that employ doulas or contract with doulas to provide doula services.

(3) An eligible entity that receives a grant issued under this section may use the grant to provide funding to partner entities that are organized to meet the purposes of the program.

(4) The authority may administer the program directly or contract with a third party to administer the program. If the authority contracts with a third party, the third party must have experience in implementing state-funded grant programs that utilize community and stakeholder engagement.

(5) The authority may receive gifts, grants or contributions from any source, whether public or private, to carry out the provisions of this section. Moneys received under this section shall be deposited in the Community-Based Perinatal Services Access Fund established under section 2 of this 2025 Act.

SECTION 2. The Community-Based Perinatal Services Access Fund is established in the State Treasury, separate and distinct from the General Fund. Interest earned by the Community-Based Perinatal Services Access Fund shall be credited to the fund. The fund consists of moneys appropriated to the fund by the Legislative Assembly and gifts, grants or other moneys contributed to the fund by any source, whether public or private. Moneys in the fund are continuously appropriated to the Oregon Health Authority to carry out section 1 of this 2025 Act.

SECTION 3. ORS 414.025, as amended by section 5, chapter 18, Oregon Laws 2024, is amended to read:

414.025. As used in this chapter and ORS chapters 411 and 413, unless the context or a specially applicable statutory definition requires otherwise:

(1)(a) “Alternative payment methodology” means a payment other than a fee-for-services payment, used by coordinated care organizations as compensation for the provision of integrated and coordinated health care and services.

(b) “Alternative payment methodology” includes, but is not limited to:

(A) Shared savings arrangements;

(B) Bundled payments; and

(C) Payments based on episodes.

(2) “Behavioral health assessment” means an evaluation by a behavioral health clinician, in

1 person or using telemedicine, to determine a patient's need for immediate crisis stabilization.

2 (3) "Behavioral health clinician" means:

3 (a) A licensed psychiatrist;

4 (b) A licensed psychologist;

5 (c) A licensed nurse practitioner with a specialty in psychiatric mental health;

6 (d) A licensed clinical social worker;

7 (e) A licensed professional counselor or licensed marriage and family therapist;

8 (f) A certified clinical social work associate;

9 (g) An intern or resident who is working under a board-approved supervisory contract in a
10 clinical mental health field; or

11 (h) Any other clinician whose authorized scope of practice includes mental health diagnosis and
12 treatment.

13 (4) "Behavioral health crisis" means a disruption in an individual's mental or emotional stability
14 or functioning resulting in an urgent need for immediate outpatient treatment in an emergency de-
15 partment or admission to a hospital to prevent a serious deterioration in the individual's mental or
16 physical health.

17 (5) "Behavioral health home" means a mental health disorder or substance use disorder treat-
18 ment organization, as defined by the Oregon Health Authority by rule, that provides integrated
19 health care to individuals whose primary diagnoses are mental health disorders or substance use
20 disorders.

21 (6) "Category of aid" means assistance provided by the Oregon Supplemental Income Program,
22 aid granted under ORS 411.877 to 411.896 and 412.001 to 412.069 or federal Supplemental Security
23 Income payments.

24 (7) "Community health worker" means an individual who meets qualification criteria adopted
25 by the authority under ORS 414.665 and who:

26 (a) Has expertise or experience in public health;

27 (b) Works in an urban or rural community, either for pay or as a volunteer in association with
28 a local health care system;

29 (c) To the extent practicable, shares ethnicity, language, socioeconomic status and life experi-
30 ences with the residents of the community the worker serves;

31 (d) Assists members of the community to improve their health and increases the capacity of the
32 community to meet the health care needs of its residents and achieve wellness;

33 (e) Provides health education and information that is culturally appropriate to the individuals
34 being served;

35 (f) Assists community residents in receiving the care they need;

36 (g) May give peer counseling and guidance on health behaviors; and

37 (h) May provide direct services such as first aid or blood pressure screening.

38 (8) "Coordinated care organization" means an organization meeting criteria adopted by the
39 Oregon Health Authority under ORS 414.572.

40 **(9) "Doula" means a trained professional who provides continuous physical, emotional**
41 **and informational support to an individual during pregnancy, labor and delivery or the**
42 **postpartum period to help the individual achieve the healthiest and most satisfying experi-**
43 **ence possible.**

44 **[(9)] (10) "Dually eligible for Medicare and Medicaid" means, with respect to eligibility for en-**
45 **rollment in a coordinated care organization, that an individual is eligible for health services funded**

by Title XIX of the Social Security Act and is:

(a) Eligible for or enrolled in Part A of Title XVIII of the Social Security Act; or

(b) Enrolled in Part B of Title XVIII of the Social Security Act.

[(10)(a)] **(11)(a)** “Family support specialist” means an individual who meets qualification criteria adopted by the authority under ORS 414.665 and who provides supportive services to and has experience parenting a child who:

(A) Is a current or former consumer of mental health or addiction treatment; or

(B) Is facing or has faced difficulties in accessing education, health and wellness services due to a mental health or behavioral health barrier.

(b) A “family support specialist” may be a peer wellness specialist or a peer support specialist.

[(11)] **(12)** “Global budget” means a total amount established prospectively by the Oregon Health Authority to be paid to a coordinated care organization for the delivery of, management of, access to and quality of the health care delivered to members of the coordinated care organization.

[(12)] **(13)** “Health insurance exchange” or “exchange” means an American Health Benefit Exchange described in 42 U.S.C. 18031, 18032, 18033 and 18041.

[(13)] **(14)** “Health services” means at least so much of each of the following as are funded by the Legislative Assembly based upon the prioritized list of health services compiled by the Health Evidence Review Commission under ORS 414.690:

(a) Services required by federal law to be included in the state’s medical assistance program in order for the program to qualify for federal funds;

(b) Services provided by a physician as defined in ORS 677.010, a nurse practitioner licensed under ORS 678.375, a behavioral health clinician or other licensed practitioner within the scope of the practitioner’s practice as defined by state law, and ambulance services;

(c) Prescription drugs;

(d) Laboratory and X-ray services;

(e) Medical equipment and supplies;

(f) Mental health services;

(g) Chemical dependency services;

(h) Emergency dental services;

(i) Nonemergency dental services;

(j) Provider services, other than services described in paragraphs (a) to (i), (k), (L) and (m) of this subsection, defined by federal law that may be included in the state’s medical assistance program;

(k) Emergency hospital services;

(L) Outpatient hospital services; and

(m) Inpatient hospital services.

