

SB 1568-2  
(LC 228)  
2/10/26 (RH/ps)

Requested by Senator REYNOLDS

**PROPOSED AMENDMENTS TO  
SENATE BILL 1568**

1 On page 1 of the printed bill, line 2, delete “414.025,”.

2 Delete lines 6 through 22 and delete pages 2 through 14 and insert:

3 **“SECTION 1. ORS 414.665 is amended to read:**

4 “414.665. (1) As used in this section, ‘traditional health worker’ includes  
5 any of the following:

6 “(a) A community health worker.

7 “(b) A personal health navigator.

8 “(c) A peer wellness specialist.

9 “(d) A peer support specialist.

10 “(e) A doula.

11 “(f) A tribal traditional health worker.

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

15 “(a) The qualification criteria, including education and training require-  
16 ments, for the traditional health workers utilized by coordinated care or-  
17 ganizations, including [*distinct qualification criteria for birth doulas and*  
18 *postpartum doulas*] **qualification criteria for the distinct perinatal doula**  
19 **provider types of birth doula and postpartum doula;**

20 “(b) Appropriate professional designations for supervisors of the tradi-  
21 tional health workers; and

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

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

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

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

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

10 **“SECTION 2. The Oregon Health Authority shall adopt by rule the**  
11 **qualification criteria for the distinct perinatal doula provider types of**  
12 **birth doula and postpartum doula, as required under the amendments**  
13 **to ORS 414.665 by section 1 of this 2026 Act, no later than January 1,**  
14 **2028.**

15 **“SECTION 3.** ORS 414.667 is amended to read:

16 “414.667. As used in ORS 414.667 to 414.671[:],

17 “[*(1)*] ‘doula’ has the meaning given that term in ORS 414.025.

18 “[*(2)*] ‘Lactation counselor’ has the meaning given that term in ORS  
19 676.665.]

20 “[*(3)*] ‘Lactation educator’ has the meaning given that term in ORS  
21 676.665.]

22 **“SECTION 4.** ORS 414.668 is amended to read:

23 “414.668. (1) In determining the types and extent of health care and ser-  
24 vices to be provided to medical assistance recipients under ORS 414.065, the  
25 Oregon Health Authority and a coordinated care organization shall ensure  
26 that recipients have access to services provided by doulas[, *lactation counse-*  
27 *lors and lactation educators*].

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

29 “(a) Include a minimum of 24 hours of services, in addition to labor and  
30 delivery services, regardless of birth outcome, with an option for the au-

thority 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*] **doula services**:

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

“(b) May not require [*a signature from or supervision by any other health care provider*] **prior authorization**, 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 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 5.** ORS 414.668, as amended by section 4 of this 2026 Act, 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.

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

1 “(a) Include a minimum of **12 visits or** 24 hours of services, **or a com-**  
2 **parable combination of visits and hours**, in addition to labor and delivery  
3 services, regardless of birth outcome, with an option for the authority or a  
4 coordinated care organization to approve additional hours based on need[;].

5 “(b) Be sufficient to support recipients’ robust maternal health and sup-  
6 port positive birth outcomes[; *and*].

7 “(c) Be provided:

8 “(A) By an individual or organization from the community of the recipi-  
9 ent, using language, structures and settings familiar to members of the  
10 community; or

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

14 “(3) Access to doula services:

15 “(a) Must be made available without a referral or signature from another  
16 health care provider; and

17 “(b) May not require prior authorization, except as necessary to approve  
18 additional hours based on need as described in subsection (2)(a) of this sec-  
19 tion.

20 “(4) A coordinated care organization shall make information about how  
21 to access services provided by a doula available on a website operated by or  
22 on behalf of the coordinated care organization and shall provide the infor-  
23 mation in print whenever a printed explanation of benefits is available.

