



27 February 2025

Senate Committee on Early Childhood and Behavioral Health  
Oregon State Legislature  
900 Court Street NE  
Salem, Oregon 97301

Dear Chair Reynolds, Vice-Chair Anderson, and members of the Committee,

I am writing on behalf of the National Service Office for Nurse-Family Partnership and Child First to share our support for SB 1033, which would provide for the sustainability and potential growth of Nurse-Family Partnership (NFP) programs across Oregon. Specifically, this bill directs the state to provide the non-federal match funding necessary for NFP programs to receive the Medicaid funding they need to serve families.

NFP is an evidence-based nurse home visiting program that partners specially-trained registered nurses with expecting parents, starting early in the pregnancy and continuing through the child's second birthday. With the support of an NFP nurse, families experience better pregnancy outcomes, improved child health and development, and greater economic self-sufficiency. Parents, babies, families, and communities all benefit from these proven services. NFP has operated in Oregon since 1999 and served over 7,900 families. There are currently seven programs serving families across nine counties: Multnomah, Washington, Yamhill, Lincoln, Linn, Lane, Jackson, Morrow, and Umatilla. NFP is an integral piece of the broader portfolio of home visiting programs supporting families in Oregon.

Supporting the existing NFP programs in Oregon and laying the foundation for more communities to offer NFP services will deliver greater state cost savings statewide from improved health outcomes for both the parent and the child. The outcomes that have been proven by the research on NFP include great things like the following findings:

- 48% reduction in state-verified reports of child abuse and neglect by child age 15
- 56% reduction in emergency room visits for accidents and poisonings in the second year of the child's life
- 50% reduction in language delays by child age 21 months
- 67% reduction in behavioral and emotional problems at child age 6
- 67% reduction in 12-year-old children's use of cigarettes, alcohol, or marijuana
- 82% increase in months employed
- 61% fewer arrests of mothers by child age 15
- 59% reduction in arrests by child age 15
- 46% increase in father presence in household by child age 4

NFP programs in Oregon rely on Medicaid to pay for their services to families, but Medicaid requires non-federal match funding that historically has been paid by county health departments. Having counties pay the non-federal Medicaid match puts NFP out of alignment with how nearly all Medicaid services in Oregon are supported by a state match. It also is a deviation from how other evidence-based home visiting programs are supported with state dollars without a county match.

The funding arrangement of having the counties pay the Medicaid match creates a threat to the sustainability of NFP in counties implementing the program, as the future of NFP in each county is dependent on the political will and resources of local leaders. Also, counties that cannot pay the match funding are unable to implement an NFP program, creating health inequities and disparate outcomes throughout Oregon.

In 2024, the legislature made a one-time \$3.16 million appropriation for FY25 to pay the non-federal Medicaid match for NFP, which saved services from ending in parts of the state. This funding was part of critical behavioral health investments needed to support Oregonian

What is needed now is for this match funding from the state to continue, which is what would be accomplished by SB 1033. This will allow NFP programs in Oregon more certainty to provide services and would lay the foundation to help NFP continue expanding in future years to counties that do not have programs. Families, communities, and the whole state will benefit as a result.

Thank you for your service to our state and for your consideration of this request. I am happy to connect further to provide any additional information.

Matthew Richardson  
Government Affairs Manager  
The National Service Office for Nurse-Family Partnership and Child First  
[matthew.richardson@nursefamilypartnership.org](mailto:matthew.richardson@nursefamilypartnership.org)  
360-764-0991



**BETTER WORLDS  
START WITH  
GREAT  
FAMILIES**

**AND GREAT FAMILIES START WITH US**



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Early Childhood and Behavioral Health

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Government Affairs Manager  
The National Office for

Nurse-Family Partnership & Child First  
[matthew.richardson@nursefamilypartnership.org](mailto:matthew.richardson@nursefamilypartnership.org)

Nurse-Family Partnership® is an evidence-based, community health program with 45 years of research showing significant improvements in the health and lives of first-time parents and their children affected by social and economic inequality.