[(14)] **(15)** “Income” has the meaning given that term in ORS 411.704.

[(15)(a)] **(16)(a)** “Integrated health care” means care provided to individuals and their families in a patient centered primary care home or behavioral health home by licensed primary care clinicians, behavioral health clinicians and other care team members, working together to address one or more of the following:

(A) Mental illness.

(B) Substance use disorders.

(C) Health behaviors that contribute to chronic illness.

(D) Life stressors and crises.

(E) Developmental risks and conditions.

(F) Stress-related physical symptoms.

(G) Preventive care.

(H) Ineffective patterns of health care utilization.

(b) As used in this subsection, “other care team members” includes but is not limited to:

(A) Qualified mental health professionals or qualified mental health associates meeting requirements adopted by the Oregon Health Authority by rule;

(B) Peer wellness specialists;

(C) Peer support specialists;

(D) Community health workers who have completed a state-certified training program;

(E) Personal health navigators; or

(F) Other qualified individuals approved by the Oregon Health Authority.

[(16)] (17) “Investments and savings” means cash, securities as defined in ORS 59.015, negotiable instruments as defined in ORS 73.0104 and such similar investments or savings as the department or the authority may establish by rule that are available to the applicant or recipient to contribute toward meeting the needs of the applicant or recipient.

[(17)] (18) “Medical assistance” means so much of the medical, mental health, preventive, supportive, palliative and remedial care and services as may be prescribed by the authority according to the standards established pursuant to ORS 414.065, including premium assistance under ORS 414.115 and 414.117, payments made for services provided under an insurance or other contractual arrangement and money paid directly to the recipient for the purchase of health services and for services described in ORS 414.710.

[(18)] (19) “Medical assistance” includes any care or services for any individual who is a patient in a medical institution or any care or services for any individual who has attained 65 years of age or is under 22 years of age, and who is a patient in a private or public institution for mental diseases. Except as provided in ORS 411.439 and 411.447, “medical assistance” does not include care or services for a resident of a nonmedical public institution.

[(19)] (20) “Patient centered primary care home” means a health care team or clinic that is organized in accordance with the standards established by the Oregon Health Authority under ORS 414.655 and that incorporates the following core attributes:

(a) Access to care;

(b) Accountability to consumers and to the community;

(c) Comprehensive whole person care;

(d) Continuity of care;

(e) Coordination and integration of care; and

(f) Person and family centered care.

[(20)] (21) “Peer support specialist” means any of the following individuals who meet qualification criteria adopted by the authority under ORS 414.665 and who provide supportive services to a current or former consumer of mental health or addiction treatment:

(a) An individual who is a current or former consumer of mental health treatment; or

(b) An individual who is in recovery, as defined by the Oregon Health Authority by rule, from an addiction disorder.

[(21)] (22) “Peer wellness specialist” means an individual who meets qualification criteria adopted by the authority under ORS 414.665 and who is responsible for assessing mental health and substance use disorder service and support needs of a member of a coordinated care organization

1 through community outreach, assisting members with access to available services and resources,
 2 addressing barriers to services and providing education and information about available resources
 3 for individuals with mental health or substance use disorders in order to reduce stigma and dis-
 4 crimination toward consumers of mental health and substance use disorder services and to assist the
 5 member in creating and maintaining recovery, health and wellness.

6 [(22)] **(23)** “Person centered care” means care that:

7 (a) Reflects the individual patient’s strengths and preferences;

8 (b) Reflects the clinical needs of the patient as identified through an individualized assessment;
 9 and

10 (c) Is based upon the patient’s goals and will assist the patient in achieving the goals.

11 [(23)] **(24)** “Personal health navigator” means an individual who meets qualification criteria
 12 adopted by the authority under ORS 414.665 and who provides information, assistance, tools and
 13 support to enable a patient to make the best health care decisions in the patient’s particular cir-
 14 cumstances and in light of the patient’s needs, lifestyle, combination of conditions and desired out-
 15 comes.

16 [(24)] **(25)** “Prepaid managed care health services organization” means a managed dental care,
 17 mental health or chemical dependency organization that contracts with the authority under ORS
 18 414.654 or with a coordinated care organization on a prepaid capitated basis to provide health ser-
 19 vices to medical assistance recipients.

20 [(25)] **(26)** “Quality measure” means the health outcome and quality measures and benchmarks
 21 identified by the Health Plan Quality Metrics Committee and the metrics and scoring subcommittee
 22 in accordance with ORS 413.017 (4) and 413.022 and the quality metrics developed by the Behavioral
 23 Health Committee in accordance with ORS 413.017 (5).

24 [(26)(a)] **(27)(a)** “Quality of life in general measure” means an assessment of the value, effec-
 25 tiveness or cost-effectiveness of a treatment that gives greater value to a year of life lived in perfect
 26 health than the value given to a year of life lived in less than perfect health.

27 (b) “Quality of life in general measure” does not mean an assessment of the value, effectiveness
 28 or cost-effectiveness of a treatment during a clinical trial in which a study participant is asked to
 29 rate the participant’s physical function, pain, general health, vitality, social functions or other sim-
 30 ilar domains.

31 [(27)] **(28)** “Resources” has the meaning given that term in ORS 411.704. For eligibility purposes,
 32 “resources” does not include charitable contributions raised by a community to assist with medical
 33 expenses.

34 [(28)] **(29)** “Social determinants of health” means:

35 (a) Nonmedical factors that influence health outcomes;

36 (b) The conditions in which individuals are born, grow, work, live and age; and

37 (c) The forces and systems that shape the conditions of daily life, such as economic policies and
 38 systems, development agendas, social norms, social policies, racism, climate change and political
 39 systems.

40 [(29)] **(30)** “Tribal traditional health worker” means an individual who meets qualification cri-
 41 teria adopted by the authority under ORS 414.665 and who:

42 (a) Has expertise or experience in public health;

43 (b) Works in a tribal community or an urban Indian community, either for pay or as a volunteer
 44 in association with a local health care system;

45 (c) To the extent practicable, shares ethnicity, language, socioeconomic status and life experi-

ences with the residents of the community the worker serves;

(d) Assists members of the community to improve their health, including physical, behavioral and oral health, and increases the capacity of the community to meet the health care needs of its residents and achieve wellness;

(e) Provides health education and information that is culturally appropriate to the individuals being served;

(f) Assists community residents in receiving the care they need;

(g) May give peer counseling and guidance on health behaviors; and

(h) May provide direct services, such as tribal-based practices.

