

SB 692-1  
(LC 3705)  
4/2/25  
(RH/SCT/EKJ/ps)

Requested by Senator REYNOLDS

**PROPOSED AMENDMENTS TO  
SENATE BILL 692**

1 On page 1 of the printed bill, line 2, after “ORS” insert “413.600, 414.025,  
2 414.665,”.

3 In line 3, before “and” insert “676.665”.

4 Delete lines 5 through 27 and delete pages 2 through 7 and insert:

5 **“SECTION 1. (1) As used in this section:**

6 **“(a) ‘Doula’ has the meaning given that term in ORS 414.025.**

7 **“(b) ‘Lactation counselor’ and ‘lactation educator’ have the**  
8 **meanings given those terms in ORS 676.665.**

9 **“(c) ‘Community-based services during the perinatal period’ in-**  
10 **cludes, but is not limited to, services provided by a doula, lactation**  
11 **counselor or lactation educator to a pregnant or postpartum individual**  
12 **from conception through one year postpartum.**

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

21 **“(b) Grants issued under this section may be used for purposes in-**

cluding, 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;

“(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

1 **implementing state-funded grant programs that utilize community and**  
2 **stakeholder engagement.**

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

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

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

19 **“414.025. As used in this chapter and ORS chapters 411 and 413, unless**  
20 **the context or a specially applicable statutory definition requires otherwise:**

21 **“(1)(a) ‘Alternative payment methodology’ means a payment other than a**  
22 **fee-for-services payment, used by coordinated care organizations as compen-**  
23 **sation for the provision of integrated and coordinated health care and ser-**  
24 **vices.**

25 **“(b) ‘Alternative payment methodology’ includes, but is not limited to:**

26 **“(A) Shared savings arrangements;**

27 **“(B) Bundled payments; and**

28 **“(C) Payments based on episodes.**

29 **“(2) ‘Behavioral health assessment’ means an evaluation by a behavioral**  
30 **health clinician, in person or using telemedicine, to determine a patient’s**

1 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  
6 health;

7 “(d) A licensed clinical social worker;

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

10 “(f) A certified clinical social work associate;

11 “(g) An intern or resident who is working under a board-approved super-  
12 visory contract in a clinical mental health field; or

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

15 “(4) ‘Behavioral health crisis’ means a disruption in an individual’s men-  
16 tal or emotional stability or functioning resulting in an urgent need for im-  
17 mediate outpatient treatment in an emergency department or admission to  
18 a hospital to prevent a serious deterioration in the individual’s mental or  
19 physical health.

20 “(5) ‘Behavioral health home’ means a mental health disorder or sub-  
21 stance use disorder treatment organization, as defined by the Oregon Health  
22 Authority by rule, that provides integrated health care to individuals whose  
23 primary diagnoses are mental health disorders or substance use disorders.

24 “(6) ‘Category of aid’ means assistance provided by the Oregon Supple-  
25 mental Income Program, aid granted under ORS 411.877 to 411.896 and  
26 412.001 to 412.069 or federal Supplemental Security Income payments.

27 “(7) ‘Community health worker’ means an individual who meets quali-  
28 fication criteria adopted by the authority under ORS 414.665 and who:

29 “(a) Has expertise or experience in public health;

30 “(b) Works in an urban or rural community, either for pay or as a vol-

1    unteer in association with a local health care system;

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

5       “(d) Assists members of the community to improve their health and in-  
6    creases the capacity of the community to meet the health care needs of its  
7    residents and achieve wellness;

8       “(e) Provides health education and information that is culturally appro-  
9    priate to the individuals being served;

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

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

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

14      “(8) ‘Coordinated care organization’ means an organization meeting cri-  
15    teria adopted by the Oregon Health Authority under ORS 414.572.

16      **“(9) ‘Doula’ means a trained professional who provides continuous**  
17    **physical, emotional and informational support to an individual during**  
18    **pregnancy, labor and delivery or the postpartum period to help the**  
19    **individual achieve the healthiest and most satisfying experience pos-**  
20    **sible.**

21      “[(9)] (10) ‘Dually eligible for Medicare and Medicaid’ means, with respect  
22    to eligibility for enrollment in a coordinated care organization, that an in-  
23    dividual is eligible for health services funded by Title XIX of the Social Se-  
24    curity Act and is:

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

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

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

1 who:

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

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

6 “(b) A ‘family support specialist’ may be a peer wellness specialist or a  
7 peer support specialist.

8 “[~~(11)~~] **(12)** ‘Global budget’ means a total amount established prospectively  
9 by the Oregon Health Authority to be paid to a coordinated care organiza-  
10 tion for the delivery of, management of, access to and quality of the health  
11 care delivered to members of the coordinated care organization.

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

14 “[~~(13)~~] **(14)** ‘Health services’ means at least so much of each of the fol-  
15 lowing as are funded by the Legislative Assembly based upon the prioritized  
16 list of health services compiled by the Health Evidence Review Commission  
17 under ORS 414.690:

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

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

24 “(c) Prescription drugs;

25 “(d) Laboratory and X-ray services;

26 “(e) Medical equipment and supplies;

27 “(f) Mental health services;

28 “(g) Chemical dependency services;

29 “(h) Emergency dental services;

30 “(i) Nonemergency dental services;

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

4 “(k) Emergency hospital services;

5 “(L) Outpatient hospital services; and

6 “(m) Inpatient hospital services.

