

Comagine Health  
Ami Hanna, MPH, Maternity Program Manager

RE: Testimony submitted to the Oregon Senate Committee on Early Childhood and Behavioral Health for the hearing of Senate Bill 691

February 18, 2025


Dear Senator Reynolds and Committee Members,

Thank you for the opportunity to provide testimony on SB 691. My name is Ami Hanna, MPH, Maternity Program Manager at Comagine Health. I have a Master of Public Health in maternal and child health systems and am a certified full-spectrum doula in Portland. I oversee maternal health quality programming at Comagine Health, a nonprofit healthcare quality consulting firm with deep roots in Oregon's history of maternal health improvement. We have partnered with the Oregon Perinatal Collaborative and Oregon's birthing hospitals and providers since 2015 on multiple quality and data initiatives including obstetric hemorrhage reduction, preventing and treating severe hypertension in pregnancy, and the formation of the Oregon Maternal Data Center, a quality improvement data hub for hospitals across the state. We are currently collaborating with the Oregon Perinatal Collaborative on a Health Resources and Services Administration-funded program to improve the quality of care and care systems for individuals experiencing substance use disorder (SUD) in pregnancy and the postpartum period across the state of Oregon.

The Oregon Maternal Data Center provides a unique window into trends in maternal health outcomes in our state. Currently, the Data Center aggregates and analyzes data representing 75% of the annual hospital births in Oregon – it is a highly valuable data resource that informs quality improvement priorities for the Oregon Perinatal Collaborative and helps us track the impact of our work. As the Committee may already be aware, poor maternal outcomes and maternal mortality related to SUD and behavioral health issues have increased significantly in Oregon. Per the state's Maternal Mortality Review Committee, 41% of all pregnancy-related deaths between 2018-2020, had SUD and/or mental health issues as an underlying cause.<sup>1</sup> Due to the emergence of fentanyl in the illicit drug supply, Oregon experienced a 40.7% increase in provisional overdose deaths in the 12 months ending September 2021—the third greatest increase in the United States (compared to a 15.9% increase nationally).<sup>2</sup> We are seeing these trends mirrored in the data collected through the Oregon Maternal Data Center and are concerned about the short- and long-term health, social, and economic impacts of SUD on our state's pregnant parents and families.

Oregon is fortunate to have preexisting programs that address these threats to maternal and child health and safety through the highly effective Nurture model of care at the center of the proposed legislation.

Studies of Project Nurture show that it improves several maternal and child health outcomes related to pregnancy, such as high blood pressure, Cesarean delivery, premature birth, and low birth weight.<sup>3</sup> Project Nurture participants access more prenatal care, and their infants require less high-needs care in the hospital after delivery.<sup>3,4</sup> The Nurture model has also been shown to improve social outcomes such as fewer foster care



placements and reports of child harm, keeping families healthy and unified.<sup>4</sup> However, Oregon’s current approach to regulating the Nurture model of care places limitations on where and how this type of care can be provided and reimbursed, inhibiting expansion of existing Nurture programs and the ability to meet increasing needs in Oregon communities.

While the Nurture model has proven to be successful in both urban and rural settings across the state, it is nowhere near widespread enough to combat the rising rates of perinatal SUD in Oregon. Expanding the Nurture model has the potential to significantly improve quality of life for Oregonians and reduce the state’s long-term healthcare and child welfare costs.

As maternal health quality professionals and concerned community members, we believe that the proposed legislation has the potential to improve health and social outcomes for pregnant patients and their families across the state.

#### References

1. Gonzales L, Hansen KD, Mackay-Gimino H, Putz J. *Oregon Maternal Mortality and Morbidity Review Committee: Biennial Report*. 2023.
2. DOSE dashboard: Nonfatal Overdose Data. <https://www.cdc.gov/drugoverdose/nonfatal/dashboard/index.html>
3. Vartanian K, Jones K, Buckley RE, McMEnamin K, Sanchez K. *Project Nurture Final Report*. 2018.
4. McConnell KJ, Kaufman MR, Grunditz JI, et al. Project nurture integrates care and services to improve outcomes for opioid-dependent mothers and their children. *Health Aff*. 2020;39(4):595-602. doi:10.1377/hlthaff.2019.01574