

February 10, 2026

Senator Lisa Reynolds, Chair

Senator Dick Anderson, Vice Chair

900 Court Street NE

State Capitol

Salem, OR 97301

SUBJECT: OHA testimony on SB 1568-1

Chair Reynolds, Vice Chair Anderson, and Members of the Senate Committee on Early Childhood and Behavioral Health:

Oregon Health Authority (OHA) is grateful for the opportunity to provide input on SB 1568 as amended by the -1. We have appreciated the continued conversation with advocates, providers and others working on these technical fixes to SB 692 (2025).

Background:

Since conversations began on SB 692 in 2025, OHA has been grateful to work with partners and sponsors on this topic. We have continued to discuss ways to ensure effective implementation of the legislation through technical fixes, many of which are reflected in this bill.

We share in the mission to reducing barriers for populations that experience disproportionate maternal and infant health disparities, including Black, Indigenous, rural, tribal, and other communities of color, as well as individuals with low incomes. By supporting community-based and culturally responsive providers

and eliminating referral or supervision requirements, SB 1568 may improve timely access to perinatal supports that align with community needs.

Key Changes in SB 1568 and the -1 Amendment

During the engagement on SB 1568, OHA and advocates discussed how to best align intent of the legislation with implementation. After significant dialogue, OHA believes the -1 amendment enables OHA the time and flexibility to effectively implement the bill, and we look forward to the continued partnership. Below are some of the key elements of the bill's implementation:

Extended Timeline

SB 1568 -1 extends the deadline for implementation to January 1, 2028. This will allow for greater time to effectively implement the key provisions from SB 692 (2025) with the technical fixes outlined below.

Grants and Contracts for Perinatal Services

By updating the language around the perinatal services access program to include contracts, this expands the number of potential partners who could receive funding. OHA will align funding for lactation counselor work with the new effective date for lactation counselor rules (January 1, 2028). OHA looks forward to continuing to partner with the Oregon Perinatal Collaborative on this work.

Lactation Counselors

At a high-level, the greatest change for OHA within SB 1568 -1, is that it repeals the requirement from SB 692 (2025) that the Health Licensing Office create and administer two new licenses within the Lactation Consultant Program: the lactation educator and lactation counselor.

This bill instead adds a new definition of “lactation counselor” to be managed within the Traditional Health Worker (THW) Commission at OHA, so that the provider type

can maintain a voluntary registry, with a goal of increasing access to these provider types.

Under this bill, the Equity and Inclusion Division will create a specialty provider type for lactation counselors, defining the scope of practice through rulemaking as outlined in the bill. We encourage those who have submitted testimony and all those involved to be a part of this rulemaking process.

OHA will then ensure that lactation counselors can be reimbursed for their services through Medicaid and offer billing guidance to providers. OHA will also communicate with Open Card members about these new provider types.

Birth and Postpartum Doulas

SB 1568-1 also updates some of the language and requirements related to postpartum doula coverage. OHA will still develop the scope of practice, qualifications, and rulemaking for postpartum doulas.

Additionally, OHA will work with key partners to develop billing rates and guides and collaborate with coordinated care organizations (CCOs) on reporting and monitoring of network adequacy for both birth and postpartum doulas. OHA will also develop a grievance and appeal process for both doula and lactation services.

Rates and Medicaid Contracts

The bill requires the OHA to align Oregon Health Plan (OHP) policy with new statutory requirements for doula and lactation services.

This may require a rate studies, updates to scope of practice, a Medicaid State Plan Amendment, rulemaking, and updates to relevant policies governing Medicaid benefits, provider enrollment, and payment processing. Medicaid will need to update provider enrollment pathways, billing and coding structures, help with the creation or update to the billing guide, fee schedules, and system functionality to support new and modified provider categories and service parameters.

Coordinated Care Organization (CCO) contracts entered into, amended, or renewed on or after January 1, 2028, will need to reflect expanded doula service minimums and required lactation counselor coverage. OHA will update contract language, ensure benefit configuration alignment, and provide technical assistance to support consistent statewide implementation.

OHA is grateful for the opportunity to collaborate on this important topic and looks forward to continued conversation during implementation.

Sincerely,

Steven Nakana

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Oregon Health Authority