24 **“SECTION 6. (1) The amendments to ORS 414.668 by section 5 of this**  
25 **2026 Act apply to contracts between coordinated care organizations and**  
26 **the Oregon Health Authority entered into, amended or renewed on or**  
27 **after January 1, 2028.**

28 **“(2) A contract between a coordinated care organization and the**  
29 **authority that was entered into, amended or renewed before January**  
30 **1, 2028, may authorize medical assistance coverage of services con-**

1 **sistent with the amendments to ORS 414.668 by section 5 of this 2026**  
2 **Act.**

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

4 “414.669. [(1)] The Oregon Health Authority, in coordination with the  
5 Traditional Health Workers Commission, shall in each even-numbered year  
6 review, and revise if necessary, any rates of reimbursement in the state  
7 medical assistance program for doulas. When reviewing and revising rates  
8 of reimbursement, the authority shall consider factors including retention  
9 of doulas and the need to ensure that a career as a doula is financially  
10 sustainable, access to culturally specific doulas and evidence-based factors  
11 and empirical studies related to the cost-effectiveness of services provided  
12 by doulas.

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

22 **“SECTION 8.** Section 9 of this 2026 Act is added to and made a part  
23 **of ORS chapter 414.**

24 **“SECTION 9.** (1) As used in this section, ‘lactation counselor’ has  
25 **the meaning given that term in section 21 of this 2026 Act.**

26 **“(2) The Oregon Health Authority and a coordinated care organ-**  
27 **ization shall ensure that medical assistance recipients have access to**  
28 **services provided by lactation counselors and that access to those**  
29 **services is made available without a referral from another health care**  
30 **provider.**

1       “(3) A coordinated care organization shall make information about  
2 how to access services provided by a lactation counselor available on  
3 a website operated by or on behalf of the coordinated care organization  
4 and shall provide the information in print whenever a printed expla-  
5 nation of benefits is available.

6       “(4) The authority shall in each even-numbered year review, and  
7 revise if necessary, any rates of reimbursement in the state medical  
8 assistance program for lactation counselors. When reviewing and re-  
9 vising rates of reimbursement, the authority shall consider retention  
10 of lactation counselors as a factor.

11       “SECTION 10. Section 9 of this 2026 Act applies to contracts be-  
12 tween coordinated care organizations and the Oregon Health Authority  
13 entered into, amended or renewed on or after January 1, 2028.

14       “SECTION 11. ORS 743A.081 is amended to read:

15       “743A.081. (1) As used in this section[:],

16       “[(a)] ‘doula’ has the meaning given that term in ORS [414.667] **414.025**.

17       “[(b)] ‘Lactation counselor’ and ‘lactation educator’ have the meanings given  
18 those terms in ORS 676.665.]

19       “(2) A health benefit plan, as defined in ORS 743B.005, in this state that  
20 reimburses the cost of pregnancy and childbirth expenses shall provide cov-  
21 erage for services provided by doulas[, *lactation counselors and lactation ed-*  
22 *ucators*].

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

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

1 other health care provider for coverage of services described in this section.

2 “(5) A health benefit plan that provides the services described in sub-  
3 section (2) of this section shall provide information on how to access  
4 doulas[, *lactation counselors and lactation educators*] to all enrollees.

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

9 “(7) The health benefit plan shall reimburse the cost for coverage of ser-  
10 vices described in this section up to a total amount that is not less than  
11 \$3,760. On January 1 of each year, the Department of Consumer and Business  
12 Services shall adjust the dollar limit provided by this subsection to reflect  
13 the percentage changes in the Consumer Price Index for all Urban Consum-  
14 ers, West Region (All Items), as published by the Bureau of Labor Statistics  
15 of the United States Department of Labor or a successor agency, and may  
16 vary from year to year.

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

18 “**SECTION 12.** ORS 743A.081, as amended by section 11 of this 2026 Act,  
19 is amended to read:

20 “743A.081. (1) As used in this section, ‘doula’ [*has the meaning given that*  
21 *term*] **means a doula, as defined in ORS 414.025, who is certified and**  
22 **registered by the Oregon Health Authority.**

23 “[*(2) A health benefit plan, as defined in ORS 743B.005, in this state that*  
24 *reimburses the cost of pregnancy and childbirth expenses shall provide cover-*  
25 *age for services provided by doulas, lactation counselors and lactation educa-*  
26 *tors.*]

27 “**(2) A health benefit plan, as defined in ORS 743B.005, in this state**  
28 **that provides coverage for pregnancy and childbirth shall provide**  
29 **coverage for services provided by doulas up to \$3760 of coverage per**  
30 **12-month period under a plan or per calendar year.**

