

February 23, 2021

Representative Rachel Prusak
Members, House Committee on Health Care

Re: HB 2388

Situation: We continue to fail to live up to our commitment to integrate midwifery sufficiently into our perinatal care delivery system in the State of Oregon, and we are continuing to seek legislative action to help deliver on this commitment.

Since 2013 the State of Oregon has been working to improve integration of perinatal care services (Midwifery, Physician providers, Sub-specialists) into a larger more coordinated service line with ready access by Oregonians to perinatal care in a venue of their choice, and with unimpeded flow between levels of care for those developing a need for it. There is abundant convincing evidence, both from this country and abroad, that the closer a system of perinatal care comes to reaching that integration goal, the better the perinatal outcomes, with improved safety, improved patient satisfaction, and lower costs.

The Oregon effort has included, among other things, House Bill 2380 (2011) which established a way via the birth certificate to determine the intent of families to give birth in or out of hospital and report on birth outcomes; House Bill 2997 (2013) which mandated licensure for Direct Entry Midwives; subsequent task forces exploring the implications of HB2845 and exploring how to develop systems to integrate the planned out-of-hospital birth community into the larger delivery system in the state. Additionally, the Health Evidence Review Commission (HERC) has provided evidence review to guide these task force recommendations for appropriate coverage and has just recently concluded another follow up review of this evidence along with coverage guidelines. In 2020 the Oregon Perinatal Collaborative formed a task force to optimize care transitions between out-of-hospital and in hospital care when such transfer is needed, and this task force continues to do this work.

Despite identifying what appear to be practical payment strategies in the Medicaid domain, unforeseen barriers to implementation have appeared resulting in denying payment to providers and facilities and placing an inappropriate financial burden on some families who choose non-hospital birthing venues. These factors limit access and increase stress, two of the most important issues we would like to see eliminated in Oregon's perinatal care system. The mandated coverage proposed by this bill (HB 2388) addresses this concern for free-standing birth centers.

Sincerely,



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