

**REVENUE:** No revenue impact

**FISCAL:** Fiscal statement issued

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<b>Action:</b>	Do Pass as Amended and Be Printed Engrossed and Rescind the Subsequent Referral to the Committee on Ways and Means
<b>Vote:</b>	7 - 0 - 1
<b>Yeas:</b>	Doherty, Hoyle, Kennemer, Parrish, Weidner, Greenlick, Thompson
<b>Nays:</b>	0
<b>Exc.:</b>	Cannon
<b>Prepared By:</b>	Sandy Thiele-Cirka, Administrator
<b>Meeting Dates:</b>	3/23, 4/15

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**WHAT THE MEASURE DOES:** Defines and specifies qualifications of community health worker and doula. Directs Oregon Health Authority (OHA) and the Office of Multicultural Health and Services to explore options for providing or utilizing doulas and community health works in state medical assistance program. Declares emergency, effective on passage.

**ISSUES DISCUSSED:**

- Doula training program
- Importance of support for delivering mothers
- Importance of detailed study for doulas and community health works
- Underserved communities and health care workers
- Need to evaluate new workforce models
- Proposed amendment

**EFFECT OF COMMITTEE AMENDMENT:** Replaces original measure. Defines and specifies qualifications of community health worker and defines doula. Directs OHA and the Office of Multicultural Health and Services to explore options for providing or utilizing doulas and community health works in state medical assistance program.

**BACKGROUND:** According to the Urban League of Portland Report *State of Black Oregon*, (<http://www.ulpdx.org/documents/UrbanLeague-StateofBlackOregon.pdf>) black Oregonians remain at or near the bottom of every social and economic measure. African Americans in Oregon have significantly higher infant mortality rates (50 percent higher for the children of Black mothers than for those of White mothers). Additionally, African American infants are roughly twice as likely as White infants to be born with a low birth weight.

House Bill 3311-A directs Oregon Health Authority, in collaboration with the Office of Multicultural Health and Services, to explore options for providing or utilizing doulas and other community health works within the state medical assistance program to improve birth outcomes for women who face a disproportionately higher risk of poor birth outcomes.

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*This summary has not been adopted or officially endorsed by action of the committee.*