7 “[~~(14)~~] **(15)** ‘Income’ has the meaning given that term in ORS 411.704.

8 “[~~(15)(a)~~] **(16)(a)** ‘Integrated health care’ means care provided to individ-  
9 uals and their families in a patient centered primary care home or behavioral  
10 health home by licensed primary care clinicians, behavioral health clinicians  
11 and other care team members, working together to address one or more of  
12 the following:

13 “(A) Mental illness.

14 “(B) Substance use disorders.

15 “(C) Health behaviors that contribute to chronic illness.

16 “(D) Life stressors and crises.

17 “(E) Developmental risks and conditions.

18 “(F) Stress-related physical symptoms.

19 “(G) Preventive care.

20 “(H) Ineffective patterns of health care utilization.

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

23 “(A) Qualified mental health professionals or qualified mental health as-  
24 sociates meeting requirements adopted by the Oregon Health Authority by  
25 rule;

26 “(B) Peer wellness specialists;

27 “(C) Peer support specialists;

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

30 “(E) Personal health navigators; or

1 “(F) Other qualified individuals approved by the Oregon Health Author-  
2 ity.

3 “[~~(16)~~] **(17)** ‘Investments and savings’ means cash, securities as defined in  
4 ORS 59.015, negotiable instruments as defined in ORS 73.0104 and such sim-  
5 ilar investments or savings as the department or the authority may establish  
6 by rule that are available to the applicant or recipient to contribute toward  
7 meeting the needs of the applicant or recipient.

8 “[~~(17)~~] **(18)** ‘Medical assistance’ means so much of the medical, mental  
9 health, preventive, supportive, palliative and remedial care and services as  
10 may be prescribed by the authority according to the standards established  
11 pursuant to ORS 414.065, including premium assistance under ORS 414.115  
12 and 414.117, payments made for services provided under an insurance or  
13 other contractual arrangement and money paid directly to the recipient for  
14 the purchase of health services and for services described in ORS 414.710.

15 “[~~(18)~~] **(19)** ‘Medical assistance’ includes any care or services for any in-  
16 dividual who is a patient in a medical institution or any care or services for  
17 any individual who has attained 65 years of age or is under 22 years of age,  
18 and who is a patient in a private or public institution for mental diseases.  
19 Except as provided in ORS 411.439 and 411.447, ‘medical assistance’ does not  
20 include care or services for a resident of a nonmedical public institution.

21 “[~~(19)~~] **(20)** ‘Patient centered primary care home’ means a health care  
22 team or clinic that is organized in accordance with the standards established  
23 by the Oregon Health Authority under ORS 414.655 and that incorporates the  
24 following core attributes:

25 “(a) Access to care;

26 “(b) Accountability to consumers and to the community;

27 “(c) Comprehensive whole person care;

28 “(d) Continuity of care;

29 “(e) Coordination and integration of care; and

30 “(f) Person and family centered care.



1        “[~~(20)~~] **(21)** ‘Peer support specialist’ means any of the following individ-  
2 uals who meet qualification criteria adopted by the authority under ORS  
3 414.665 and who provide supportive services to a current or former consumer  
4 of mental health or addiction treatment:

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

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

9        “[~~(21)~~] **(22)** ‘Peer wellness specialist’ means an individual who meets  
10 qualification criteria adopted by the authority under ORS 414.665 and who  
11 is responsible for assessing mental health and substance use disorder service  
12 and support needs of a member of a coordinated care organization through  
13 community outreach, assisting members with access to available services and  
14 resources, addressing barriers to services and providing education and in-  
15 formation about available resources for individuals with mental health or  
16 substance use disorders in order to reduce stigma and discrimination toward  
17 consumers of mental health and substance use disorder services and to assist  
18 the member in creating and maintaining recovery, health and wellness.

19        “[~~(22)~~] **(23)** ‘Person centered care’ means care that:

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

21        “(b) Reflects the clinical needs of the patient as identified through an  
22 individualized assessment; and

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

25        “[~~(23)~~] **(24)** ‘Personal health navigator’ means an individual who meets  
26 qualification criteria adopted by the authority under ORS 414.665 and who  
27 provides information, assistance, tools and support to enable a patient to  
28 make the best health care decisions in the patient’s particular circumstances  
29 and in light of the patient’s needs, lifestyle, combination of conditions and  
30 desired outcomes.

1        “[~~(24)~~] **(25)** ‘Prepaid managed care health services organization’ means a  
2 managed dental care, mental health or chemical dependency organization  
3 that contracts with the authority under ORS 414.654 or with a coordinated  
4 care organization on a prepaid capitated basis to provide health services to  
5 medical assistance recipients.

6        “[~~(25)~~] **(26)** ‘Quality measure’ means the health outcome and quality  
7 measures and benchmarks identified by the Health Plan Quality Metrics  
8 Committee and the metrics and scoring subcommittee in accordance with  
9 ORS 413.017 (4) and 413.022 and the quality metrics developed by the Be-  
10 havioral Health Committee in accordance with ORS 413.017 (5).