~~[(30)(a)]~~ **(31)(a)** “Youth support specialist” means an individual who meets qualification criteria adopted by the authority under ORS 414.665 and who, based on a similar life experience, provides supportive services to an individual who:

(A) Is not older than 30 years of age; and

(B)(i) Is a current or former consumer of mental health or addiction treatment; or

(ii) Is facing or has faced difficulties in accessing education, health and wellness services due to a mental health or behavioral health barrier.

(b) A “youth support specialist” may be a peer wellness specialist or a peer support specialist.

SECTION 4. ORS 414.025, as amended by section 2, chapter 628, Oregon Laws 2021, and section 6, chapter 18, Oregon Laws 2024, is amended to read:

414.025. As used in this chapter and ORS chapters 411 and 413, unless the context or a specially applicable statutory definition requires otherwise:

(1)(a) “Alternative payment methodology” means a payment other than a fee-for-services payment, used by coordinated care organizations as compensation for the provision of integrated and coordinated health care and services.

(b) “Alternative payment methodology” includes, but is not limited to:

(A) Shared savings arrangements;

(B) Bundled payments; and

(C) Payments based on episodes.

(2) “Behavioral health assessment” means an evaluation by a behavioral health clinician, in person or using telemedicine, to determine a patient’s need for immediate crisis stabilization.

(3) “Behavioral health clinician” means:

(a) A licensed psychiatrist;

(b) A licensed psychologist;

(c) A licensed nurse practitioner with a specialty in psychiatric mental health;

(d) A licensed clinical social worker;

(e) A licensed professional counselor or licensed marriage and family therapist;

(f) A certified clinical social work associate;

(g) An intern or resident who is working under a board-approved supervisory contract in a clinical mental health field; or

(h) Any other clinician whose authorized scope of practice includes mental health diagnosis and treatment.

(4) “Behavioral health crisis” means a disruption in an individual’s mental or emotional stability or functioning resulting in an urgent need for immediate outpatient treatment in an emergency department or admission to a hospital to prevent a serious deterioration in the individual’s mental or physical health.

(5) “Behavioral health home” means a mental health disorder or substance use disorder treatment organization, as defined by the Oregon Health Authority by rule, that provides integrated health care to individuals whose primary diagnoses are mental health disorders or substance use disorders.

(6) “Category of aid” means assistance provided by the Oregon Supplemental Income Program, aid granted under ORS 411.877 to 411.896 and 412.001 to 412.069 or federal Supplemental Security Income payments.

(7) “Community health worker” means an individual who meets qualification criteria adopted by the authority under ORS 414.665 and who:

(a) Has expertise or experience in public health;

(b) Works in an urban or rural community, either for pay or as a volunteer in association with a local health care system;

(c) To the extent practicable, shares ethnicity, language, socioeconomic status and life experiences with the residents of the community the worker serves;

(d) Assists members of the community to improve their health and increases the capacity of the community to meet the health care needs of its residents and achieve wellness;

(e) Provides health education and information that is culturally appropriate to the individuals being served;

(f) Assists community residents in receiving the care they need;

(g) May give peer counseling and guidance on health behaviors; and

(h) May provide direct services such as first aid or blood pressure screening.

(8) “Coordinated care organization” means an organization meeting criteria adopted by the Oregon Health Authority under ORS 414.572.

(9) “Doula” means a trained professional who provides continuous physical, emotional and informational support to an individual during pregnancy, labor and delivery or the postpartum period to help the individual achieve the healthiest and most satisfying experience possible.

[(9)] (10) “Dually eligible for Medicare and Medicaid” means, with respect to eligibility for enrollment in a coordinated care organization, that an individual is eligible for health services funded by Title XIX of the Social Security Act and is:

(a) Eligible for or enrolled in Part A of Title XVIII of the Social Security Act; or

(b) Enrolled in Part B of Title XVIII of the Social Security Act.

[(10)(a)] (11)(a) “Family support specialist” means an individual who meets qualification criteria adopted by the authority under ORS 414.665 and who provides supportive services to and has experience parenting a child who:

(A) Is a current or former consumer of mental health or addiction treatment; or

(B) Is facing or has faced difficulties in accessing education, health and wellness services due to a mental health or behavioral health barrier.

(b) A “family support specialist” may be a peer wellness specialist or a peer support specialist.

[(11)] (12) “Global budget” means a total amount established prospectively by the Oregon Health Authority to be paid to a coordinated care organization for the delivery of, management of, access to and quality of the health care delivered to members of the coordinated care organization.

[(12)] (13) “Health insurance exchange” or “exchange” means an American Health Benefit Exchange described in 42 U.S.C. 18031, 18032, 18033 and 18041.

[(13)] (14) “Health services” means at least so much of each of the following as are funded by

the Legislative Assembly based upon the prioritized list of health services compiled by the Health Evidence Review Commission under ORS 414.690:

(a) Services required by federal law to be included in the state's medical assistance program in order for the program to qualify for federal funds;

(b) Services provided by a physician as defined in ORS 677.010, a nurse practitioner licensed under ORS 678.375, a behavioral health clinician or other licensed practitioner within the scope of the practitioner's practice as defined by state law, and ambulance services;

(c) Prescription drugs;

(d) Laboratory and X-ray services;

(e) Medical equipment and supplies;

(f) Mental health services;

(g) Chemical dependency services;

(h) Emergency dental services;

(i) Nonemergency dental services;

(j) Provider services, other than services described in paragraphs (a) to (i), (k), (L) and (m) of this subsection, defined by federal law that may be included in the state's medical assistance program;

(k) Emergency hospital services;

(L) Outpatient hospital services; and

(m) Inpatient hospital services.

[(14)] (15) "Income" has the meaning given that term in ORS 411.704.

[(15)(a)] (16)(a) "Integrated health care" means care provided to individuals and their families in a patient centered primary care home or behavioral health home by licensed primary care clinicians, behavioral health clinicians and other care team members, working together to address one or more of the following:

(A) Mental illness.

(B) Substance use disorders.

(C) Health behaviors that contribute to chronic illness.

(D) Life stressors and crises.

(E) Developmental risks and conditions.

(F) Stress-related physical symptoms.

(G) Preventive care.

(H) Ineffective patterns of health care utilization.

(b) As used in this subsection, "other care team members" includes but is not limited to:

(A) Qualified mental health professionals or qualified mental health associates meeting requirements adopted by the Oregon Health Authority by rule;

(B) Peer wellness specialists;

(C) Peer support specialists;

(D) Community health workers who have completed a state-certified training program;

(E) Personal health navigators; or

(F) Other qualified individuals approved by the Oregon Health Authority.