1       **“(3) If additional doula services are needed after the benefit amount**  
2 **specified in subsection (2) of this section is exhausted, a health benefit**  
3 **plan may approve the additional services, subject to reasonable med-**  
4 **ical management techniques.**

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

9       **“(4) Except for [coverage of additional hours] the approval of additional**  
10 **services** based on need as described in subsection (3) of this section, the  
11 health benefit plan described in subsection (2) of this section may not require  
12 prior authorization, a referral from another health care provider or a signa-  
13 ture from or supervision by any other health care provider for coverage of  
14 services described in this section.

15       **“(5) A health benefit plan may develop payment models that enable**  
16 **the member to receive the following services within the benefit**  
17 **amount described in subsection (2) of this section:**

18       **“(a) Support during labor and delivery; and**

19       **“(b) Approximately 12 visits or 24 hours, or a comparable combina-**  
20 **tion thereof, of prenatal or postpartum services.**

21       **“(6)(a) Covered services under subsection (2) of this section shall**  
22 **be limited to services that relate directly to medical services covered**  
23 **by the health benefit plan.**

24       **“(b) The Department of Consumer and Business Services shall adopt**  
25 **rules specifying the types of services that are not covered medical**  
26 **services and that are consistent with applicable definitions and guid-**  
27 **ance adopted by the federal Internal Revenue Service on or before the**  
28 **effective date of this 2026 Act.**

29       **“[(5)] (7) A health benefit plan that provides the services described in**  
30 **subsection (2) of this section shall provide information on how to access**



1   doulas to all enrollees.

2       “[(6)] (8) The coverage required by subsection (2) of this section may be  
3   made subject to provisions of the policy, certificate or contract that apply  
4   to other benefits under the policy, certificate or contract, including, but not  
5   limited to, provisions related to deductibles and coinsurance.

6       “[(7) *The health benefit plan shall reimburse the cost for coverage of ser-*  
7   *vices described in this section up to a total amount that is not less than \$3,760.*  
8   *On January 1 of each year, the Department of Consumer and Business Services*  
9   *shall adjust the dollar limit provided by this subsection to reflect the percent-*  
10   *age changes in the Consumer Price Index for all Urban Consumers, West Re-*  
11   *gion (All Items), as published by the Bureau of Labor Statistics of the United*  
12   *States Department of Labor or a successor agency, and may vary from year to*  
13   *year.*]

14       “(9) **Except as provided in subsection (3) of this section, a health**  
15   **benefit plan described in subsection (2) of this section shall reimburse**  
16   **the cost of coverage of services up to a total amount established in**  
17   **subsection (2) of this section. Beginning with the 2029 calendar year,**  
18   **the Department of Consumer and Business Services shall annually**  
19   **adjust the maximum amount of required coverage under subsection**  
20   **(2) of this section by multiplying the amount by the percentage change**  
21   **in the monthly averaged Consumer Price Index for All Urban Con-**  
22   **sumers, West Region (All Items), as published by the Bureau of Labor**  
23   **Statistics of the United States Department of Labor, for the 12 con-**  
24   **secutive months ending on the immediately preceding December 31**  
25   **compared to the monthly averaged Consumer Price Index for All Ur-**  
26   **ban Consumers, West Region (All Items), for the 12 consecutive**  
27   **months ending on December 31, 2028.**

28       “[(8)] (10) This section is exempt from ORS 743A.001.

29       “**SECTION 13. (1) The amendments to ORS 743A.081 by section 12**  
30   **of this 2026 Act apply to health benefit plans that are issued, renewed**

1 or extended on or after January 1, 2028, and to enrollees in a health  
2 benefit plan who receive services from a doula certified and registered  
3 by the Oregon Health Authority.

4 “(2) A health benefit plan that was issued, renewed or extended  
5 before January 1, 2028, may provide covered services consistent with  
6 ORS 743A.081, as amended by section 12 of this 2026 Act, and enrollees  
7 in a health benefit plan that was issued, renewed or extended before  
8 January 1, 2028, may receive services from a doula certified and reg-  
9 istered by the Oregon Health Authority.