11       “[~~(26)(a)~~] **(27)(a)** ‘Quality of life in general measure’ means an assessment  
12 of the value, effectiveness or cost-effectiveness of a treatment that gives  
13 greater value to a year of life lived in perfect health than the value given  
14 to a year of life lived in less than perfect health.

15       “(b) ‘Quality of life in general measure’ does not mean an assessment of  
16 the value, effectiveness or cost-effectiveness of a treatment during a clinical  
17 trial in which a study participant is asked to rate the participant’s physical  
18 function, pain, general health, vitality, social functions or other similar do-  
19 mains.

20       “[~~(27)~~] **(28)** ‘Resources’ has the meaning given that term in ORS 411.704.  
21 For eligibility purposes, ‘resources’ does not include charitable contributions  
22 raised by a community to assist with medical expenses.

23       “[~~(28)~~] **(29)** ‘Social determinants of health’ means:

24       “(a) Nonmedical factors that influence health outcomes;

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

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

30       “[~~(29)~~] **(30)** ‘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.

“[(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

1 the context or a specially applicable statutory definition requires otherwise:

2 “(1)(a) ‘Alternative payment methodology’ means a payment other than a  
3 fee-for-services payment, used by coordinated care organizations as compen-  
4 sation for the provision of integrated and coordinated health care and ser-  
5 vices.

6 “(b) ‘Alternative payment methodology’ includes, but is not limited to:

7 “(A) Shared savings arrangements;

8 “(B) Bundled payments; and

9 “(C) Payments based on episodes.

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

13 “(3) ‘Behavioral health clinician’ means:

14 “(a) A licensed psychiatrist;

15 “(b) A licensed psychologist;

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

18 “(d) A licensed clinical social worker;

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

21 “(f) A certified clinical social work associate;

22 “(g) An intern or resident who is working under a board-approved super-  
23 visory contract in a clinical mental health field; or

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

26 “(4) ‘Behavioral health crisis’ means a disruption in an individual’s men-  
27 tal or emotional stability or functioning resulting in an urgent need for im-  
28 mediate outpatient treatment in an emergency department or admission to  
29 a hospital to prevent a serious deterioration in the individual’s mental or  
30 physical health.

1 “(5) ‘Behavioral health home’ means a mental health disorder or sub-  
2 stance use disorder treatment organization, as defined by the Oregon Health  
3 Authority by rule, that provides integrated health care to individuals whose  
4 primary diagnoses are mental health disorders or substance use disorders.

5 “(6) ‘Category of aid’ means assistance provided by the Oregon Supple-  
6 mental Income Program, aid granted under ORS 411.877 to 411.896 and  
7 412.001 to 412.069 or federal Supplemental Security Income payments.

8 “(7) ‘Community health worker’ means an individual who meets quali-  
9 fication criteria adopted by the authority under ORS 414.665 and who:

10 “(a) Has expertise or experience in public health;

11 “(b) Works in an urban or rural community, either for pay or as a vol-  
12 unteer in association with a local health care system;

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

16 “(d) Assists members of the community to improve their health and in-  
17 creases the capacity of the community to meet the health care needs of its  
18 residents and achieve wellness;

19 “(e) Provides health education and information that is culturally appro-  
20 priate to the individuals being served;

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

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

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

25 “(8) ‘Coordinated care organization’ means an organization meeting cri-  
26 teria adopted by the Oregon Health Authority under ORS 414.572.

27 **“(9) ‘Doula’ means a trained professional who provides continuous**  
28 **physical, emotional and informational support to an individual during**  
29 **pregnancy, labor and delivery or the postpartum period to help the**  
30 **individual achieve the healthiest and most satisfying experience pos-**

1 **sible.**

2 “[~~(9)~~] **(10)** ‘Dually eligible for Medicare and Medicaid’ means, with respect  
3 to eligibility for enrollment in a coordinated care organization, that an in-  
4 dividual is eligible for health services funded by Title XIX of the Social Se-  
5 curity Act and is:

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

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

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

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

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

17 “(b) A ‘family support specialist’ may be a peer wellness specialist or a  
18 peer support specialist.

19 “[~~(11)~~] **(12)** ‘Global budget’ means a total amount established prospectively  
20 by the Oregon Health Authority to be paid to a coordinated care organiza-  
21 tion for the delivery of, management of, access to and quality of the health  
22 care delivered to members of the coordinated care organization.

23 “[~~(12)~~] **(13)** ‘Health insurance exchange’ or ‘exchange’ means an American  
24 Health Benefit Exchange described in 42 U.S.C. 18031, 18032, 18033 and 18041.

25 “[~~(13)~~] **(14)** ‘Health services’ means at least so much of each of the fol-  
26 lowing as are funded by the Legislative Assembly based upon the prioritized  
27 list of health services compiled by the Health Evidence Review Commission  
28 under ORS 414.690:

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

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

5 “(c) Prescription drugs;

6 “(d) Laboratory and X-ray services;

7 “(e) Medical equipment and supplies;

8 “(f) Mental health services;

9 “(g) Chemical dependency services;

10 “(h) Emergency dental services;

11 “(i) Nonemergency dental services;

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

15 “(k) Emergency hospital services;

16 “(L) Outpatient hospital services; and

17 “(m) Inpatient hospital services.