[(16)] (17) "Investments and savings" means cash, securities as defined in ORS 59.015, negotiable instruments as defined in ORS 73.0104 and such similar investments or savings as the department or the authority may establish by rule that are available to the applicant or recipient to contribute toward meeting the needs of the applicant or recipient.

1 [(17)] **(18)** “Medical assistance” means so much of the medical, mental health, preventive, sup-
 2 portive, palliative and remedial care and services as may be prescribed by the authority according
 3 to the standards established pursuant to ORS 414.065, including premium assistance under ORS
 4 414.115 and 414.117, payments made for services provided under an insurance or other contractual
 5 arrangement and money paid directly to the recipient for the purchase of health services and for
 6 services described in ORS 414.710.

7 [(18)] **(19)** “Medical assistance” includes any care or services for any individual who is a patient
 8 in a medical institution or any care or services for any individual who has attained 65 years of age
 9 or is under 22 years of age, and who is a patient in a private or public institution for mental dis-
 10 eases. Except as provided in ORS 411.439 and 411.447, “medical assistance” does not include care
 11 or services for a resident of a nonmedical public institution.

12 [(19)] **(20)** “Mental health drug” means a type of legend drug, as defined in ORS 414.325, speci-
 13 fied by the Oregon Health Authority by rule, including but not limited to:

- 14 (a) Therapeutic class 7 ataractics-tranquilizers; and
- 15 (b) Therapeutic class 11 psychostimulants-antidepressants.

16 [(20)] **(21)** “Patient centered primary care home” means a health care team or clinic that is or-
 17 ganized in accordance with the standards established by the Oregon Health Authority under ORS
 18 414.655 and that incorporates the following core attributes:

- 19 (a) Access to care;
- 20 (b) Accountability to consumers and to the community;
- 21 (c) Comprehensive whole person care;
- 22 (d) Continuity of care;
- 23 (e) Coordination and integration of care; and
- 24 (f) Person and family centered care.

25 [(21)] **(22)** “Peer support specialist” means any of the following individuals who meet qualifica-
 26 tion criteria adopted by the authority under ORS 414.665 and who provide supportive services to a
 27 current or former consumer of mental health or addiction treatment:

- 28 (a) An individual who is a current or former consumer of mental health treatment; or
- 29 (b) An individual who is in recovery, as defined by the Oregon Health Authority by rule, from
 30 an addiction disorder.

31 [(22)] **(23)** “Peer wellness specialist” means an individual who meets qualification criteria
 32 adopted by the authority under ORS 414.665 and who is responsible for assessing mental health and
 33 substance use disorder service and support needs of a member of a coordinated care organization
 34 through community outreach, assisting members with access to available services and resources,
 35 addressing barriers to services and providing education and information about available resources
 36 for individuals with mental health or substance use disorders in order to reduce stigma and dis-
 37 crimination toward consumers of mental health and substance use disorder services and to assist the
 38 member in creating and maintaining recovery, health and wellness.

39 [(23)] **(24)** “Person centered care” means care that:

- 40 (a) Reflects the individual patient’s strengths and preferences;
- 41 (b) Reflects the clinical needs of the patient as identified through an individualized assessment;
 42 and
- 43 (c) Is based upon the patient’s goals and will assist the patient in achieving the goals.

44 [(24)] **(25)** “Personal health navigator” means an individual who meets qualification criteria
 45 adopted by the authority under ORS 414.665 and who provides information, assistance, tools and

support to enable a patient to make the best health care decisions in the patient's particular circumstances and in light of the patient's needs, lifestyle, combination of conditions and desired outcomes.

[(25)] (26) "Prepaid managed care health services organization" means a managed dental care, mental health or chemical dependency organization that contracts with the authority under ORS 414.654 or with a coordinated care organization on a prepaid capitated basis to provide health services to medical assistance recipients.

[(26)] (27) "Quality measure" means the health outcome and quality measures and benchmarks identified by the Health Plan Quality Metrics Committee and the metrics and scoring subcommittee in accordance with ORS 413.017 (4) and 413.022 and the quality metrics developed by the Behavioral Health Committee in accordance with ORS 413.017 (5).

[(27)(a)] (28)(a) "Quality of life in general measure" means an assessment of the value, effectiveness or cost-effectiveness of a treatment that gives greater value to a year of life lived in perfect health than the value given to a year of life lived in less than perfect health.

(b) "Quality of life in general measure" does not mean an assessment of the value, effectiveness or cost-effectiveness of a treatment during a clinical trial in which a study participant is asked to rate the participant's physical function, pain, general health, vitality, social functions or other similar domains.

[(28)] (29) "Resources" has the meaning given that term in ORS 411.704. For eligibility purposes, "resources" does not include charitable contributions raised by a community to assist with medical expenses.

[(29)] (30) "Social determinants of health" means:

(a) Nonmedical factors that influence health outcomes;

(b) The conditions in which individuals are born, grow, work, live and age; and

(c) The forces and systems that shape the conditions of daily life, such as economic policies and systems, development agendas, social norms, social policies, racism, climate change and political systems.

[(30)] (31) "Tribal traditional health worker" means an individual who meets qualification criteria adopted by the authority under ORS 414.665 and who:

(a) Has expertise or experience in public health;

(b) Works in a tribal community or an urban Indian community, either for pay or as a volunteer in association with a local health care system;

(c) To the extent practicable, shares ethnicity, language, socioeconomic status and life experiences with the residents of the community the worker serves;

(d) Assists members of the community to improve their health, including physical, behavioral and oral health, and increases the capacity of the community to meet the health care needs of its residents and achieve wellness;

(e) Provides health education and information that is culturally appropriate to the individuals being served;

(f) Assists community residents in receiving the care they need;

(g) May give peer counseling and guidance on health behaviors; and

(h) May provide direct services, such as tribal-based practices.

[(31)(a)] (32)(a) "Youth support specialist" means an individual who meets qualification criteria adopted by the authority under ORS 414.665 and who, based on a similar life experience, provides supportive services to an individual who:

(A) Is not older than 30 years of age; and
 (B)(i) Is a current or former consumer of mental health or addiction treatment; or
 (ii) Is facing or has faced difficulties in accessing education, health and wellness services due to a mental health or behavioral health barrier.

(b) A “youth support specialist” may be a peer wellness specialist or a peer support specialist.

SECTION 5. ORS 414.665 is amended to read:

414.665. (1) As used in this section, “traditional health worker” includes any of the following:

(a) A community health worker.

