Testimony in support of HB 3391

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My name is Daniel Morris. I am a doctor of public health. I conduct analysis and research on public policy issues including education funding and health care. I previously worked as an epidemiologist at the Oregon Health Authority, focusing specifically on chronic disease prevention. Before that I worked in maternal and child health epidemiology, and published several peer reviewed journal articles on reproductive health topics. I analyzed House Bill 3391 using the OHA's "triple aim" framework as a guide: to improve individual health outcomes, to improve public health, and to reduce overall cost. Briefly, this bill satisfies all three criteria, and would likely reduce General Fund spending within the first biennium of its implementation. What follows is a cost-benefit analysis of HB 3391, using information available in public record, that describes those cost-savings.

About 50,000 women of reproductive age in Oregon lack coverage for the full spectrum of reproductive health services, which includes family planning, abortion and comprehensive health care during the postpartum period. HB 3391 will provide for this care, yielding great cost savings and societal benefits.

One of the best ways to improve population health in the immediate and long term is to focus on is maternal and child health. We know that healthier kids tend to be healthier adults. Healthy kids learn better, and better educated people are more productive, earn more, and are less likely to end up in poverty, in the criminal justice system, or in poor health. Healthier moms tend to have healthier kids, so promoting good health among women of reproductive age has benefits that span generations.

It is widely accepted that when women have the power to determine if and when they have a child, the woman and her children are less likely to end up in poverty and in poor health. Reproductive health care, including counseling, cancer screenings and contraceptives, promotes good health and reduces the spread of disease. Reproductive health care visits are also important opportunities to address health risks like STIs, smoking and domestic violence. HB 3391 is an investment in Oregon's health, immediately and for years to come.

Some number of the 50,000 women categorically excluded from Medicaid-funded reproductive health services do access care at Federally Qualified Health Centers (FQHCs), local public health departments, or Planned Parenthood health centers. However, gaps in care persist. These clinics may have limited resources to serve many clients, and some have limited hours and are unable to provide the full range of reproductive health services to the women who would benefit from HB 3391. Because these clinics are unable to be reimbursed for providing reproductive health services to this cohort, limited resources are strained to meet the need and those who need services may go without access.

HB 3391 will ensure greater access to care throughout the state. In a few counties, the local

public health department is the sole safety net provider of reproductive health care. Many local public health departments in Oregon are critically underfunded and unable to provide full complement of public health services at even a basic level.[1] Local health departments depend on revenue from billable reproductive health services to support the nursing infrastructure to support services for those who don't currently qualify for insurance. Several rural local public health departments have had to limit their hours, making services more difficult to access for those who may not have other options. Investing in reproductive health will help support critical public health infrastructure in Oregon's most rural communities. HB 3391 will support public health agencies in Oregon's most vulnerable communities.

Without knowing with certainty the number of women who would get new or expanded health care access with HB 3991, it is necessary to make some assumptions. I modeled two scenarios: where 50% of the 50,000 women get access to care, and a more conservative scenario where 25% do. I believe these endpoints describe a reasonable range of outcomes, since the numbers are consistent with the data on CAWEM deliveries in Oregon.

Based on these scenarios, HB 3391 would prevent between 1,750 and 3,500 unintended pregnancies per biennium. Around 42% of these pregnancies (735 to 1,470) would have terminated in abortions (at a cost of $419,000 to $838,000 to the state), and the rest resulted in live births.[2] Given a conservative cost of $16,000 per delivery and one year of infant health care costs under the Oregon Health Plan,[3] up to $33 million dollars in Medicaid expenditures (both state and federal dollars) would be saved per biennium as a result of preventing these unintended pregnancies. Oregon's share of those savings would be between $13 and $26 million.

Currently women who are categorically excluded from Medicaid are covered by the CAWEM or CAWEM+ programs when they give birth in Oregon. Though the numbers of deliveries covered by these programs is trending down, there were 2,823 in 2016.[4] Women served by CAWEM only get post-partum care while they are in the hospital; care ends at discharge. HB 3391 would provide two months of post-partum care to those mothers, at a cost of around $7 million.[5] The actual cost would be much less, since the provision of reproductive health care would result in more effective contraception and thus fewer CAWEM deliveries and women needing post-partum care. Because post-partum health checks will help prevent rapid repeat pregnancies, there will be additional cost savings by preventing or delaying additional unintended pregnancies. Those savings are not factored into the current analysis.