18 “[14] **(15)** ‘Income’ has the meaning given that term in ORS 411.704.

19 “[15(a)] **(16)(a)** ‘Integrated health care’ means care provided to individ-  
20 uals and their families in a patient centered primary care home or behavioral  
21 health home by licensed primary care clinicians, behavioral health clinicians  
22 and other care team members, working together to address one or more of  
23 the following:

24 “(A) Mental illness.

25 “(B) Substance use disorders.

26 “(C) Health behaviors that contribute to chronic illness.

27 “(D) Life stressors and crises.

28 “(E) Developmental risks and conditions.

29 “(F) Stress-related physical symptoms.

30 “(G) Preventive care.

1 “(H) Ineffective patterns of health care utilization.

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

4 “(A) Qualified mental health professionals or qualified mental health as-  
5 sociates meeting requirements adopted by the Oregon Health Authority by  
6 rule;

7 “(B) Peer wellness specialists;

8 “(C) Peer support specialists;

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

11 “(E) Personal health navigators; or

12 “(F) Other qualified individuals approved by the Oregon Health Author-  
13 ity.

14 “[~~(16)~~] **(17)** ‘Investments and savings’ means cash, securities as defined in  
15 ORS 59.015, negotiable instruments as defined in ORS 73.0104 and such sim-  
16 ilar investments or savings as the department or the authority may establish  
17 by rule that are available to the applicant or recipient to contribute toward  
18 meeting the needs of the applicant or recipient.

19 “[~~(17)~~] **(18)** ‘Medical assistance’ means so much of the medical, mental  
20 health, preventive, supportive, palliative and remedial care and services as  
21 may be prescribed by the authority according to the standards established  
22 pursuant to ORS 414.065, including premium assistance under ORS 414.115  
23 and 414.117, payments made for services provided under an insurance or  
24 other contractual arrangement and money paid directly to the recipient for  
25 the purchase of health services and for services described in ORS 414.710.

26 “[~~(18)~~] **(19)** ‘Medical assistance’ includes any care or services for any in-  
27 dividual who is a patient in a medical institution or any care or services for  
28 any individual who has attained 65 years of age or is under 22 years of age,  
29 and who is a patient in a private or public institution for mental diseases.  
30 Except as provided in ORS 411.439 and 411.447, ‘medical assistance’ does not



1 include care or services for a resident of a nonmedical public institution.

2 “[~~(19)~~] **(20)** ‘Mental health drug’ means a type of legend drug, as defined  
3 in ORS 414.325, specified by the Oregon Health Authority by rule, including  
4 but not limited to:

5 “(a) Therapeutic class 7 ataractics-tranquilizers; and

6 “(b) Therapeutic class 11 psychostimulants-antidepressants.

7 “[~~(20)~~] **(21)** ‘Patient centered primary care home’ means a health care  
8 team or clinic that is organized in accordance with the standards established  
9 by the Oregon Health Authority under ORS 414.655 and that incorporates the  
10 following core attributes:

11 “(a) Access to care;

12 “(b) Accountability to consumers and to the community;

13 “(c) Comprehensive whole person care;

14 “(d) Continuity of care;

15 “(e) Coordination and integration of care; and

16 “(f) Person and family centered care.

17 “[~~(21)~~] **(22)** ‘Peer support specialist’ means any of the following individ-  
18 uals who meet qualification criteria adopted by the authority under ORS  
19 414.665 and who provide supportive services to a current or former consumer  
20 of mental health or addiction treatment:

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

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

25 “[~~(22)~~] **(23)** ‘Peer wellness specialist’ means an individual who meets  
26 qualification criteria adopted by the authority under ORS 414.665 and who  
27 is responsible for assessing mental health and substance use disorder service  
28 and support needs of a member of a coordinated care organization through  
29 community outreach, assisting members with access to available services and  
30 resources, addressing barriers to services and providing education and in-

1 formation about available resources for individuals with mental health or  
2 substance use disorders in order to reduce stigma and discrimination toward  
3 consumers of mental health and substance use disorder services and to assist  
4 the member in creating and maintaining recovery, health and wellness.

5 “[~~(23)~~] **(24)** ‘Person centered care’ means care that:

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

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

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

11 “[~~(24)~~] **(25)** ‘Personal health navigator’ means an individual who meets  
12 qualification criteria adopted by the authority under ORS 414.665 and who  
13 provides information, assistance, tools and support to enable a patient to  
14 make the best health care decisions in the patient’s particular circumstances  
15 and in light of the patient’s needs, lifestyle, combination of conditions and  
16 desired outcomes.

17 “[~~(25)~~] **(26)** ‘Prepaid managed care health services organization’ means a  
18 managed dental care, mental health or chemical dependency organization  
19 that contracts with the authority under ORS 414.654 or with a coordinated  
20 care organization on a prepaid capitated basis to provide health services to  
21 medical assistance recipients.