(b) A personal health navigator.

(c) A peer wellness specialist.

(d) A peer support specialist.

(e) A doula.

(f) A tribal traditional health worker.

(2) 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, **including distinct qualification criteria for birth doulas and postpartum doulas;**

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

(c) Processes by which other occupational classifications may be approved to supervise the traditional health workers.

(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 6. ORS 414.667 is amended to read:

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

(1) “Doula” *[means an individual who meets criteria for a doula adopted by the Oregon Health Authority in accordance with ORS 414.665]* **has the meaning given that term in ORS 414.025.**

(2) **“Lactation counselor” has the meaning given that term in ORS 676.665.**

(3) **“Lactation educator” has the meaning given that term in ORS 676.665.**

SECTION 7. ORS 414.668 is amended to read:

414.668. (1) **In determining the types and extent of health care and services to be provided to medical assistance recipients under ORS 414.065, the Oregon Health Authority and a coordinated care organization shall ensure that recipients have access to services provided by doulas, lactation counselors and lactation educators.**

(2) **The services described in subsection (1) of this section must:**

(a) **Include a minimum of 24 hours of services, in addition to labor and delivery services, regardless of birth outcome, with an option for the authority or a coordinated care organization to approve additional hours based on need;**

(b) **Be sufficient to support recipients’ robust maternal health and support positive birth outcomes; and**

(c) Be provided:

(A) By an individual or organization from the community of the recipient, using language, structures and settings familiar to members of the community; or

(B) If an individual or organization from the community of the recipient is not available, by a provider that has received cultural competency training within the preceding three years.

(3) Access to doulas, lactation counselors and lactation educators:

(a) Must be made available without a referral from another health care provider; and

(b) May not require a signature from or supervision by any other health care provider, except as necessary to approve additional hours based on need as described in subsection (2)(a) of this section.

(4) A coordinated care organization shall make information about how to access [doula] services provided by a doula, lactation counselor or lactation educator 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 8. ORS 414.669 is amended to read:

414.669. (1) 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 **in the state medical assistance program** for doulas. When reviewing and revising rates of reimbursement, the authority shall consider factors including retention of doulas **and the need to ensure that a career as a doula is financially sustainable**, access to culturally specific doulas and evidence-based factors and empirical studies related to the cost-effectiveness of services provided by doulas.

(2) The authority shall in each even-numbered year review, and revise if necessary, any rates of reimbursement in the state medical assistance program for lactation counselors and lactation educators. When reviewing and revising rates of reimbursement, the authority shall consider factors including retention of lactation counselors and lactation educators and the need to ensure that a career as a lactation counselor or lactation educator is financially sustainable, access to culturally specific lactation counselors and lactation educators and evidence-based factors and empirical studies related to the cost-effectiveness of services provided by lactation counselors and lactation educators.

SECTION 9. Section 10 of this 2025 Act is added to and made a part of ORS 414.667 to 414.669.

SECTION 10. (1) No later than September 15 of each even-numbered year, the Oregon Health Authority, in coordination with the Traditional Health Workers Commission, shall report on the status of doulas in this state, in the manner provided in ORS 192.245, to the interim committees of the Legislative Assembly related to health.

(2) The report described in subsection (1) of this section must include information about:

(a) The number of claims for reimbursement of doulas submitted to the authority and the percentage of those claims that are reimbursed;

(b) Any barriers experienced by doulas to accessing the claims process;

(c) The annual increase or decrease in the number of doulas listed on a registry managed by the authority;

(d) The demographics of the registry of doulas managed by the authority;

(e) Doula training or certification programs offered in this state;

(f) The relationship between the registry of doulas managed by the authority and the perceived doula workforce need;

(g) Recommendations on achieving cultural specificity goals for doula services; and

(h) Disaggregated birth outcomes for patients with doula support and without doula support.

SECTION 11. ORS 413.600 is amended to read:

413.600. (1) There is established within the Oregon Health Authority the Traditional Health Workers Commission.

(2) The Director of the Oregon Health Authority shall appoint the following 24 members to serve on the commission:

(a) Fourteen members, of which a majority must be appointed from nominees selected by the Oregon Community Health Workers Association, who represent traditional health workers, including at least one member to represent each of the following:

(A) Community health workers, as defined in ORS 414.025;

(B) Personal health navigators, as defined in ORS 414.025;

(C) Peer wellness specialists, as defined in ORS 414.025;

(D) Peer support specialists, as defined in ORS 414.025;

(E) Doulas, **as defined in ORS 414.025;**

(F) Family support specialists, as defined in ORS 414.025;

(G) Youth support specialists, as defined in ORS 414.025; and

(H) Tribal traditional health workers, as defined in ORS 414.025;

(b) One member who represents the Office of Community Colleges and Workforce Development;

(c) One member who is a nurse who represents the Oregon Nurses Association;

(d) One member who is a physician licensed in this state;

(e) One member selected from nominees provided by the Home Care Commission;

(f) One member who represents coordinated care organizations;

(g) One member who represents a labor organization;

(h) One member who supervises traditional health workers at a community-based organization, local health department, as defined in ORS 433.235, or agency, as defined in ORS 183.310;

(i) One member who represents community-based organizations or agencies, as defined in ORS 183.310, that provide for the training of traditional health workers;

(j) One member who represents a consumer of services provided by health workers who are not licensed by this state; and

(k) One member who represents providers of Indian health services that work with traditional health workers qualified under ORS 414.665, a federally recognized tribe or a tribal organization.

(3) In appointing members under subsection (2) of this section, the director shall consider whether the composition of the Traditional Health Workers Commission represents the geographic, ethnic, gender, racial, disability status, gender identity, sexual orientation and economic diversity of traditional health workers.

(4) The term of office of each member of the commission is three years, but a member serves at the pleasure of the director. Before the expiration of the term of a member, the director shall appoint a successor whose term begins on January 1 next following. A member is eligible for re-appointment. If there is a vacancy for any cause, the director shall make an appointment to become immediately effective for the unexpired term.

(5) A majority of the members of the commission constitutes a quorum for the transaction of

business.

(6) Official action by the commission requires the approval of a majority of the members of the commission.

(7) The commission shall elect one of its members to serve as chairperson.

(8) The commission shall meet at times and places specified by the call of the chairperson or of a majority of the members of the commission.

(9) The commission may adopt rules necessary for the operation of the commission.

(10) A member of the commission is entitled to compensation and expenses as provided in ORS 292.495.

