MOMNIBUS 2025

Senate Human Services Committee

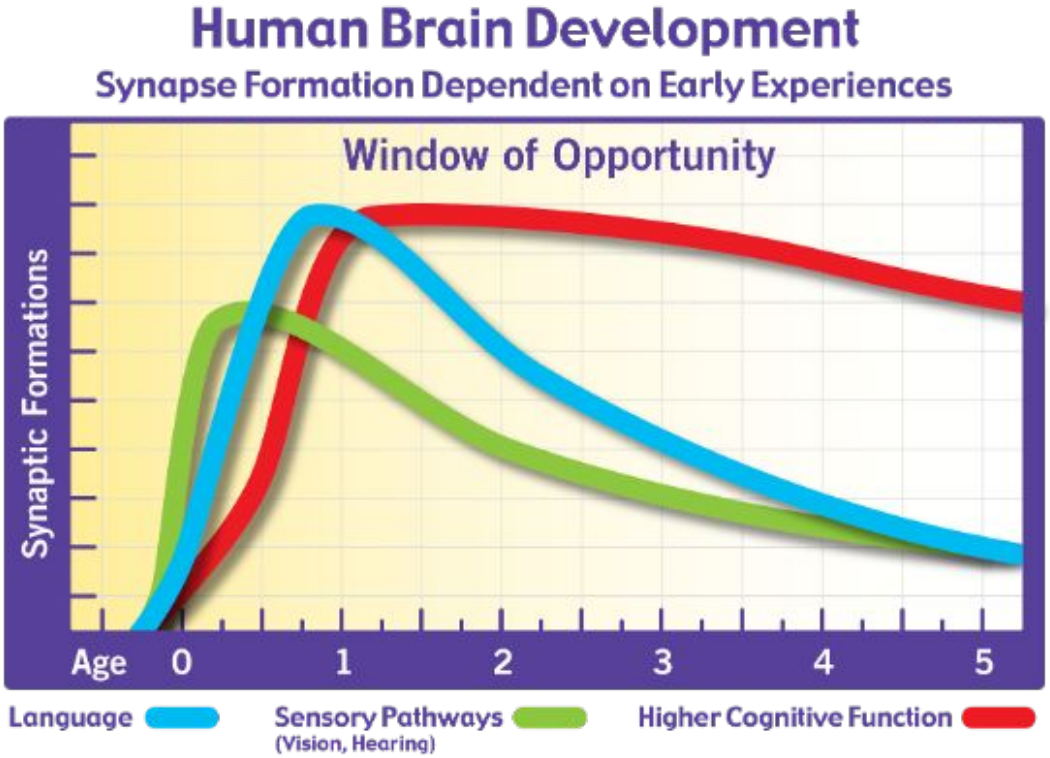
December 10, 2024

Senator Lisa Reynolds, MD
Angela Zallen, MD

Momnibus: The *Why*

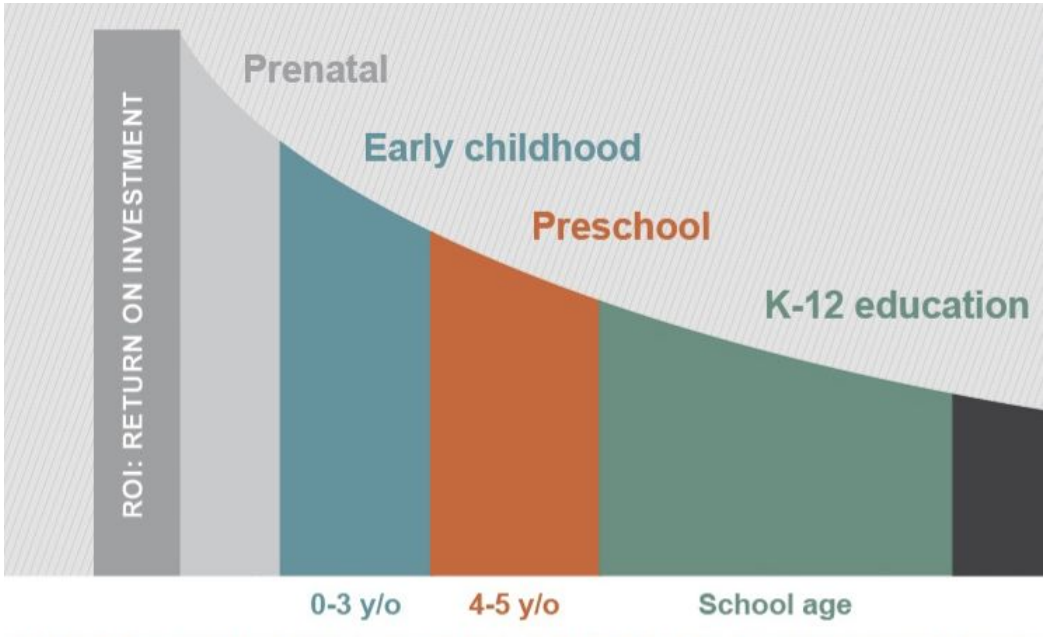
Our goal is to go upstream and create the conditions to fully support pregnant and postpartum people and their infants to foster strong **early relational health** and **thriving families**.

