



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



**OREGON
MEDICAL
ASSOCIATION**

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ACOG and OMA testimony regarding SB 691,

Treatment Options for Pregnant Oregonians pursuing treatment for SUD

Chair Reynolds, Vice Chair Anderson, and members of the committee, my name is Dr. Julia Tasset and I am a board-certified Obstetrician and Gynecologist practicing in Portland. I am here today behalf of my patients, the 712 practicing OBGYNs of the Oregon Section of the American College of Obstetricians and Gynecologists, and the 7,000 physicians, medical students, physician associates and PA students of the Oregon Medical Association. We would like to express our support for SB 691, which provides support to expand treatment options to pregnant Oregonians pursuing treatment for substance use disorders.

I am also here today with my newborn son, Felix Lee Bezerra. The past seven weeks with him have reinforced for me, firsthand, what I have heard from my patients throughout my career: the decision to have a child and raise them is requires extraordinary emotional, physical, economic, and social resources in order for both parents and children to thrive. And while I know every person finds early parenthood to be challenging, I am acutely aware that most of my patients negotiate it with far fewer resources than I have.

In particular, I think of a woman who I met at her very first office visit to confirm a new pregnancy. I walked into the room and she was clearly distressed; this pregnancy came at a time where she had newly separated from a partner with who she was actively using drugs. She had been contemplating disrupting her use for a long time and just recently found the strength to covertly pack her things and leave to stay with a safe family member. While she felt strong in navigating the first few weeks of her recovery largely on her own, the positive home test felt like an anchor, pulling her downward towards a person who didn't want to see her succeed in recovery and change her life. Her anxiety and depression began to seep in, weakening the defenses she had used to keep her addiction at bay. She needed help to stay sober.

Fortunately, we were in a clinic where we could offer to let her stay for as long as she needed while we were coordinating time-sensitive resources. We could

immediately reach out to colleagues (clinicians and social workers) with expertise in addiction medicine, who quickly arranged for a same-day direct admission for initiation of medication to support her recovery. During that admission, she was also plugged into a clinic for ongoing prescriptions, a mental health counselor, and a near-peer (non clinical) support specialist who could walk alongside her and give the invaluable support of someone who has been down the road of recovery before. Every time she comes back to our office, now in her third trimester and stable in her recovery, she shares the big, bright plans she has for life after her pregnancy, what would not have been possible before.

Stories like these are happening every day in prenatal care offices around Oregon, but not all end in someone accessing timely treatment. While we know how time sensitive interventions for substance use are, they are not always available due to limitations like hospital capacity and billing. According to national survey data, Oregon ranks **first** in the nation for the percentage of teens and adults with illicit substance use disorder.¹ However, we rank last as the state with the highest proportion of people needing treatment for substance use but not receiving that care.¹ This is particularly devastating, since we also know mental health disorders, including substance use disorder, is the most common cause of maternal death in this country.² We have seen the overwhelmingly positive health, social, and economic impacts of prenatal substance use intervention for both the pregnant patient and the post delivery health of their baby.

This bill creates timely, essential resources that are overdue for pregnant Oregonians seeking treatment for their substance use. If we aspire to create a community where reproductive justice can become a reality, we must address these barriers to safe pregnancy and parenthood. We also know that investing in these resources is not only a moral imperative but also returns economic dividends throughout a person's life.

I would ask on behalf of Oregon ACOG and the OMA and that you support SB 691 in strengthening the access to resources for substance use recovery at a critical time in many Oregonians' lives.

Thank you for the opportunity to testify.

¹ NSDUH, December 2021 Report

² CDC, Pregnancy-Related Deaths: Data From Maternal Mortality Review Committees in 36 U.S. States, 2017–2019