PROJECTNURTURE

February 18th, 2025

Dear Chair Reynolds, Vice Chair Anderson, and Members of the Committee,

My name is Diana Smith. I am a Nurse Midwife and Johns Hopkins American Public Health Fellow focused on the intersection of reproductive health and addiction. For the last 10 years I have been the lead clinician with Project Nurture at Legacy Health in Portland. I'm also working with the Oregon Perinatal Collaborative on a 5-year federal grant to improve hospital care for pregnant people with substance use disorders in Oregon. I have delivered hundreds of babies in my more than a decade of clinical practice and cared for thousands of families during pregnancy and the crucial first year of a child's life. I am also a mother of a 5-month-old and a 4-year-old. I lost an immediate family member during the pandemic to fentanyl overdose, just months after my first was born. And I have a sister in stable, long-term recovery.

Pregnancy and the first year postpartum are *hard* at baseline and are so crucial for a child *and a mother's* social, emotional, educational and health outcomes for the rest of their lives. For families impacted by addiction, the lack of integrated treatment and behavioral health care often results in major traumas, fragmented and insufficient medical care, and costs the state millions of dollars in healthcare cost and foster placements.

Untreated substance use disorders and mental health conditions are the current leading cause of *preventable* maternal death in Oregon, according to our state's Maternal Mortality and Morbidity Review Committee. Women are more likely to start using substances at a younger age, compared to men; and have a faster progression to dependence. But substance use disorders are *treatable*, and pregnancy presents *a window of opportunity*. When pregnant people are met with pregnancy care, treatment, and support, the pregnancy and birth of a child can be an inflection point. Programs that provide integrated services—like the evidence-based Nurture model—get women engaged with pregnancy care and treatment, reduce the risk to the unborn child, and save money for the state.

SB 691 does not create new interventions. It provides crucial infrastructure for proven programs, and to support expansion to meet the growing need.

Thank you for your time and consideration. I am available to answer any questions.

Diana Smith, CNM, MPH
Project Nurture, Legacy Health
Johns Hopkins Public Health Fellow