SECTION 12. ORS 676.665 is amended to read:

676.665. As used in ORS 676.665 to 676.689:

(1) "Lactation consultant" means a person licensed to practice lactation consultation.

(2) "Lactation consultation" means the clinical application of scientific principles and evidence to provide care related to lactation to childbearing families. Lactation consultation includes, but is not limited to:

(a) Client assessment through systematic collection of data;

(b) Data analysis;

(c) Creation of a care plan;

(d) Implementation of the care plan, including demonstration and instructions to clients and communication with the clients' primary care provider;

(e) Evaluation of client outcomes;

(f) Problem identification and treatment;

(g) Recommendation and use of assistive devices; and

(h) Lactation education to childbearing families and to health care providers.

(3) "Lactation counselor" means a person certified by the Academy of Lactation Policy and Practice, or its successor organization, as approved by the Health Licensing Office by rule, as a clinical lactation care provider who has demonstrated the necessary skills, knowledge and attitude to provide clinical support to families that are thinking, or have questions, about breastfeeding or that have problems with breastfeeding.

(4) "Lactation educator" means a person certified by the Childbirth and Postpartum Professional Association, or its successor organization, as approved by the office by rule, as a certified lactation educator to educate, counsel and support families by providing evidence-based information about lactation and breastfeeding.

SECTION 13. Section 14 of this 2025 Act is added to and made a part of ORS 676.665 to 676.689.

SECTION 14. The Health Licensing Office shall adopt rules to regulate the practice of lactation counselors and lactation educators. The rules must include at least rules to:

(1) Establish continuing education requirements for lactation counselors and lactation educators;

(2) Establish standards of practice for lactation counselors and lactation educators;

(3) Establish an authorization for lactation counselors and lactation educators;

(4) Prohibit the unauthorized practice as a lactation counselor or lactation educator, and prohibit the unauthorized use of the title "lactation counselor" or "lactation educator"; and

(5) Specify that a lactation counselor or lactation educator may provide services to a client who was pregnant regardless of the client's birth outcome.

SECTION 15. (1) As used in this section:

(a) “Doula” has the meaning given that term in ORS 414.025.

(b) “Lactation counselor” and “lactation educator” have the meanings given those terms in ORS 676.665.

(2) To the extent practicable, a doula, lactation counselor or lactation educator shall strive to provide services that are culturally specific, as defined in ORS 413.256, to a client or patient.

SECTION 16. Section 17 of this 2025 Act is added to and made a part of the Insurance Code.

SECTION 17. (1) As used in this section:

(a) “Doula” has the meaning given that term in ORS 414.667.

(b) “Lactation counselor” and “lactation educator” have the meanings given those terms in ORS 676.665.

(2) A health benefit plan, as defined in ORS 743B.005, in this state that reimburses the cost of pregnancy and childbirth expenses shall provide coverage for services provided by doulas, lactation counselors and lactation educators.

(3) Covered services required under subsection (2) of this section shall include a minimum of 24 hours of services, in addition to labor and delivery services, regardless of birth outcome, with an option for the health benefit plan to approve additional hours based on need.

(4) Except for coverage of additional hours based on need as described in subsection (3) of this section, the health benefit plan described in subsection (2) of this section may not require prior authorization, a referral from another health care provider or a signature from or supervision by any other health care provider for coverage of services described in this section.

(5) A health benefit plan that provides the services described in subsection (2) of this section shall provide information on how to access doulas, lactation counselors and lactation educators to all enrollees.

(6) The coverage required by subsection (2) of this section may be made subject to provisions of the policy, certificate or contract that apply to other benefits under the policy, certificate or contract, including, but not limited to, provisions related to deductibles and coinsurance.

(7) The health benefit plan shall reimburse the cost for coverage of services described in this section up to a total amount that is not less than \$3,760. On January 1 of each year, the Department of Consumer and Business Services shall adjust the dollar limit provided by this subsection to reflect the percentage changes in the Consumer Price Index for all Urban Consumers, West Region (All Items), as published by the Bureau of Labor Statistics of the United States Department of Labor or a successor agency, and may vary from year to year.

(8) This section is exempt from ORS 743A.001.

SECTION 18. ORS 750.055, as amended by section 3, chapter 24, Oregon Laws 2024, section 4, chapter 35, Oregon Laws 2024, section 21, chapter 70, Oregon Laws 2024, and section 162, chapter 73, Oregon Laws 2024, is amended to read:

750.055. (1) The following provisions apply to health care service contractors to the extent not inconsistent with the express provisions of ORS 750.005 to 750.095:

(a) ORS 705.137, 705.138 and 705.139.

(b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385, 731.386, 731.390, 731.398 to 731.430, 731.428, 731.450, 731.454, 731.485, as provided in subsection (2) of this section, ORS 731.488, 731.504, 731.508, 731.509, 731.510, 731.511, 731.512, 731.574 to 731.620, 731.640 to 731.652, 731.730, 731.731, 731.735, 731.737, 731.750, 731.752, 731.804, 731.808 and 731.844 to 731.992.

(c) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and 732.517 to 732.596, not including ORS 732.582, and ORS 732.650 to 732.689.

(d) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695 to 733.780.

(e) ORS 734.014 to 734.440.

(f) ORS 742.001 to 742.009, 742.013, 742.016, 742.061, 742.065, 742.150 to 742.162 and 742.518 to 742.542.

(g) ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.020, 743.022, 743.023, 743.025, 743.028, 743.029, 743.038, 743.040, 743.044, 743.050, 743.100 to 743.109, 743.402, 743.405, 743.406, 743.417, 743.472, 743.492, 743.495, 743.498, 743.522, 743.523, 743.524, 743.526, 743.535, 743.550, 743.650 to 743.656, 743.680 to 743.689, 743.788 and 743.790.