# Nurse-Family Partnership in Oregon

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Established:

1999

Families Served:

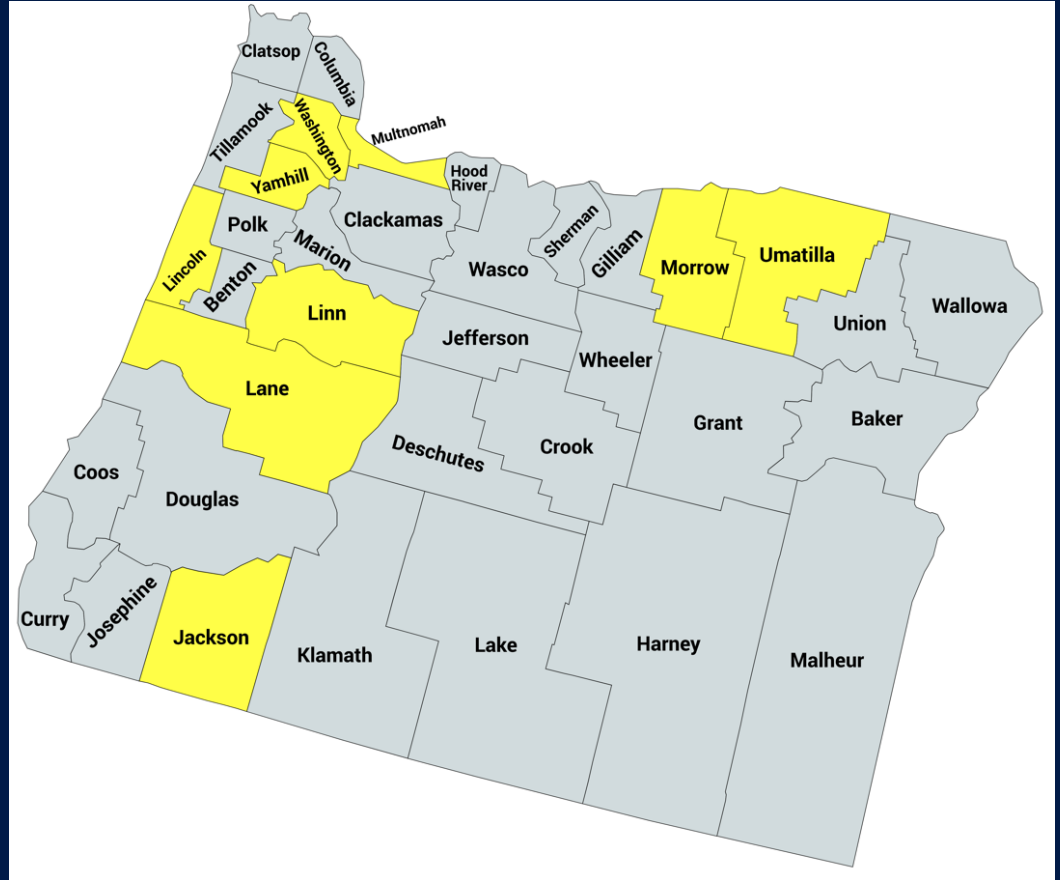
7931 (cumulative)

Active programs:

7

Counties currently served:

9





# Who We Work With



## OREGON NFP PARENTS

**24**

Median age at intake

**74%**

Unmarried at intake

**85%**

Clients enrolled in Medicaid  
at intake

**\$9,000-\$12,000**

Annual median household income  
at intake

\*Aggregate data  
provided by NSO.  
Includes state data  
from 01/01/2019  
to 12/31/2021.

Oregon families served by NFP are ethnically and racially diverse, with over 50% BIPOC families served from 2019-2021.