22 “[~~(26)~~] **(27)** ‘Quality measure’ means the health outcome and quality  
23 measures and benchmarks identified by the Health Plan Quality Metrics  
24 Committee and the metrics and scoring subcommittee in accordance with  
25 ORS 413.017 (4) and 413.022 and the quality metrics developed by the Be-  
26 havioral Health Committee in accordance with ORS 413.017 (5).

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

1 “(b) ‘Quality of life in general measure’ does not mean an assessment of  
2 the value, effectiveness or cost-effectiveness of a treatment during a clinical  
3 trial in which a study participant is asked to rate the participant’s physical  
4 function, pain, general health, vitality, social functions or other similar do-  
5 mains.

6 “[ (28)] **(29)** ‘Resources’ has the meaning given that term in ORS 411.704.  
7 For eligibility purposes, ‘resources’ does not include charitable contributions  
8 raised by a community to assist with medical expenses.

9 “[ (29)] **(30)** ‘Social determinants of health’ means:

10 “(a) Nonmedical factors that influence health outcomes;

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

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

16 “[ (30)] **(31)** ‘Tribal traditional health worker’ means an individual who  
17 meets qualification criteria adopted by the authority under ORS 414.665 and  
18 who:

19 “(a) Has expertise or experience in public health;

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

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

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

28 “(e) Provides health education and information that is culturally appro-  
29 priate to the individuals being served;

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

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

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

3 “[~~(31)(a)~~] **(32)(a)** ‘Youth support specialist’ means an individual who meets  
4 qualification criteria adopted by the authority under ORS 414.665 and who,  
5 based on a similar life experience, provides supportive services to an indi-  
6 vidual who:

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

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

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

12 “(b) A ‘youth support specialist’ may be a peer wellness specialist or a  
13 peer support specialist.

14 **“SECTION 5.** ORS 414.665 is amended to read:

15 “414.665. (1) As used in this section, ‘traditional health worker’ includes  
16 any of the following:

17 “(a) A community health worker.

18 “(b) A personal health navigator.

19 “(c) A peer wellness specialist.

20 “(d) A peer support specialist.

21 “(e) A doula.

22 “(f) A tribal traditional health worker.

23 “(2) In consultation with the Traditional Health Workers Commission  
24 established under ORS 413.600, the Oregon Health Authority, for purposes  
25 related to the regulation of traditional health workers, shall adopt by rule:

26 “(a) The qualification criteria, including education and training require-  
27 ments, for the traditional health workers utilized by coordinated care or-  
28 ganizations, **including distinct qualification criteria for birth doulas and**  
29 **postpartum doulas;**

30 “(b) Appropriate professional designations for supervisors of the tradi-

1 tional health workers; and

2 “(c) Processes by which other occupational classifications may be ap-  
3 proved to supervise the traditional health workers.

4 “(3) The criteria and requirements established under subsection (2) of this  
5 section:

6 “(a) Must be broad enough to encompass the potential unique needs of  
7 any coordinated care organization;

8 “(b) Must meet requirements of the Centers for Medicare and Medicaid  
9 Services to qualify for federal financial participation; and

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

11 **“SECTION 6.** ORS 414.667 is amended to read:

12 “414.667. As used in ORS 414.667[, 414.668 and] **to** 414.669[.]:

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

16 **“(2) ‘Lactation counselor’** **has the meaning given that term in ORS**  
17 **676.665.**

18 **“(3) ‘Lactation educator’** **has the meaning given that term in ORS**  
19 **676.665.**

20 **“SECTION 7.** ORS 414.668 is amended to read:

21 **“414.668. (1) In determining the types and extent of health care and**  
22 **services to be provided to medical assistance recipients under ORS**  
23 **414.065, the Oregon Health Authority and a coordinated care organ-**  
24 **ization shall ensure that recipients have access to services provided**  
25 **by doulas, lactation counselors and lactation educators.**

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

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

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

3       “(c) Be provided:

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

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

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

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

13       “(b) May not require a signature from or supervision by any other  
14 health care provider.

15       “(4) A coordinated care organization shall make information about how  
16 to access [*doula*] services **provided by a doula, lactation counselor or**  
17 **lactation educator** available on a website operated by or on behalf of the  
18 coordinated care organization and shall provide the information in print  
19 whenever a printed explanation of benefits is available.

20       “**SECTION 8.** ORS 414.669 is amended to read:

21       “414.669. (1) The Oregon Health Authority, in coordination with the Tra-  
22 ditional Health Workers Commission, shall in each even-numbered year re-  
23 view, and revise if necessary, any rates of reimbursement **in the state**  
24 **medical assistance program** for doulas. When reviewing and revising  
25 rates of reimbursement, the authority shall consider factors including re-  
26 tention of doulas **and the need to ensure that a career as a doula is fi-**  
27 **nancially sustainable**, access to culturally specific doulas and  
28 evidence-based factors and empirical studies related to the cost-effectiveness  
29 of services provided by doulas.

30       “(2) The authority shall in each even-numbered year review, and

1 revise if necessary, any rates of reimbursement in the state medical  
2 assistance program for lactation counselors and lactation educators.  
3 When reviewing and revising rates of reimbursement, the authority  
4 shall consider factors including retention of lactation counselors and  
5 lactation educators and the need to ensure that a career as a lactation  
6 counselor or lactation educator is financially sustainable, access to  
7 culturally specific lactation counselors and lactation educators and  
8 evidence-based factors and empirical studies related to the cost-  
9 effectiveness of services provided by lactation counselors and lactation  
10 educators.

