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Dear Senator Shields and Committee,

Bella Vie is a licensed birth center who employs both licensed midwives and certified nurse midwives.

I am here to speak in support of SB 412 that would make Coordinated Care O ganizations subject to public meeting laws.

A: you may or may not know, there has been a long-standing rule that allowed women, when qualifying in their third trimester of pregnancy, to obtain fee-forservice medicaid benefits, also known as an open card. You also likely know that many Oregon women choose out-of-hospital birth, for deeply personal and valid reasons. Some months ago, women lost access to that option, and were forced to navigate a new and difficult system, which was changing from week to week.

It has been difficult to be a part of the process of the MCO/CCO transition. It stams that although the State of Oregon is making a progressive change for good, it has done so with an old system in place, and without first making the necessary changes for it all to work.

Linave spoken with an administrator of a CCO, and heard about what they are up an addist. Problems such as thousands of new members being assigned to them on angular basis, and no new employees, at least at the time, to handle them. Initiculties with decisions changing from "week to week," and many others. These issues have made it very difficult for providers to get in-net with them, as the credentialing process is delayed for so many weeks, and therefore has made it unreasonable for both providers and patients. This uncoordinated transition has le t patients confused and without the support they need from Medicaid. I have he and from a number of frustrated women, asking if I could help them understand the answers they have gotten from a phone call to the CCO. Even after years of working with medicaid, both on a fee-for-service and contract basis with MCOs, I could not answer their new and perplexing questions. We know the system is not ready, but clearly, babies don't wait. Birthing women are being forced to make difficult decisions. I have heard from women who have stated that if OHP won't pay for them to have an out of hospital birth, they will likely choose an unattended birth. Certainly, none of us want women giving birth without a skilled attendant. This practice is becoming more common in Oregon however, and many people site the reason of finances in their decision. Open meetings would give patients the ability to learn for themselves what is happening i. the process, and could give them tools and information to navigate the system.

A. the practice manager of Bella Vie, I have been working since 2010 to get one particular MCO to honor the federal mandate of the Affordable Care Act of 2010. I have heard for all of those years that they are waiting on CMS guidance, but other states in our own CMS region have already made the changes. I question the integrity of that MCO (now CCO,) and would think making all meetings of the CCOs public would hold them to being accountable to medicaid recipients, providers, and our federal government.

Lelieve_that reform is needed in the entire insurance industry, and Oregon medicaid is no different. Many times it feels that there is no one to hold them accountable, and more times than I'd like to admit, I have been left "holding the $b_{1}g_{1}$ " and paying for people to give birth at my facility. Please hold Oregon Medicaid accountable, by making meetings public and requiring that they adhere to fe leral regulations.

TI ank you.

Elizabeth Schoeden for Desiree Le Fave

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