10 “**SECTION 14.** Section 21, chapter 539, Oregon Laws 2025, is amended to  
11 read:

12 “**Sec. 21.** The Department of Consumer and Business Services shall issue  
13 guidance on the implementation of [*section 17 of this 2025 Act*] **ORS**  
14 **743A.081**, including alignment with the rules and requirements for doulas[,  
15 *lactation counselors and lactation educators*] as described by the Oregon  
16 Health Authority.

17 “**SECTION 15.** Section 16 of this 2026 Act is added to and made a  
18 part of the Insurance Code.

19 “**SECTION 16.** (1) As used in this section:

20 “(a) ‘Health benefit plan’ has the meaning given that term in ORS  
21 743B.005.

22 “(b) ‘Lactation counselor’ has the meaning given that term in sec-  
23 tion 21 of this 2026 Act.

24 “(2) A health benefit plan issued in this state that provides coverage  
25 for pregnancy and childbirth expenses shall provide coverage for ser-  
26 vices provided by lactation counselors and may not require prior au-  
27 thorization, a referral from another health care provider, approval or  
28 a signature from another health care provider or supervision by an-  
29 other health care provider for coverage of services described in this  
30 section.

1       “(3) A health benefit plan that provides the services described in  
2 this section shall provide information on how to access lactation  
3 counselors to all enrollees.

4       “(4) The coverage described in this section may be made subject to  
5 provisions of the health benefit plan that apply to other benefits under  
6 the plan, including but not limited to provisions relating to deductibles  
7 or coinsurance.

8       “(5) The Department of Consumer and Business Services shall issue  
9 guidance on coverage of lactation counselors required by this section  
10 and on the implementation of that required coverage, including  
11 alignment with the rules and requirements for lactation counselors  
12 as established by the Oregon Health Authority, to the extent practi-  
13 cable.

14       “SECTION 17. Section 16 of this 2026 Act applies to health benefit  
15 plans that are issued, renewed or extended on or after January 1, 2028,  
16 and to enrollees in health benefit plans issued, renewed or extended  
17 on or after January 1, 2028.

18       “SECTION 18. ORS 676.380 is amended to read:

19       “676.380. (1) As used in this section:

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

21       “(b) ‘Lactation counselor’ [*and ‘lactation educator’ have the meanings*  
22 *given those terms in ORS 676.665*] **has the meaning given that term in**  
23 **section 21 of this 2026 Act.**

24       “(c) ‘Community-based services during the perinatal period’ includes, but  
25 is not limited to, services provided by a doula[,] **or** lactation counselor [*or*  
26 *lactation educator*] to a pregnant or postpartum individual from conception  
27 through one year postpartum.

28       “(2)(a) The Oregon Health Authority shall establish a community-based  
29 perinatal services access program to support activities that increase access  
30 to culturally specific and culturally competent community-based services

1 during the perinatal period. The program must issue grants **or contracts** to  
2 eligible entities with a demonstrated ability to offer the activities described  
3 in this subsection, including culturally specific organizations, the nine  
4 federally recognized **Indian** tribes in this state, nonprofit organizations and  
5 businesses.

6 “(b) Grants **and contracts** issued under this section may be used for  
7 purposes including, but not limited to:

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

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

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

15 “(D) Funding for culturally specific **or community-based** organizations  
16 and programs to:

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

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

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

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

25 “(E) Funding to provide technical assistance related to billing and con-  
26 sumer or provider outreach and education to:

27 “(i) Doulas; and

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

30 “(3) An eligible entity that receives a grant **or contract** issued under this

1 section may use the grant **or contract** to provide funding to partner entities  
2 that are organized to meet the purposes of the program.

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

7 “(5) The authority may receive gifts, grants or contributions from any  
8 source, whether public or private, to carry out the provisions of this section.  
9 Moneys received under this section shall be deposited in the Community-  
10 Based Perinatal Services Access Fund established under ORS 676.383.

