



5 February 2024

House Early Childhood and Human Services
Oregon State Legislature
900 Court Street NE
Salem, Oregon 97301

Dear Chair Reynolds, Vice-Chair Nguyen, Vice-Chair Scharf, and members of the Committee,

I am writing on behalf of the National Service Office for Nurse-Family Partnership and Child First to share our support for HB 4105, which would appropriate state general funds to provide the non-federal match funding necessary for Nurse-Family Partnership (NFP) programs to receive Medicaid reimbursement.

NFP is a nurse home visiting program for first-time parents-to-be, starting early in the pregnancy and continuing through the child's second birthday. With the support of an NFP nurse, families experience better pregnancy outcomes, improved child health and development, and greater economic self-sufficiency. Parents, babies, families, and communities all benefit from the proven services of NFP. NFP has operated in Oregon since 1999 and has served over 7,500 families since that time.

Oregon would see greater cost savings statewide based on improved health outcomes of the parent and child in areas where services are not currently offered. Studies show that every \$1 invested in NFP saves roughly \$6.10 in future costs for the highest risk families served. There are numerous health benefits seen by those participating in the program that not only improve the health of the parent and of the child, but that also lower future health care costs to the state. Key projected outcomes for Oregon NFP participants that lead to cost savings include:

- 89% of babies born full term
- 96% of parents initiated breastfeeding
- 97% of clients 18 and over were employed at 24 months
- 55% of babies received all immunizations by 24 months
- Reduction of smoking in pregnancy by 23%
- Reduction of pregnancy-induced hypertension by 30%
- Reduction in closely spaced births (15 months postpartum) by 34%
- Reduction of emergency department use for childhood injuries by 31%
- Increase in rates of full immunization by 12%
- Reduction of language delays by 37%
- Reduction of first pre-term births by 14%
- Reduction of infant mortality by 43%
- Increase in rates of parents who attempt breastfeeding by 11%
- Decrease in TANF payments by 7% (13 years post-partum)
- Decrease of person-months on Medicaid by 7% (15 years post-partum)
- Reduction in costs if on Medicaid by 13% (through age 18)

NFP programs in Oregon rely on Medicaid to pay for their services to families, but Medicaid requires non-federal match funding which is currently being paid by county health departments. Having counties

pay the non-federal Medicaid match puts NFP out of alignment with how nearly all Medicaid services in Oregon are supported by a state match. It also is a deviation from how other evidence-based home visiting programs are supported with state dollars without a county match, such as Healthy Families Oregon or Family Connects.

The current funding arrangement creates a threat to the sustainability of NFP in counties implementing the program, as the future of NFP in each county is dependent on the political will and resources of local leaders. Also, counties who cannot pay the match funding are unable to implement an NFP program, creating health inequities and disparate outcomes throughout Oregon.

HB 4105 would provide funding for the non-federal Medicaid match needed by our current seven programs serving families across nine counties: Multnomah, Washington, Yamhill, Lincoln, Linn, Lane, Jackson, Morrow, and Umatilla. This funding would be appropriated to the Health Systems Division of the Oregon Health Authority. This will allow NFP programs in Oregon more certainty to provide services and would lay the foundation to help NFP continue expanding in future years to counties that do not have programs.

Thank you for your service to our state and for your consideration of this request. I am happy to connect further to provide any additional information.

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