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

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

18 **“(2) The report described in subsection (1) of this section must in-**  
19 **clude information about:**

20 **“(a) The number of claims for reimbursement of doulas submitted**  
21 **to the authority and the percentage of those claims that are reim-**  
22 **bursed;**

23 **“(b) Any barriers experienced by doulas to accessing the claims**  
24 **process;**

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

27 **“(d) The demographics of the registry of doulas managed by the**  
28 **authority;**

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

30 **“(f) The relationship between the registry of doulas managed by the**

1 **authority and the perceived doula workforce need;**

2 **“(g) Recommendations on achieving cultural specificity goals for**  
3 **doula services; and**

4 **“(h) Disaggregated birth outcomes for patients with doula support**  
5 **and without doula support.**

6 **“SECTION 11.** ORS 413.600 is amended to read:

7 **“413.600. (1)** There is established within the Oregon Health Authority the  
8 Traditional Health Workers Commission.

9 **“(2)** The Director of the Oregon Health Authority shall appoint the fol-  
10 lowing 24 members to serve on the commission:

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

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

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

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

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

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

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

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

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

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

25 **“(c)** One member who is a nurse who represents the Oregon Nurses As-  
26 sociation;

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

28 **“(e)** One member selected from nominees provided by the Home Care  
29 Commission;

30 **“(f)** One member who represents coordinated care organizations;



1 “(g) One member who represents a labor organization;

2 “(h) One member who supervises traditional health workers at a  
3 community-based organization, local health department, as defined in ORS  
4 433.235, or agency, as defined in ORS 183.310;

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

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

10 “(k) One member who represents providers of Indian health services that  
11 work with traditional health workers qualified under ORS 414.665, a feder-  
12 ally recognized tribe or a tribal organization.

13 “(3) In appointing members under subsection (2) of this section, the di-  
14 rector shall consider whether the composition of the Traditional Health  
15 Workers Commission represents the geographic, ethnic, gender, racial, disa-  
16 bility status, gender identity, sexual orientation and economic diversity of  
17 traditional health workers.

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

24 “(5) A majority of the members of the commission constitutes a quorum  
25 for the transaction of business.

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

28 “(7) The commission shall elect one of its members to serve as chair-  
29 person.

30 “(8) The commission shall meet at times and places specified by the call

1 of the chairperson or of a majority of the members of the commission.

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

4 “(10) A member of the commission is entitled to compensation and ex-  
5 penses as provided in ORS 292.495.

6 **“SECTION 12.** ORS 676.665 is amended to read:

7 “676.665. As used in ORS 676.665 to 676.689:

8 “(1) ‘Lactation consultant’ means a person licensed to practice lactation  
9 consultation.

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

13 “(a) Client assessment through systematic collection of data;

14 “(b) Data analysis;

15 “(c) Creation of a care plan;

16 “(d) Implementation of the care plan, including demonstration and in-  
17 structions to clients and communication with the clients’ primary care pro-  
18 vider;

19 “(e) Evaluation of client outcomes;

20 “(f) Problem identification and treatment;

21 “(g) Recommendation and use of assistive devices; and

22 “(h) Lactation education to childbearing families and to health care pro-  
23 viders.

24 **“(3) ‘Lactation counselor’ means a person certified by the Academy**  
25 **of Lactation Policy and Practice, or its successor organization, as ap-**  
26 **proved by the Health Licensing Office by rule, as a clinical lactation**  
27 **care provider who has demonstrated the necessary skills, knowledge**  
28 **and attitude to provide clinical support to families that are thinking,**  
29 **or have questions, about breastfeeding or that have problems with**  
30 **breastfeeding.**

1       “(4) ‘Lactation educator’ means a person certified by the Childbirth  
2       and Postpartum Professional Association, or its successor organiza-  
3       tion, as approved by the office by rule, as a certified lactation educator  
4       to educate, counsel and support families by providing evidence-based  
5       information about lactation and breastfeeding.

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

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

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

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

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

17      “(4) Prohibit the unauthorized practice as a lactation counselor or  
18      lactation educator, and prohibit the unauthorized use of the title  
19      ‘lactation counselor’ or ‘lactation educator’; and

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

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

24      “(a) ‘Doula’ has the meaning given that term in ORS 414.025.

25      “(b) ‘Lactation counselor’ and ‘lactation educator’ have the  
26      meanings given those terms in ORS 676.665.

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

30      “(3) A doula, lactation counselor or lactation educator who is ap-

1 appropriately trained may provide direct care services to a client or pa-  
2 tient, including blood pressure screening and first aid.

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

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

6 **“(a) ‘Doula’** has the meaning given that term in ORS 414.667.