11 **“SECTION 19.** ORS 676.386 is amended to read:

12 “676.386. (1) As used in this section:

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

14 “(b) ‘Lactation counselor’ [*and ‘lactation educator’ have the meanings*  
15 *given those terms in ORS 676.665*] **has the meaning given that term in**  
16 **section 21 of this 2026 Act.**

17 “(2) To the extent practicable, a doula[,] **and** lactation counselor [*or*  
18 *lactation educator*] shall strive to provide services that are culturally spe-  
19 cific, as defined in ORS 413.256, to a client or patient.

20 **“SECTION 20. Section 21 of this 2026 Act is added to and made a**  
21 **part of ORS 676.665 to 676.689.**

22 **“SECTION 21. (1) As used in this section, ‘lactation counselor’ has**  
23 **the meaning given that term by the Traditional Health Worker Com-**  
24 **mission by rule.**

25 **“(2) The commission shall adopt rules to establish a voluntary reg-**  
26 **istration for lactation counselors. The rules adopted under this section**  
27 **must include at least rules to:**

28 **“(a) Establish continuing education requirements for lactation**  
29 **counselors;**

30 **“(b) Establish standards of practice for lactation counselors;**

1       “(c) Establish a voluntary registration process and requirements for  
2       lactation counselors; and

3       “(d) Specify that a lactation counselor may provide services to a  
4       client who was pregnant regardless of the client’s birth outcome.

5       “**SECTION 22.** ORS 676.665 is amended to read:

6       “676.665. As used in ORS 676.665 to 676.689:

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

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

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

13      “(b) Data analysis;

14      “(c) Creation of a care plan;

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

18      “(e) Evaluation of client outcomes;

19      “(f) Problem identification and treatment;

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

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

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

29      “[(4) ‘Lactation educator’ means a person certified by the Childbirth and  
30      Postpartum Professional Association, or its successor organization, as ap-

1 *proved by the office by rule, as a certified lactation educator to educate, counsel*  
2 *and support families by providing evidence-based information about lactation*  
3 *and breastfeeding.]*

4 **“SECTION 23.** ORS 676.665, as amended by section 22 of this 2026 Act,  
5 is amended to read:

6 “676.665. As used in ORS 676.665 to 676.689:

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

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

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

13 “(b) Data analysis;

14 “(c) Creation of a care plan;

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

18 “(e) Evaluation of client outcomes;

19 “(f) Problem identification and treatment;

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

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

23 **“(3) ‘Lactation counselor’ has the meaning given that term in sec-**  
24 **tion 21 of this 2026 Act.**

25 **“SECTION 24. ORS 676.671 is repealed.**

26 **“SECTION 25. (1) There is created the Oregon Perinatal**  
27 **Collaborative in the Oregon Health and Science University.**

28 **“(2) The responsibilities of the Oregon Perinatal Collaborative shall**  
29 **include:**

30 **“(a) Coordinating statewide efforts for quality improvement in ma-**

1 ternal and infant health; and

2 “(b) Developing policy recommendations to further maternal and  
3 infant health.

4 “SECTION 26. An entity that received a grant under ORS 676.380  
5 before the operative date specified in section 27 of this 2026 Act for  
6 purposes related to lactation counselors or lactation educators may  
7 use the grant for purposes related to lactation counselors on and after  
8 the operative date specified in section 27 of this 2026 Act.

9 “SECTION 27. (1) Sections 9, 16 and 21 of this 2026 Act and the  
10 amendments to ORS 414.668, 743A.081 and 676.665 by sections 5, 12 and  
11 23 of this 2026 Act become operative on January 1, 2028.

12 “(2) The Oregon Health Authority, the Department of Consumer  
13 and Business Services, a coordinated care organization and an insurer  
14 may take any action before the operative date specified in subsection  
15 (1) of this section that is necessary to enable those entities to exercise,  
16 on and after the operative date specified in subsection (1) of this sec-  
17 tion, all of the duties, functions and powers conferred on those entities  
18 by sections 9, 16 and 21 of this 2026 Act and the amendments to ORS  
19 414.668, 743A.081 and 676.665 by sections 5, 12 and 23 of this 2026 Act.

20 “SECTION 28. This 2026 Act being necessary for the immediate  
21 preservation of the public peace, health and safety, an emergency is  
22 declared to exist, and this 2026 Act takes effect on its passage.”.