Dear Chair Nosse and members of the House Committee on Behavioral Health and Health Care,

Thank you for holding a hearing on HB 3298 which would provide reliable funding to the Oregon Perinatal Collaborative (OPC) to improve maternal and infant health outcomes in Oregon. I am writing to provide more information on two topics that came up in the hearing.

First, state perinatal collaboratives across the US are playing an increasingly central role in the work to decrease maternal and infant mortality and morbidity and, as their work increases, many are seeking more stable funding from state government. At this time, at least 10 state perinatal collaboratives receive funding from their state government. This model is important because it allows state perinatal collaboratives to provide ongoing quality improvement without interruption due to intermittent grant funding, much of which is intended for the start-up phase only. The Oregon Perinatal Collaborative is able to provide an essential service in Oregon and needs stable funding to work to its full potential.

Second, I'd like to follow-up on Representative Nelson's questions about how the Oregon Perinatal Collaborative will focus on equity and on decreasing disparities in maternal and infant health by providing this outline of our plans:

- OPC will continue to partner with Black, Indigenous, and people of color led organizations working in maternal and infant health such as the Healthy Birth Initiative and Forward Together.
- OPC will take direction from and prioritize quality improvement initiatives developed by Black-led organizations working to decrease maternal mortality such as the Black Mamas Matter Alliance, The National Birth Equity Collaborative, and equity projects within the National Partnership for Women and Families.
- OPC will prioritize and include equity steps within each quality improvement initiative or bundle that we develop.
- OPC will provide provide financial compensation for Black, Indigenous, and people of
 color patient involvement in surveys, focus groups, and meetings that are used to develop
 our initiatives.
- OPC will gather data on health outcomes for BIPOC mothers, birthing people, and newborns through the Oregon Maternal Data Center.

I hope this information is useful in your consideration of HB 3298. We look forward to the work session next week. Please vote yes on HB 3298 to improve maternal and infant health in Oregon.

Thank you for your consideration,

Silke Akerson, MPH, CPM, LDM Oregon Perinatal Collaborative Oregon Midwifery Council