7 **“(b) ‘Lactation counselor’** and **‘lactation educator’** have the  
8 **meanings given those terms in ORS 676.665.**

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

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

17 **“(4) The health benefit plan described in subsection (2) of this sec-**  
18 **tion may not require prior authorization, a referral from another**  
19 **health care provider or a signature from or supervision by any other**  
20 **health care provider.**

21 **“(5) An entity that provides the services described in subsection (2)**  
22 **of this section shall provide information on how to access doulas,**  
23 **lactation counselors and lactation educators to all enrollees.**

24 **“(6) The coverage required by subsection (2) of this section may be**  
25 **made subject to provisions of the policy, certificate or contract that**  
26 **apply to other benefits under the policy, certificate or contract, in-**  
27 **cluding, but not limited to, provisions related to deductibles and**  
28 **coinsurance.**

29 **“(7) The health benefit plan shall reimburse the cost for these ser-**  
30 **vices up to a total amount that is not less than \$3,760. On January 1**

1 of each year, the Department of Consumer and Business Services shall  
2 adjust the dollar limit provided by this subsection to reflect the per-  
3 centage changes in the Consumer Price Index for all Urban Consum-  
4 ers, West Region (All Items), as published by the Bureau of Labor  
5 Statistics of the United States Department of Labor or a successor  
6 agency, and may vary from year to year.

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

8 “(9) The department shall issue guidance on successful implemen-  
9 tation of this section, including alignment with the rules and require-  
10 ments for doulas, lactation counselors and lactation educators as  
11 described by the Oregon Health Authority.

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

16 “750.055. (1) The following provisions apply to health care service con-  
17 tractors to the extent not inconsistent with the express provisions of ORS  
18 750.005 to 750.095:

19 “(a) ORS 705.137, 705.138 and 705.139.

20 “(b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385,  
21 731.386, 731.390, 731.398 to 731.430, 731.428, 731.450, 731.454, 731.485, as pro-  
22 vided in subsection (2) of this section, ORS 731.488, 731.504, 731.508, 731.509,  
23 731.510, 731.511, 731.512, 731.574 to 731.620, 731.640 to 731.652, 731.730, 731.731,  
24 731.735, 731.737, 731.750, 731.752, 731.804, 731.808 and 731.844 to 731.992.

25 “(c) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and  
26 732.517 to 732.596, not including ORS 732.582, and ORS 732.650 to 732.689.

27 “(d) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to  
28 733.680 and 733.695 to 733.780.

29 “(e) ORS 734.014 to 734.440.

30 “(f) ORS 742.001 to 742.009, 742.013, 742.016, 742.061, 742.065, 742.150 to

1 742.162 and 742.518 to 742.542.

2 “(g) ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.020, 743.022,  
3 743.023, 743.025, 743.028, 743.029, 743.038, 743.040, 743.044, 743.050, 743.100 to  
4 743.109, 743.402, 743.405, 743.406, 743.417, 743.472, 743.492, 743.495, 743.498,  
5 743.522, 743.523, 743.524, 743.526, 743.535, 743.550, 743.650 to 743.656, 743.680  
6 to 743.689, 743.788 and 743.790.

7 “(h) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.034, 743A.036,  
8 743A.040, 743A.044, 743A.048, 743A.051, 743A.052, 743A.058, 743A.060,  
9 743A.062, 743A.063, 743A.064, 743A.065, 743A.066, 743A.068, 743A.070,  
10 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104,  
11 743A.105, 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148,  
12 743A.150, 743A.160, 743A.168, 743A.169, 743A.170, 743A.175, 743A.185,  
13 743A.188, 743A.190, 743A.192, 743A.250, 743A.252, 743A.260, 743A.310 and  
14 743A.315 and section 2, chapter 771, Oregon Laws 2013, and section 2, chapter  
15 70, Oregon Laws 2024, **and section 17 of this 2025 Act.**

16 “(i) ORS 743B.001, 743B.003 to 743B.127, 743B.128, 743B.130, 743B.195,  
17 743B.197, 743B.200, 743B.202, 743B.204, 743B.220, 743B.221, 743B.222, 743B.225,  
18 743B.227, 743B.250, 743B.252, 743B.253, 743B.254, 743B.255, 743B.256, 743B.257,  
19 743B.258, 743B.280 to 743B.285, 743B.287, 743B.300, 743B.310, 743B.320,  
20 743B.323, 743B.330, 743B.340, 743B.341, 743B.342, 743B.343 to 743B.347,  
21 743B.400, 743B.403, 743B.407, 743B.420, 743B.423, 743B.450, 743B.451, 743B.452,  
22 743B.453, 743B.470, 743B.475, 743B.505, 743B.550, 743B.555, 743B.601, 743B.602  
23 and 743B.800 and section 2, chapter 24, Oregon Laws 2024, and section 2,  
24 chapter 35, Oregon Laws 2024.

25 “(j) The following provisions of ORS chapter 744:

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

28 “(B) ORS 744.602 to 744.665, relating to the regulation of insurance con-  
29 sultants; and

30 “(C) ORS 744.700 to 744.740, relating to the regulation of third party ad-

1 administrators.

2 “(k) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605,  
3 746.607, 746.608, 746.610, 746.615, 746.625, 746.635, 746.650, 746.655, 746.660,  
4 746.668, 746.670, 746.675, 746.680 and 746.690.

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

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

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

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

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

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

22 “(b) A health care service contractor’s classification as a domestic insur-  
23 ance company under paragraph (a) of this subsection does not subject the  
24 health care service contractor to ORS 734.510 to 734.710.

