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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 695](#) – Elevating maternal health in CCO operations (Momnibus 2025)
Date: February 25, 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) with Coordinated Care Organizations (CCOs). We ask for your support of Senate Bill (SB) 695, which seeks to improve maternal health and early childhood outcomes by applying greater a focus on these outcomes in CCO operations.

SB 695 is an important and ambitious proposal that seeks to advance a panoply of maternal and early childhood supports through Medicaid managed care by leveraging CCO care coordination expertise. OLC supports SB 695 because it contains proposals that would aid in avoiding some of worst possible stressors on parents and babies, such as homelessness, hunger, lack of behavioral health care, and isolation.

Oregon’s Medicaid program is unique in its willingness and capacity to be innovative, and inequitable maternal health outcomes, long entrenched, are going to take new ideas to dismantle. As an example, Oregon’s infant mortality rate for babies born to Black parents in 2022 was 1.9 times higher than the state average.¹ The preterm birth rate for Native American/Alaska Native Oregonians in 2022 was 12.9 percent, which is 1.3 times higher than the rate for all other Oregon births.² The demographic group with the highest food insecurity rates in Oregon in 2021-2023 was single moms and has been for at least a decade.³ Oregon ranks first in the nation for unsheltered homelessness among families with kids; the number of kids experiencing unsheltered homelessness in Oregon is 14 times higher than the national average.⁴

We know that managed care, alone, cannot solve these compounding problems, but Oregon can leverage existing systems, Medicaid waivers, and care coordination expertise to make measurable progress in decreasing the degree to which these problems most hurt new parents and babies on Medicaid.

¹ 2024 March of Dimes Report Card, Oregon (2024), page 2, <https://www.marchofdimes.org/peristats/assets/s3/reports/reportcard/MarchofDimesReportCard-Oregon.pdf>.

² *Id.* at 1.

³ *Id.* at 3.

⁴ Schrader, B. *State of the State’s Housing*, Oregon Housing and Community Services (2024), page 8, <https://www.oregon.gov/ohcs/about-us/Documents/state-of-the-states-housing.pdf>.

CCOs currently have an incentive measure related to postpartum care rates, which measures the percentage of people who have given birth who received timely postpartum care⁵, described as having had a postpartum visit between 7 and 84 days after delivery.⁶ CCOs have an additional incentive measure related to screenings and referrals related to social determinants of health.⁷ Additionally, OHA's strategic plan includes "fostering healthy families and environments" as part of its five-pillar approach to ending health inequities by 2030.⁸ Within that pillar, OHA names access to preventive health services and supports, including for new parents and families before and after birth, safe and accessible housing, and healthy food and nutrition, as among keys to achieving health equity.

SB 695's elements will add to existing CCO work that supports improved health outcomes for parents and kids and move our state closer to OHA's health equity goals. Specifically, proposals in SB 695 would:

- Support OHP members' access to stable housing during pregnancy and for the first year postpartum, to the greatest extent possible;
- Conduct comprehensive needs assessments and behavioral health risk screenings during a pregnant person's first prenatal care visit and intervention supports, as needed;
- Support connections to public benefits and tax credits for which an OHP member may be eligible;
- Support maintenance of a network of providers of health-related social needs services;
- Access to doula and peer supports, and enrollment in the nurse home visiting program, all proven to be effective in helping new and expecting parents during joyous and stressful times,
- Connections to Early Learning Hubs around the state, and
- Add a specific focus on early learning, maternal care, and the first 1,000 days of a child's life to Community Health Improvement Plans.

It's important to note that we regularly help low-income families navigate OHP, housing instability, food insecurity, public benefits, administrative systems and more. We are here to help system partners implement SB 695. We greatly appreciate the goals of SB 695, and we hope that you will move it forward.

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.

⁵ 2025 CCO Quality Incentive Program: Measure Summaries, Oregon Health Authority, (January 2025), page 7, https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2025PlainLanguageIncentiveMeasures_English_final.pdf.

⁶ 2025 CCO Incentive Measures and Benchmarks, Oregon Health Authority (November 2024), page 3, <https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2025-incentive-measures-benchmarks.pdf>.

⁷ *Id.* at 4.

⁸ Oregon Health Authority Strategic Plan (2024-2027), *Our Five Goal Pillars (2024)*, <https://www.oregon.gov/oha/pages/strategic-plan.aspx>.