(h) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.034, 743A.036, 743A.040, 743A.044, 743A.048, 743A.051, 743A.052, 743A.058, 743A.060, 743A.062, 743A.063, 743A.064, 743A.065, 743A.066, 743A.068, 743A.070, 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.105, 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148, 743A.150, 743A.160, 743A.168, 743A.169, 743A.170, 743A.175, 743A.185, 743A.188, 743A.190, 743A.192, 743A.250, 743A.252, 743A.260, 743A.310 and 743A.315 and section 2, chapter 771, Oregon Laws 2013, and section 2, chapter 70, Oregon Laws 2024, **and section 17 of this 2025 Act.**

(i) ORS 743B.001, 743B.003 to 743B.127, 743B.128, 743B.130, 743B.195, 743B.197, 743B.200, 743B.202, 743B.204, 743B.220, 743B.221, 743B.222, 743B.225, 743B.227, 743B.250, 743B.252, 743B.253, 743B.254, 743B.255, 743B.256, 743B.257, 743B.258, 743B.280 to 743B.285, 743B.287, 743B.300, 743B.310, 743B.320, 743B.323, 743B.330, 743B.340, 743B.341, 743B.342, 743B.343 to 743B.347, 743B.400, 743B.403, 743B.407, 743B.420, 743B.423, 743B.450, 743B.451, 743B.452, 743B.453, 743B.470, 743B.475, 743B.505, 743B.550, 743B.555, 743B.601, 743B.602 and 743B.800 and section 2, chapter 24, Oregon Laws 2024, and section 2, chapter 35, Oregon Laws 2024.

(j) The following provisions of ORS chapter 744:

(A) ORS 744.052 to 744.089, 744.091 and 744.093, relating to the regulation of insurance producers;

(B) ORS 744.602 to 744.665, relating to the regulation of insurance consultants; and

(C) ORS 744.700 to 744.740, relating to the regulation of third party administrators.

(k) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608, 746.610, 746.615, 746.625, 746.635, 746.650, 746.655, 746.660, 746.668, 746.670, 746.675, 746.680 and 746.690.

(2) The following provisions of the Insurance Code apply to health care service contractors except in the case of group practice health maintenance organizations that are federally qualified pursuant to Title XIII of the Public Health Service Act:

(a) ORS 731.485, if the group practice health maintenance organization wholly owns and operates an in-house drug outlet.

(b) ORS 743A.024, unless the patient is referred by a physician, physician associate or nurse practitioner associated with a group practice health maintenance organization.

(3) For the purposes of this section, health care service contractors are insurers.

(4) Any for-profit health care service contractor organized under the laws of any other state that

1 is not governed by the insurance laws of the other state is subject to all requirements of ORS
2 chapter 732.

3 (5)(a) A health care service contractor is a domestic insurance company for the purpose of de-
4 termining whether the health care service contractor is a debtor, as defined in 11 U.S.C. 109.

5 (b) A health care service contractor's classification as a domestic insurance company under
6 paragraph (a) of this subsection does not subject the health care service contractor to ORS 734.510
7 to 734.710.

8 (6) The Director of the Department of Consumer and Business Services may, after notice and
9 hearing, adopt reasonable rules not inconsistent with this section and ORS 750.003, 750.005, 750.025
10 and 750.045 that are necessary for the proper administration of these provisions.

11 **SECTION 19.** ORS 750.055, as amended by section 21, chapter 771, Oregon Laws 2013, section
12 7, chapter 25, Oregon Laws 2014, section 82, chapter 45, Oregon Laws 2014, section 9, chapter 59,
13 Oregon Laws 2015, section 7, chapter 100, Oregon Laws 2015, section 7, chapter 224, Oregon Laws
14 2015, section 11, chapter 362, Oregon Laws 2015, section 10, chapter 470, Oregon Laws 2015, section
15 30, chapter 515, Oregon Laws 2015, section 10, chapter 206, Oregon Laws 2017, section 6, chapter
16 417, Oregon Laws 2017, section 22, chapter 479, Oregon Laws 2017, section 10, chapter 7, Oregon
17 Laws 2018, section 69, chapter 13, Oregon Laws 2019, section 38, chapter 151, Oregon Laws 2019,
18 section 5, chapter 441, Oregon Laws 2019, section 85, chapter 97, Oregon Laws 2021, section 12,
19 chapter 37, Oregon Laws 2022, section 5, chapter 111, Oregon Laws 2023, section 2, chapter 152,
20 Oregon Laws 2023, section 4, chapter 24, Oregon Laws 2024, section 5, chapter 35, Oregon Laws
21 2024, section 22, chapter 70, Oregon Laws 2024, and section 163, chapter 73, Oregon Laws 2024, is
22 amended to read:

23 750.055. (1) The following provisions apply to health care service contractors to the extent not
24 inconsistent with the express provisions of ORS 750.005 to 750.095:

25 (a) ORS 705.137, 705.138 and 705.139.

26 (b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385, 731.386, 731.390, 731.398
27 to 731.430, 731.428, 731.450, 731.454, 731.485, as provided in subsection (2) of this section, ORS
28 731.488, 731.504, 731.508, 731.509, 731.510, 731.511, 731.512, 731.574 to 731.620, 731.640 to 731.652,
29 731.730, 731.731, 731.735, 731.737, 731.750, 731.752, 731.804, 731.808 and 731.844 to 731.992.

30 (c) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and 732.517 to 732.596, not
31 including ORS 732.582, and ORS 732.650 to 732.689.

32 (d) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695
33 to 733.780.

34 (e) ORS 734.014 to 734.440.

35 (f) ORS 742.001 to 742.009, 742.013, 742.016, 742.061, 742.065, 742.150 to 742.162 and 742.518 to
36 742.542.

37 (g) ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.020, 743.022, 743.023, 743.025,
38 743.028, 743.029, 743.038, 743.040, 743.044, 743.050, 743.100 to 743.109, 743.402, 743.405, 743.406,
39 743.417, 743.472, 743.492, 743.495, 743.498, 743.522, 743.523, 743.524, 743.526, 743.535, 743.550, 743.650
40 to 743.656, 743.680 to 743.689, 743.788 and 743.790.

41 (h) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.034, 743A.036, 743A.040, 743A.044,
42 743A.048, 743A.051, 743A.052, 743A.058, 743A.060, 743A.062, 743A.063, 743A.064, 743A.065, 743A.066,
43 743A.068, 743A.070, 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.105,
44 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148, 743A.150, 743A.160, 743A.168, 743A.169,
45 743A.170, 743A.175, 743A.185, 743A.188, 743A.190, 743A.192, 743A.250, 743A.252, 743A.260, 743A.310

and 743A.315 and section 2, chapter 70, Oregon Laws 2024, **and section 17 of this 2025 Act.**

(i) ORS 743B.001, 743B.003 to 743B.127, 743B.128, 743B.130, 743B.195, 743B.197, 743B.200, 743B.202, 743B.204, 743B.220, 743B.221, 743B.222, 743B.225, 743B.227, 743B.250, 743B.252, 743B.253, 743B.254, 743B.255, 743B.256, 743B.257, 743B.258, 743B.280 to 743B.285, 743B.287, 743B.300, 743B.310, 743B.320, 743B.323, 743B.330, 743B.340, 743B.341, 743B.342, 743B.343 to 743B.347, 743B.400, 743B.403, 743B.407, 743B.420, 743B.423, 743B.450, 743B.451, 743B.452, 743B.453, 743B.470, 743B.475, 743B.505, 743B.550, 743B.555, 743B.601, 743B.602 and 743B.800 and section 2, chapter 24, Oregon Laws 2024, and section 2, chapter 35, Oregon Laws 2024.

