



June 11, 2019

Dear Chair Holvey, Vice Chair Williamson, Vice Chair Wilson and Members of the House Committee on Rules,

Thank you for the opportunity to submit testimony on behalf of the Oregon Primary Care Association in support of HB 2005 and the -3 amendment.

OPCA is a non-profit organization, with a mission to support Oregon's 32 community health centers, also known as federally qualified health centers, in leading the transformation of primary care to achieve health equity for all. Community health centers deliver integrated primary care, including dental and behavioral health services, as well as strive to address patient social determinants of health for over 433,000 Oregonians annually. Community health centers are providers within the CCO networks, providing care to Oregon's underserved populations, including one in four Oregon Health Plan members.

Many of Oregon's community health centers serve patients who are often forced to choose between their paycheck and caring for themselves or a family member. This is particularly true among women, communities of color, and aging populations. Providers and care teams see firsthand how a lack of time to care can lead to poor health outcomes and increased cost to the healthcare system. Individuals who are not able to take time away from work to deal with a serious personal or family illness, or to care for a new child are less likely keep medical appointments, take medication as prescribed, and maintain jobs and/or school attendance – all leading to downstream health complications.

It is well researched, and evidence based that, short term family leave policies such HB 2005 with the -3 can improve child and family health outcomes. For example, paid maternity leave appears to reduce the likelihood of low birthweight babies and pre-term birth. Similarly, expansion of paid maternity and parental leave can increase breastfeeding initiation and duration, decrease risk of re-hospitalization, and increases mothers exercise levels and stress management.

Perhaps as important, supportive leave acts also impact other social determinants of health such as education and employment engagement. There is strong evidence that short-term paid family leave (PFL) policies increase the likelihood that mothers remain in the labor force after child birth, particularly mothers without bachelor's degrees. In looking at neighboring California, an analysis of their statewide PFL program indicates children born after program implementation have better health outcomes in elementary school, particularly those from less advantaged backgrounds, than children born prior to program introduction.

In a recent analysis by the Montana Budget and Policy Center of states with paid family leave laws (four states in 2015), one of the lessons learned for implementation of these types of laws was to incorporate and (ideally) fund a strong outreach plan to help educate and raise awareness about this benefit. OPCA's health centers are well-positioned to help the state educate low-income and minority patients about this benefit as well as their own employees. Health centers have partnered with the state in the past, utilizing our integrated community health workers and outreach staff to promote and enroll patients into state programs, like Healthy Kids. We see this as another opportunity to pass information along to our patients, whether they are seeking prenatal care or care for an ill loved one, and ensure all populations in Oregon are educated and able to maximize this benefit, ensuring maximum health and well-being for all.

OPCA believes HB 2005 with the -3 is an opportunity to significantly invest in our workforce, our families and communities, and our state's health outcomes, while simultaneously bending the cost curve in health care. We urge a yes vote on HB 2005 and adoption of the -3.

Thank you,  
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