At reproductive health visits, providers address smoking and diabetes, and screen for cancer. Intervention to change risky behaviors and treat early-stage cancers yield great cost savings in the long run. These benefits are not factored into the current analysis, so the

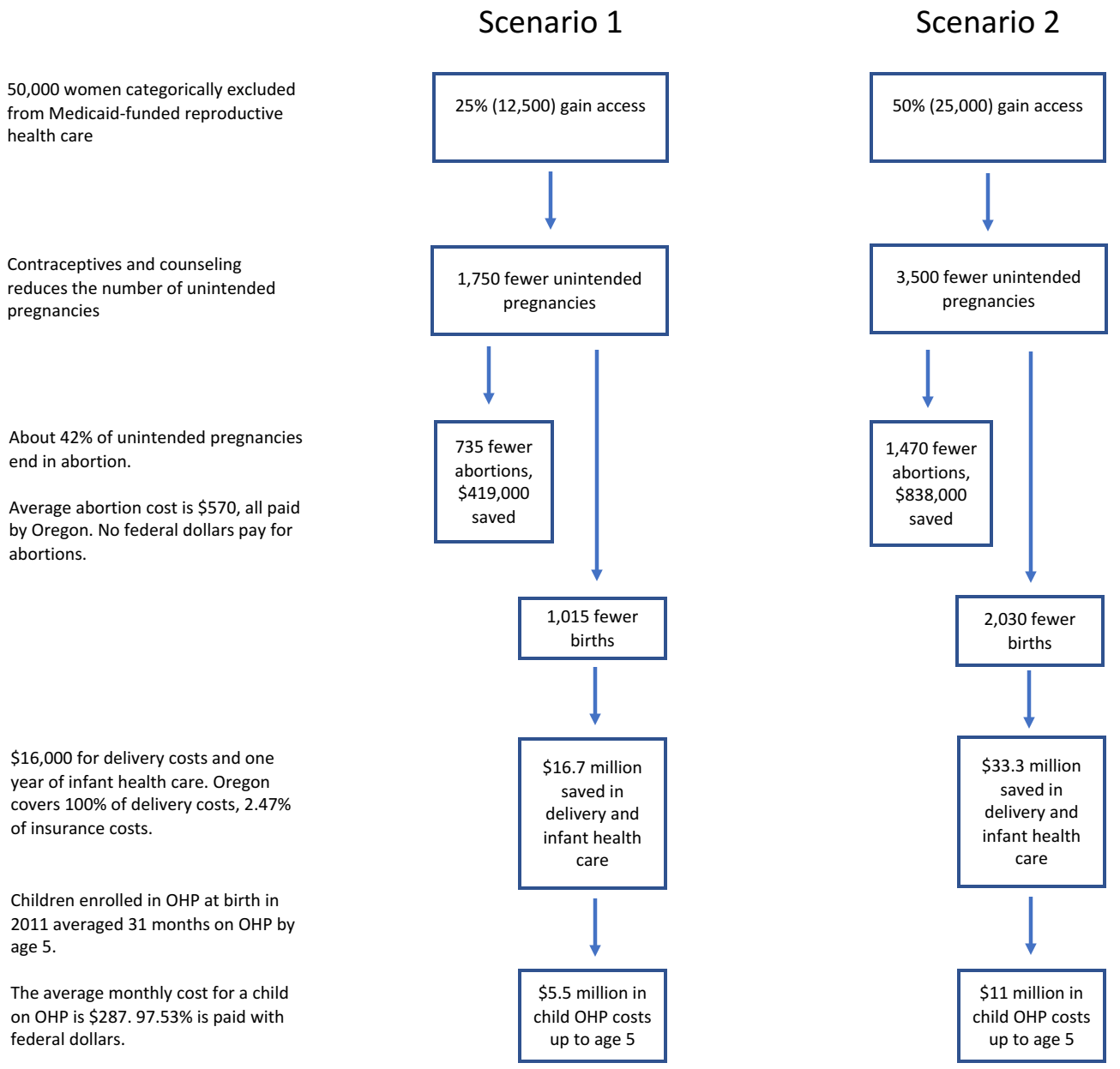
[1] https://public.health.oregon.gov/About/TaskForce/Documents/PHModernizationReportwithAppendices.pdf
[2] Based on information from the Oregon Health Authority, based on statistics from the Guttmacher Institute
[3] Personal communication from Emily Elman, Oregon Health Authority
[4] Data provided by Oregon Health Authority
[5] Assuming average monthly Oregon Health Plan costs for adults ($610) and 5,600 covered births per biennium

results should be considered conservative.

HB 3391 will improve the health of families and communities around the state, and make a significant investment in public health that will save Oregon millions of dollars.

Thank you for your time.

Impact of HB 3391



	Scenario 1	Scenario 2
Total cost savings	$22.2 million	$44.4 million
Oregon share of cost savings	$13.4 million	$26.7 million