(j) The following provisions of ORS chapter 744:

(A) ORS 744.052 to 744.089, 744.091 and 744.093, relating to the regulation of insurance producers;

(B) ORS 744.602 to 744.665, relating to the regulation of insurance consultants; and

(C) ORS 744.700 to 744.740, relating to the regulation of third party administrators.

(k) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608, 746.610, 746.615, 746.625, 746.635, 746.650, 746.655, 746.660, 746.668, 746.670, 746.675, 746.680 and 746.690.

(2) The following provisions of the Insurance Code apply to health care service contractors except in the case of group practice health maintenance organizations that are federally qualified pursuant to Title XIII of the Public Health Service Act:

(a) ORS 731.485, if the group practice health maintenance organization wholly owns and operates an in-house drug outlet.

(b) ORS 743A.024, unless the patient is referred by a physician, physician associate or nurse practitioner associated with a group practice health maintenance organization.

(3) For the purposes of this section, health care service contractors are insurers.

(4) Any for-profit health care service contractor organized under the laws of any other state that is not governed by the insurance laws of the other state is subject to all requirements of ORS chapter 732.

(5)(a) A health care service contractor is a domestic insurance company for the purpose of determining whether the health care service contractor is a debtor, as defined in 11 U.S.C. 109.

(b) A health care service contractor's classification as a domestic insurance company under paragraph (a) of this subsection does not subject the health care service contractor to ORS 734.510 to 734.710.

(6) The Director of the Department of Consumer and Business Services may, after notice and hearing, adopt reasonable rules not inconsistent with this section and ORS 750.003, 750.005, 750.025 and 750.045 that are necessary for the proper administration of these provisions.

SECTION 20. ORS 750.333, as amended by section 5, chapter 24, Oregon Laws 2024, and section 23, chapter 70, Oregon Laws 2024, is amended to read:

750.333. (1) The following provisions apply to trusts carrying out a multiple employer welfare arrangement:

(a) ORS 705.137, 705.138 and 705.139.

(b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.268, 731.296 to 731.316, 731.324, 731.328, 731.378, 731.386, 731.390, 731.398, 731.406, 731.410, 731.414, 731.418 to 731.434, 731.454, 731.484, 731.486, 731.488, 731.512, 731.574 to 731.620, 731.640 to 731.652, 731.804, 731.808 and 731.844 to 731.992.

(c) ORS 733.010 to 733.050, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695 to 733.780.

(d) ORS 734.014 to 734.440.

(e) ORS 742.001 to 742.009, 742.013, 742.016, 742.061 and 742.065.

(f) ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.020, 743.023, 743.028, 743.029, 743.053, 743.405, 743.406, 743.524, 743.526, 743.535 and 743B.221.

(g) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.024, 743A.034, 743A.036, 743A.040, 743A.048, 743A.051, 743A.052, 743A.058, 743A.060, 743A.062, 743A.063, 743A.064, 743A.065, 743A.066, 743A.068, 743A.070, 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.105, 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148, 743A.150, 743A.160, 743A.168, 743A.169, 743A.170, 743A.175, 743A.180, 743A.185, 743A.188, 743A.190, 743A.192, 743A.250, 743A.252, 743A.260 and 743A.310 and section 2, chapter 70, Oregon Laws 2024, **and section 17 of this 2025 Act.**

(h) ORS 743B.001, 743B.003 to 743B.127 (except 743B.125 to 743B.127), 743B.195, 743B.197, 743B.200, 743B.202, 743B.204, 743B.220, 743B.222, 743B.225, 743B.227, 743B.250, 743B.252, 743B.253, 743B.254, 743B.255, 743B.256, 743B.257, 743B.258, 743B.310, 743B.320, 743B.321, 743B.330, 743B.340, 743B.341, 743B.342, 743B.343, 743B.344, 743B.345, 743B.347, 743B.400, 743B.403, 743B.407, 743B.420, 743B.423, 743B.451, 743B.453, 743B.470, 743B.505, 743B.550, 743B.555 and 743B.601 and section 2, chapter 24, Oregon Laws 2024.

(i) The following provisions of ORS chapter 744:

(A) ORS 744.052 to 744.089, 744.091 and 744.093, relating to the regulation of insurance producers;

(B) ORS 744.602 to 744.665, relating to the regulation of insurance consultants; and

(C) ORS 744.700 to 744.740, relating to the regulation of third party administrators.

(j) ORS 746.005 to 746.140, 746.160 and 746.220 to 746.370.

(2) For the purposes of this section:

(a) A trust carrying out a multiple employer welfare arrangement is an insurer.

(b) References to certificates of authority are references to certificates of multiple employer welfare arrangement.

(c) Contributions are premiums.

(3) The provision of health benefits under ORS 750.301 to 750.341 is the transaction of health insurance.

(4) The Department of Consumer and Business Services may adopt rules that are necessary to implement the provisions of ORS 750.301 to 750.341.

SECTION 21. The Department of Consumer and Business Services shall issue guidance on the implementation of section 17 of this 2025 Act, including alignment with the rules and requirements for doulas, lactation counselors and lactation educators as described by the Oregon Health Authority.

SECTION 22. There is appropriated to the Oregon Health Authority, for the biennium beginning July 1, 2025, out of the General Fund, the amount of \$_____, for deposit in the Community-Based Perinatal Services Access Fund established in section 2 of this 2025 Act, for the purpose of carrying out the provisions of section 1 of this 2025 Act.

SECTION 23. (1) The amendments to ORS 414.668 and 414.669 by sections 7 and 8 of this 2025 Act apply to contracts between coordinated care organizations and the Oregon Health Authority entered into, amended or renewed on or after the effective date of this 2025 Act.

(2) Section 17 of this 2025 Act and the amendments to ORS 750.055 and 750.333 by sections 18 to 20 of this 2025 Act apply to health benefit plans, health care service contracts and multiple employer welfare arrangements issued, renewed or extended on or after the effective date of this 2025 Act.

1 **SECTION 24. Section 21 of this 2025 Act is repealed on January 2, 2027.**

2