Brain Development in Early Life



The prenatal time period through age 5 has the highest rate of neurodevelopment of any other time period in life. Child development is both robust and highly vulnerable. (NASM, 2000)

Return on Investment
The Heckman Curve



"The highest rate of return in early childhood development comes from investing as early as possible, from birth through age five, in disadvantaged families. Starting at age three or four is too little too late, as it fails to recognize that skills beget skills in a complementary and dynamic way."

https://149919181.v2.pressablecdn.com/wp-content/uploads/2020/06/F_Heckman_Sharegraphic_ROIChart_2019-1.jpg

Current Collaboration & Partnerships

- Three open-to-all **Roundtable** Meetings
- Biweekly **Steering Committee** Meetings
- Quarterly **Scaffolding Committee** Meetings
- Dozens of **individual meetings** with partners
- Presentations at various health care industry and advocacy meetings
- Meetings with Legislative Staff and the Governor's office, including Governor Kotek

Children's Institute

YCCO

OACO

Oregon Department of Human Services

OREGON HEALTH AUTHORITY

OREGON HOUSING and COMMUNITY SERVICES

opc Oregon Perinatal Collaborative

ODA OREGON DOULA ASSOCIATION

WHERE WE ARE NOW

HOUSING

Prioritize pregnant people and families with babies for **rental assistance, eviction protection, and emergency housing assistance,** and increase the supply of **family-sized affordable housing** units.

ENDING CHILD POVERTY

Expand the **Oregon tax credits for kids** and provide **direct assistance to families** during the prenatal and postpartum periods.

BEHAVIORAL HEALTH SERVICES

Expand availability of **integrated maternal substance use and mental health treatments** using evidence-based interventions including **Project Nurture/Nurture Oregon.**

PERINATAL WORKFORCE

Increase the numbers of **traditional health workers, including doulas, lactation counselors, and community health workers, as well as peer support specialists,** through trainings and financial incentives.

Maternal Behavioral Health/SUD Services

- Expansion of **Project Nurture/Nurture Oregon:** Integrated substance use disorder treatment for pregnant people and parents with babies.
  - Funding for more sites in additional counties
    - Phased, structured, systematic rollout
    - Structural support for expansion, including staffing & site-specific resources
- Allow path for 5-day **hospital admission for stabilization** during pregnancy and extended birth hospitalization
- Support use of **peer support specialists** in contexts other than behavioral health organizations

Housing

- Create a sub-account of the Emergency Housing Account within OHCS dedicated to providing **housing stability services to pregnant and postpartum people.**
- **Long-Term Rent Assistance** for families from pregnancy through the first year of life for the child (minimum).
- Incentivize development of **multi-bedroom family-oriented units** in affordable and subsidized housing developments
    - Raise Up Oregon (RUO) 9.1

Perinatal Workforce Support

- Add **Postpartum Doulas and to the Traditional Health Worker** definition
- Require private insurers and CCOs to **provide clients information on accessing birth and postpartum doulas** and certified lactation counselors.
- Require Doula **coverage** by all health insurance plans
- Increase number of **covered doula visits** in antenatal and postpartum period
- Establish a **Community-Based Perinatal Provider Access Fund** at Oregon Health Authority.

Perinatal Workforce Taskforce

- Establish a task force to make recommendations on bolstering and diversifying the perinatal workforce.
- It’s becoming clear that our current billing/payer structure needs revamping to better utilize CHW/Doula/peers/lactation/Parent coaches

Ending Child Poverty

- **Expand Oregon Kids' Credit**
  - Increase the phase-out to $35k (full credit) - $45k (phase-out ends) and bump the credit amount up as much as funding allows (maybe close to $1,200). Now a minimum wage worker in Portland would qualify for the full credit and be outside of the phase-out.
- Increase Oregon's contribution to the **Earned Income Tax Credit**
  - Currently, 9% of the federal contribution
- Create a **targeted financial assistance** program to support pregnant and postpartum people.
  - Rx Kids model – we would use means testing, regional pilots

References

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