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

29 **“SECTION 19.** ORS 750.055, as amended by section 21, chapter 771,  
30 Oregon Laws 2013, section 7, chapter 25, Oregon Laws 2014, section 82,

chapter 45, Oregon Laws 2014, section 9, chapter 59, Oregon Laws 2015, section 7, chapter 100, Oregon Laws 2015, section 7, chapter 224, Oregon Laws 2015, section 11, chapter 362, Oregon Laws 2015, section 10, chapter 470, Oregon Laws 2015, section 30, chapter 515, Oregon Laws 2015, section 10, chapter 206, Oregon Laws 2017, section 6, chapter 417, Oregon Laws 2017, section 22, chapter 479, Oregon Laws 2017, section 10, chapter 7, Oregon Laws 2018, section 69, chapter 13, Oregon Laws 2019, section 38, chapter 151, Oregon Laws 2019, section 5, chapter 441, Oregon Laws 2019, section 85, chapter 97, Oregon Laws 2021, section 12, chapter 37, Oregon Laws 2022, section 5, chapter 111, Oregon Laws 2023, section 2, chapter 152, Oregon Laws 2023, section 4, chapter 24, Oregon Laws 2024, section 5, chapter 35, Oregon Laws 2024, section 22, chapter 70, Oregon Laws 2024, and section 163, 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,



1 743.023, 743.025, 743.028, 743.029, 743.038, 743.040, 743.044, 743.050, 743.100 to  
2 743.109, 743.402, 743.405, 743.406, 743.417, 743.472, 743.492, 743.495, 743.498,  
3 743.522, 743.523, 743.524, 743.526, 743.535, 743.550, 743.650 to 743.656, 743.680  
4 to 743.689, 743.788 and 743.790.

5 “(h) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.034, 743A.036,  
6 743A.040, 743A.044, 743A.048, 743A.051, 743A.052, 743A.058, 743A.060,  
7 743A.062, 743A.063, 743A.064, 743A.065, 743A.066, 743A.068, 743A.070,  
8 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104,  
9 743A.105, 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148,  
10 743A.150, 743A.160, 743A.168, 743A.169, 743A.170, 743A.175, 743A.185,  
11 743A.188, 743A.190, 743A.192, 743A.250, 743A.252, 743A.260, 743A.310 and  
12 743A.315 and section 2, chapter 70, Oregon Laws 2024, **and section 17 of this**  
13 **2025 Act.**

14 “(i) ORS 743B.001, 743B.003 to 743B.127, 743B.128, 743B.130, 743B.195,  
15 743B.197, 743B.200, 743B.202, 743B.204, 743B.220, 743B.221, 743B.222, 743B.225,  
16 743B.227, 743B.250, 743B.252, 743B.253, 743B.254, 743B.255, 743B.256, 743B.257,  
17 743B.258, 743B.280 to 743B.285, 743B.287, 743B.300, 743B.310, 743B.320,  
18 743B.323, 743B.330, 743B.340, 743B.341, 743B.342, 743B.343 to 743B.347,  
19 743B.400, 743B.403, 743B.407, 743B.420, 743B.423, 743B.450, 743B.451, 743B.452,  
20 743B.453, 743B.470, 743B.475, 743B.505, 743B.550, 743B.555, 743B.601, 743B.602  
21 and 743B.800 and section 2, chapter 24, Oregon Laws 2024, and section 2,  
22 chapter 35, Oregon Laws 2024.

23 “(j) The following provisions of ORS chapter 744:

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

26 “(B) ORS 744.602 to 744.665, relating to the regulation of insurance con-  
27 sultants; and

28 “(C) ORS 744.700 to 744.740, relating to the regulation of third party ad-  
29 ministrators.

30 “(k) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605,

1 746.607, 746.608, 746.610, 746.615, 746.625, 746.635, 746.650, 746.655, 746.660,  
2 746.668, 746.670, 746.675, 746.680 and 746.690.

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

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

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

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

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

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

20 “(b) A health care service contractor’s classification as a domestic insur-  
21 ance company under paragraph (a) of this subsection does not subject the  
22 health care service contractor to ORS 734.510 to 734.710.

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

27 **“SECTION 20. There is appropriated to the Oregon Health Author-**  
28 **ity, for the biennium beginning July 1, 2025, out of the General Fund,**  
29 **the amount of \$\_\_\_\_\_, for deposit in the Community-Based Perinatal**  
30 **Services Access Fund established in section 2 of this 2025 Act, for the**

1 **purpose of carrying out the provisions of section 1 of this 2025 Act.**

2 **“SECTION 21. (1) The amendments to ORS 414.668 and 414.669 by**  
3 **sections 7 and 8 of this 2025 Act apply to contracts between coordinated**  
4 **care organizations and the Oregon Health Authority entered into,**  
5 **amended or renewed on or after the effective date of this 2025 Act.**

6 **“(2) Section 17 of this 2025 Act and the amendments to 750.055 by**  
7 **sections 18 and 19 of this 2025 Act apply to health benefit plans and**  
8 **health care service contracts offered, renewed or extended on or after**  
9 **the effective date of this 2025 Act.”.**

10 \_\_\_\_\_