

Submitter: Eric Wiser
On Behalf Of:
Committee: Senate Committee On Early Childhood and Behavioral Health
Measure, Appointment or Topic: SB693

Chair Reynolds and Members of the Senate Committee on Early Childhood and Behavioral Health,

Thank you for the opportunity to provide testimony in support of SB 693, which would establish a task force on the perinatal workforce in Oregon.

My name is Eric Wiser, M.D., and I serve as the Director of the Oregon Area Health Education Center (AHEC), which committed to strengthening the health care workforce across our state, particularly in rural and underserved communities. Through our five regional centers, central program office and community partnerships, we expand educational opportunities, support workforce development and ensure future health care professionals have the training and resources needed to serve Oregon's diverse populations. I am also an Assistant Professor in the Oregon Health & Science University (OHSU) Department of Medicine and the Assistant Dean of Rural Undergraduate Medical Education (UME) at OHSU.

In these roles, I focus on health care workforce development, particularly in rural and underserved communities, where we see firsthand the urgent need to strengthen the perinatal workforce to ensure access to high-quality care for pregnant, birthing and postpartum patients.

In 2024, our partners at the Oregon Perinatal Collaborative visited all 47 birthing hospitals in the state, and the message from hospitals, clinics and providers was clear: Oregon is facing a widespread and critical perinatal workforce shortage. From rural Critical Access Hospitals to urban medical centers, facilities are struggling to fill key positions and retain staff. Without sufficient perinatal care providers, we risk further reductions in maternal health services, including the potential closure of labor and delivery units in rural areas.

The workforce shortages are particularly severe in rural communities, where hospitals and clinics find it especially difficult to recruit and retain labor-trained nurses, maternity providers — including family practice physicians, obstetricians, midwives and maternal-fetal medicine specialists — and essential support professionals such as social workers, psychiatrists, doulas, community health workers, peer support specialists and lactation consultants. These professionals are critical to ensuring safe, effective and comprehensive care for families across Oregon.

As part of our work at AHEC and OHSU, we focus on expanding health care workforce training opportunities, particularly in rural areas where shortages are most acute. The need for perinatal mental health providers is particularly alarming. Nearly every hospital visited in 2024 reported a shortage of social workers and psychiatric providers with perinatal-specific training. This gap in care leads to long wait times — often three to six months — for pregnant and postpartum patients in need of mental health services. Without adequate staffing, maternity providers are left scrambling to find referrals for patients with urgent mental health needs, a situation that is unsustainable for both providers and the communities they serve.

Investing in our perinatal workforce is a cost-effective and urgent priority. Research, including the Heckman Curve, has consistently shown that interventions during pregnancy and early childhood yield the greatest long-term benefits for population health.

SB 693 is a critical step toward ensuring a sustainable and effective perinatal workforce. I urge the committee to move this bill forward with a do-pass recommendation as a necessary investment in Oregon's future.

Thank you for your time and consideration.

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