



Regulatory Affairs

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Reply to:

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November 13, 2025

Numi Griffith

Senior Policy Analyst

Department of Consumer and Business Services, Division of Financial Regulation

P.O. Box 14480

Salem, OR 97309

SENT VIA EMAIL

RE: Comments on Draft Rules Implementing SB 692 (2025) – Perinatal and Doula Services

Dear Ms. Griffith:

I am submitting comments on behalf of Cambia Health Solutions. Cambia Health Solutions, which operates Regence BlueCross BlueShield of Oregon (Regence) and BridgeSpan Health plans is a not-for profit health insurer dedicated to improving the health and well-being of our members and the communities we serve. As the state's largest health insurer, we provide high-value, affordable health care to nearly one million Oregonians across a network of 39,000 providers at 705 sites across the state. 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 for the opportunity to provide comments on the draft rules implementing SB 692 (2025), which requires health benefit plans to provide coverage for services provided by doulas.

Our comments focus on the following two topics:

1. Accepting Other Training Organizations as Certified to Provide Doula Services in Oregon

We request that the DFR defer the proposal to accept non-Oregon Health Authority (OHA) certified doula training organizations to the OHA for resolution.

At the October 30, 2025 Rule Advisory Committee (RAC) meeting, several doulas requested that practitioners trained by organizations such as DONA International and Birthworks be allowed to provide services in Oregon, despite the law requiring OHA certification. While we support high-quality training that adheres to rigorous standards and codes of ethics, recognizing non-OHA approved organizations creates a potential oversight gap that could be problematic.



Oregon's training requirements for OHA certification as a doula are comprehensive, reflecting the need for a highly competent and skilled workforce to serve the needs and diversity of those who receive their services. Doulas should be subject to the same requirements as other healthcare providers in Oregon, which means obtaining an Oregon-issued certification or license to practice in the state. This issue falls outside DFR's rulemaking authority and should be resolved between doula organizations and the OHA.

2. Service Not Directly Related to Covered Medical Services

While doulas provide valuable physical, emotional, and informational support throughout pregnancy, labor, delivery, and the postpartum period to help individuals achieve the healthiest and most satisfying experience possible, not all services they offer qualify as medical services under health benefit plans. Services not considered "medical expenses" by the IRS could create unexpected tax implications for members who receive them.

To protect members and ensure transparency, we request that the rules explicitly clarify which services are excluded from coverage because they are not directly related to medical services. These include, but are not limited to: housekeeping, childcare, massage, aromatherapy, birthing ceremonies, photography, belly binding, placenta encapsulation, shopping, and yoga.

As requested at the last RAC meeting, we have attached draft language for your consideration.

Thank you for considering our feedback. We appreciate the opportunity to contribute to this important rulemaking process and remain available to discuss these comments further.

Sincerely,

A handwritten signature in blue ink, reading "A. Awuakye". The signature is fluid and cursive, with the first letter of the first name being a large capital 'A'.

Antoinette Awuakye
Sr. Public and Regulatory Affairs Specialist

OAR 836-053-????

- (1) A health benefit plan that reimburses the cost of pregnancy and childbirth expenses shall provide coverage for services provided by Doulas.
 - a. “Doula” has the meaning defined in ORS 414.025, as amended by 2025 Oregon Laws Chapter 539.
 - b. The coverage required by this rule must include a minimum of 24 hours of doula services in addition to labor and delivery services, with an option to approve additional hours based on need.
 - i. Coverage is limited to services that relate directly to medical services covered by the health benefit plan and do not include services such as, but not limited to, housekeeping, childcare, massage, aromatherapy, birthing ceremonies, photography/videography, belly binding, placenta encapsulation, shopping and yoga.
 - c. A health benefit plan may not require prior authorization, referral, or supervision by another health care provider as a condition of receiving this coverage, except that prior authorization or referral may be required for approval of services beyond the 24 hours described in section (1)(b) of this rule.
 - i. This coverage may be subject to the other requirements that apply to other benefits under the policy, including co-pays, coinsurance, and deductible requirements.
 - d. A health benefit plan contract that was issued, renewed, or extended between January 1, 2026 and December 31, 2026 must reimburse the cost of doula services up to \$3,760.
- (2) A health benefit plan that reimburses the cost of pregnancy and childbirth expenses shall communicate with all members on how they can access doula services.