Regence | 200 SW Market Street, 11th Floor
Portland, OR 97201

Testimony on Doula Bill: SB 1568

February 11, 2026

Chair Reynolds and Members of the Committee:

My name is Mary Anne Cooper, and I am the Oregon Director of Public Affairs Regence BlueCross BlueShield of Oregon. As the state's largest health insurer, Regence is committed to addressing both persistent and emerging health needs for the nearly one million Oregonians we serve. In keeping with our values as a tax paying nonprofit, 90% of every premium dollar goes to pay our members' medical claims and expenses.

Thank you so much for the opportunity to testify on SB 1568. As one of the insurers who has implemented the doula benefit of SB 692 of the 2025 session in our 2026 commercial plans, we really appreciate Senator Reynolds' work with the Children's Institute and other stakeholders to address lessons learned from that implementation and ensure this is a workable and accessible benefit for Oregonians. Regence expresses our support for SB 1568 and the -2 amendment, and clarify their intent for the record:

1. In the commercial insurance section, Section 12, of the -2 amendment, subsection 2 provides that a plan shall provide coverage for doula services up to $3760 of services annually. The language referencing a 12-month period or calendar year reflects that. While most plan years align with a calendar year, some plan years may start on the date the insured's coverage became effective for a 12 month period. This 12-month cycle is how an insured's health insurance benefits, deductibles, and out-of-pocket maximum is calculated, and the doula coverage benefit amount is inclusive of the plan cost-sharing through deductibles, and or co-pays.
2. Subsection 3 allows the plan to provide additional doula benefits beyond the required $3760 of services annually. The intent of this section is to ensure that if the plan chooses to provide additional doula services, that those services are needed based on the heath benefit plan's reasonable medical management techniques. The heath

benefit plan may, and is not required to, approve additional coverage after the benefit amount is exhausted.

3. Subsection 5 allows a plan to develop a payment model that seeks to align the $3760 benefit maximum with the recommended services included in that amount.
    a. The purpose of the visits or hour limits for prenatal or postpartum services dosage was to provide a reference for implementation by commercial payors. The goal is that the services will be priced such that the labor and delivery service plus the 12 visits will bring the member at or close to the calendar or plan year benefit amount of $3,760 and when it subsequently changes annually based on the Consumer Price Index.
    b. Therefore, the goal of the legislation is that the $3,760 benefit maximum is determinative. For example, a member may utilize no labor or delivery services and 3 overnight visits that total $3760, or may end up receiving more than 12 visits before exhausting their limits due to shorter visits or more affordable care. However, the goal is for payers and doulas to negotiate a payment model that generally aligns with guidance in subsection 5.
4. In Section 13, while the language pushes the effective date to 2028, it allows a plan, at its discretion, to move forward with offering the doula benefit consistent with the provisions and intent of the bill prior to that date. This is voluntary for a plan.

Thank you for the opportunity to provide testimony, and please let me know if you have any questions.

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