

March 10, 2025

Oregon State Legislature


RE: Testimony submitted to the Oregon Senate Committee on Early Childhood and Behavioral Health for the hearing of Senate Bill 1039

Dear Senator 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 1039, a bill that will improve outcomes for mothers and babies in Oregon. My name is Ami Hanna, MPH, Maternity Program Manager at Comagine Health. I have a Master of Public Health in maternal and child health systems and am a certified full-spectrum doula in Portland. I oversee maternal health quality programming at Comagine Health, a nonprofit healthcare quality consulting firm with deep roots in Oregon's history of maternal health improvement. We have partnered with Oregon's Perinatal Quality Collaborative, the Oregon Perinatal Collaborative (OPC) since 2015 on multiple quality and data initiatives including obstetric hemorrhage reduction, preventing and treating severe hypertension in pregnancy, the formation of the Oregon Maternal Data Center, and a Health Resources and Services Administration-funded program to improve care for perinatal substance use disorder patients across the state of Oregon.

In addition to our work with the Oregon Perinatal Collaborative, my team supports Perinatal Quality Collaboratives (PQCs) in Idaho and Alaska. Through these partner relationships, I have developed a deep understanding of the essential role PQCs play in the effort to improve the quality and safety of maternal and child health care at the state level. Year after year, the United States continues to have the highest rate of maternal deaths of any high-income nation.<sup>1</sup>Solutions that address the root causes of maternal mortality and "near miss" events that could have resulted in death are desperately needed. Quality improvement through state-level PQCs like the OPC is the gold standard for responding to this crisis.<sup>2</sup>The OPC has a proven record and strong relationships with hospitals, doctors, nurses, midwives, doulas, and other stakeholder across the state; in 2024 alone, the OPC's Managing Director visited every birthing hospital in the state of Oregon to conduct listening sessions designed to strengthen their connection with state level work. With stable funding from the legislature in 2023, OPC improved its reach and capacity. The perinatal SUD initiative we are currently spearheading is the largest, most complex OPC project to date and has the potential to improve the health and wellbeing of a significant portion of the state's mothers and babies while simultaneously reducing health care costs burdening our hospitals. With renewed funding, the OPC can continue its vital work to improve and streamline the way we provide maternity care and, ultimately, reach every birth in the state.

As a maternal health expert and doula, I cannot overemphasize the importance of continuous funding for the OPC. Please vote yes on SB 1039 to support their efforts to make Oregon the healthiest and safest place in the country to be pregnant, have a baby, and raise a family. Thank you for your consideration of this crucial effort to protect and promote the health of mothers and babies in our state.



Sincerely,  
Ami Hanna, MPH  
Maternity Program Manager

#### References

1. Roosa Tikkanen et al., [\*Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries\*](#) (Commonwealth Fund, Nov. 2020)
2. Gupta M, Donovan EF, Henderson Z. State-based Perinatal Quality Collaboratives: Pursuing improvements in perinatal health outcomes for all mothers and newborns. *Semin Perinatol* 2017;41:195–203.