### Race

70% White  
11% Black or African American  
2% Asian  
2% American Indian or Alaska Native  
1% Native Hawaiian or Pacific Islander  
7% Multi-racial  
6% Declined

### Ethnicity

35% Hispanic  
63% Non-Hispanic  
1% Declined





## KEY GOALS

- Improve Pregnancy Outcomes
- Improve Child Health and Development
- Improve Economic Self-Sufficiency of the Family



## How?

### **EXPERT:**

Specially-trained nurses

### **VOLUNTARY:**

Parents achieve their own hearts' desires

### **PROVEN:**

Extensive and compelling evidence

### **INTENSIVE:**

Pregnancy through age 2

### **TIMELY:**

First 1000 days



# THE FIRST 1,000 DAYS

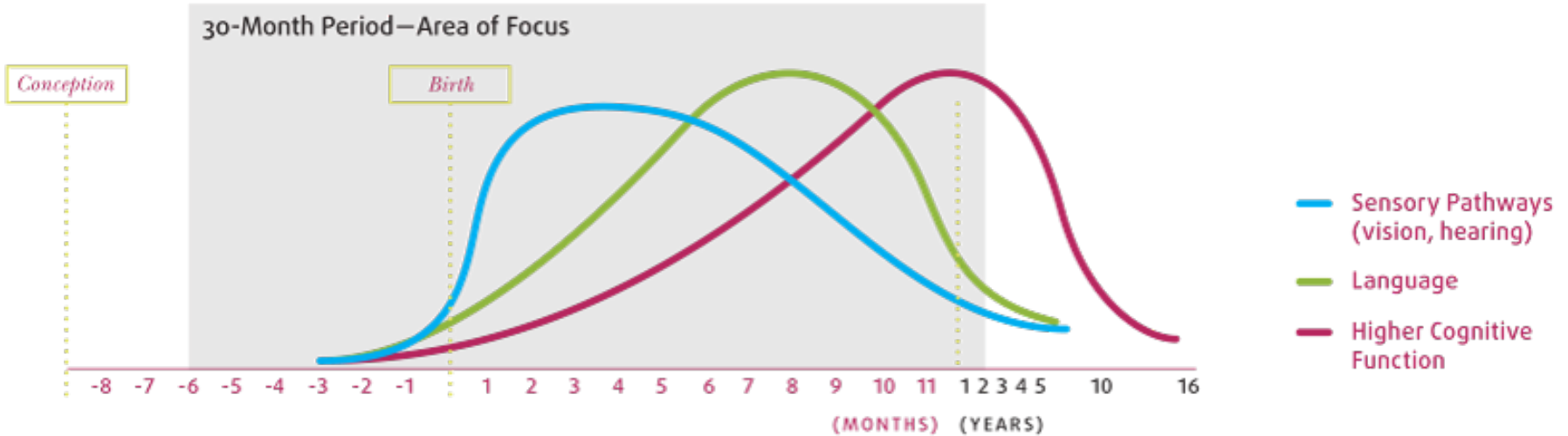
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- Early experiences influence the developing brain
- Toxic affects of chronic stress
- Adversity can lead to lifelong problems
- Early intervention can prevent consequences
- Stable, caring relationships essential for development



# BRAIN DEVELOPMENT

Synapse formation dependent on early experiences



Source: Nelson, C.A., *From Neurons to Neighborhoods* (2000).  
Shonkoff, J. & Phillips, D. (Eds.)

# GOLD STANDARD RESEARCH



1977  
Elmira, NY  
400  
Low-income whites  
Semi-rural area



1990  
Memphis, TN  
1,138  
Low-income blacks  
Urban area



1994  
Denver, CO  
735  
Large proportion of Hispanics  
Nurses and paraprofessionals

Trial outcomes demonstrate that Nurse-Family Partnership delivers against its three primary goals of better pregnancy outcomes, improved child health and development and increased economic self-sufficiency — making a measurable impact on the lives of children, families and the communities in which they live.

For example, the following outcomes have been observed among participants in at least one of the trials of the program.



