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To: Chair Reynolds, Vice-Chair Anderson, and members of the Senate Committee on Early Childhood and Behavioral Health
From: Bridget Budbill, Legislative Advocate at the Oregon Law Center
Re: Senate Bill 692 – Improving Access to Perinatal Services (part of the Mominibus slate)
Date: February 18, 2025

Dear Chair Reynolds, Vice Chair Anderson, and members of the Senate Committee on Early Childhood and Behavioral Health:

The Oregon Law Center (OLC) is a legal aid organization providing free, civil legal services to Oregonians. Nearly all of our clients receive their health care through the Oregon Health Plan (OHP), Oregon’s Medicaid program, administered by the Oregon Health Authority (OHA). We ask for your support of [Senate Bill \(SB\) 692](#), which would increase access to perinatal services in Oregon, including access to culturally competent and culturally specific providers, in several meaningful ways. We know that access to perinatal services, and doulas, in particular, are one way to address inequitable maternal health outcomes and positively impact the well-being of new parents *and* their babies.¹ These comprehensive benefits to a family’s current and future health and wellness fit squarely within the ethos of Oregon’s forward-thinking Medicaid program.

We want to highlight a few pieces of SB 692:

- It creates a community-based perinatal provider access program, a grant program aimed at increasing the availability of trained doulas and other perinatal services providers. Grants may pay for training and education, expanding recruitment and outreach to bring new candidates into the field, and supporting expansion of existing organizations, among other approaches.
- It requires that OHP members have access to culturally competent doula and lactation counselor services, minimum amounts of services that will be offered, and that relevant information is available on Coordinated Care Organization (CCO) websites and in benefits explanations.
- It requires OHA to report out on access to doulas, including doula reimbursement claims information and any associated barriers, whether the number of doulas available changes and in what direction, recommendations for culturally specific program goals within doula services, and birth outcome information for patients with and without doula support. This information will help all of us understand whether and to what extent the components of SB 692 are having their intended effect and what, if

¹ See, e.g., Stryker, D. *The Role of Doulas in Addressing Black Women’s Maternal Mortality*. Women’s Health Education Program Blog, Drexel University College of Medicine. May 10, 2023. <https://drexel.edu/medicine/academics/womens-health-and-leadership/womens-health-education-program/whep-blog/role-of-doulas-in-addressing-black-womens-maternal-mortality/> (noting that pregnancy-related mortality in the United States is much higher for Black and American Indian/Alaska Native women and, specifically, that “mothers receiving prenatal doula assistance demonstrate better birth outcomes, such as the lower likelihood of birth complications or having a low-birthweight baby, and higher likelihood of initiating breastfeeding”).



any, barriers are in the way. CCOs will also be required to report annually on doula and lactation counselor utilization and costs so our Medicaid system can understand SB 692's impacts.

We hear from clients about instances in which they have not felt understood by their health care providers due to differences in life experience or languages spoken (even when most providers do their best to connect). Purposefully seeking the expansion of culturally competent doula supports is fundamentally a piece of advancing health equity, as doulas are traditional health workers, a group of health care workers that tends to be more representative of communities they serve² than is the healthcare system, overall.³ Even within doulas, Oregon still has progress to make to ensure the provider base is reflective of the patient community.⁴

Having a companion-advocate birth doula available who recognizes an OHP member's life path, speaks their language, and/or understands their challenges and hopes for the future can make a huge difference between feeling heard and understood or not during the perinatal period, a joyful but also very stressful time when support, care, and understanding are more important than ever.

Thank you for your consideration of SB 692.

Sincerely,

Bridget Budbill

The Oregon Law Center's mission is to achieve justice for low-income communities in Oregon by providing a full range of the highest quality civil legal services.

² Doulas are one type of traditional health worker (THW), which OHA describes as "trusted individuals from their local communities who may also share socioeconomic ties and life experiences with health plan members." THWs provide person- and community-centered care by "bridging communities and the health systems that serve them, * * * increasing the appropriate use of care by connecting people with health systems, * * * advocating for patients, * * * supporting adherence to care and treatment and * * * empowering individuals to be agents in improving their own health." Doulas are companions who "provides personal, nonmedical support to birthing persons and families during pregnancy, childbirth and [the] postpartum experience." See Oregon Health Authority, "Traditional Health Worker Payment Guide," (April 2024), pages 5-7, <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/THW-Payment-Model-Guidance.pdf>.

³ Oregon Health Authority, "The Diversity of Oregon's Licensed Health Care Workforce, 2024," (January 2025), page 11, https://www.oregon.gov/oha/HPA/ANALYTICS/HealthCareWorkforceReporting/HWRP_Diversity_2024_final.pdf (see Figure 1, for example, showing that Hispanic or Latino/a/x/e Oregonians represent 12.4 percent of the state's population but only six percent of the licensed health care workforce, and that American Indian/Alaska Native Oregonians represent 3.2 percent of the state's population but only 1.8 percent of the licensed health care workforce).

⁴ Oregon Health Authority, "2021 Survey of OHA Registered Traditional Health Workers," (December 2021), <https://visual-data.dhsoha.state.or.us/t/OHA/views/OHARegisteredTHWs/ExploretheData?%3Aembed=y&%3AisGuestRedirectFromVizportal=y> (last accessed February 17, 2025) (showing that, for example, 10 percent of birth doula respondents reported their race or ethnicity as Hispanic or Latino, though the survey response sample size was very small, n=40).