## TRIAL OUTCOMES

- 48%** reduction in child abuse and neglect<sup>1</sup>
- 56%** reduction in ER visits for accidents and poisonings<sup>2</sup>
- 50%** reduction in language delays of child age 21 months<sup>3</sup>
- 67%** less behavioral/intellectual problems at age 6<sup>4</sup>
- 32%** fewer subsequent pregnancies<sup>5</sup>
- 82%** increase in months employed<sup>6</sup>
- 61%** fewer arrests of the mother<sup>1</sup>
- 59%** reduction in child arrests at age 15<sup>7</sup>

1. Reanalysis Olds et al. Long-term effects of home visitation on maternal life course and child abuse and neglect fifteen-year follow-up of a randomized trial. *Journal of the American Medical Association*. 1997

2. Olds DL, et al. Preventing child abuse and neglect: a randomized trial of nurse home visitation. *Pediatrics*. 1986

3. Olds D.L., Robinson J., O'Brien, R. Home visiting by paraprofessionals and by nurses: a randomized, controlled trial. *Pediatrics*. 2002

4. Olds DL, et al. Effects of nurse home visiting on maternal life-course and child development: age-six follow-up of a randomized trial. *Pediatrics*. 2004

5. Olds, D.L., Eckenrode, J., et al. Long-Term Effects of Home Visitation on Maternal Life Course and Child Abuse and Neglect Fifteen-Year Follow-up of a Randomized Trial. *JAMA*. 1997

6. Olds D.L., Henderson C.R. Jr., Tatelbaum R., Chamberlin R. Improving the life-course development of socially disadvantaged mothers: a randomized trial of nurse home visitation. 1988

7. Reanalysis Olds et al. Long-term effects of nurse home visitation on children's criminal and antisocial behavior: 15-year follow-up of a randomized controlled trial. *Journal of the American Medical Association*. 1998



# Nurse-Family Partnership

## Projected Outcomes in Oregon

Based on a review and analysis of more than 40 NFP evaluation studies and replication data, Dr. Ted Miller of the Pacific Institute for Research and Evaluation predicts the following outcomes from offering NFP at scale in OR:



- Smoking in pregnancy ↓23%
- Pregnancy-induced hypertension ↓30%
- Closely spaced births (15 months postpartum) ↓34%



- First pre-term births ↓14%
- Infant mortality ↓43%
- Moms who attempt breastfeeding ↑11%



- Emergency department use for childhood injuries ↓31%
- Full immunization ↑12%
- Language delay ↓37%



- TANF payments ↓7% (13 years post-partum)
- Person-months on Medicaid ↓7% (15 years post-partum)
- Costs if on Medicaid ↓13% (through age 18)

# Return on Investment

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When broader cost savings to society are taken into account, like savings on medical care, child welfare, special education, and criminal justice, the predicted Oregon benefit-cost ratio grows to be **\$6.10 to \$1** for every dollar invested in Nurse-Family Partnership.





# Funding for NFP in OR

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- Federal funding through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program
- Federal funding through Medicaid reimbursement
- County funding through paying the non-federal match required by Medicaid (~60% fed, 40% local)



# What is the problem we are trying to solve?

- Requiring counties to pay the non-federal Medicaid match limits where NFP services can be offered. 27 Oregon counties don't have access to an NFP program. This arrangement also makes current programs dependent on the resources and political will of county leaders.
- Having counties pay the non-federal Medicaid match puts NFP out of alignment with how nearly all Medicaid services in Oregon are supported by a state match. It also is a deviation from how other evidence-based home visiting programs are supported with state dollars without a county match, such as Healthy Families Oregon or Family Connects.
- Without consistent match funding provided by the state, Oregon will lose out on federal funds.



## 2025 Legislative Ask – SB 1033

In 2024, the legislature made a one-time \$3.16 million appropriation for FY25 to pay the non-federal Medicaid match for NFP, which saved services from ending in parts of the state. This funding was part of critical behavioral health investments needed to support Oregonian.



In 2025, we are asking the legislature to preserve and expand NFP services to families across Oregon by **making permanent the approach of having the state pay the non-federal Medicaid match**. Continuing the same amount of funding appropriated last session would **cost \$6.32 million over the biennium**.



QUESTIONS?

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