

Submitter: Shelley Paeth
On Behalf Of:
Committee: Joint Committee On Ways and Means
Measure, Appointment or Topic: HB5006

Dear Co-Chair Kate Lieber, Co-Chair Tawna Sanchez, and members of the Joint Committee on Ways and Means,

I am writing to ask that the Joint Ways and Means Committee include in the state budget funding to support home visiting services provided by Nurse-Family Partnership. Specifically, I ask that the committee advance and fund SB 1033, which directs the state to continue to pay the non-federal Medicaid match for Nurse-Family Partnership services.

I am a retired nurse that have supervised a NFP program in Lincoln county Oregon. I can say from personal experience that how the NFP program supports families and can change the trajectory of families lives. We must continue to support local programs in anyway to continue these valuable programs!

Nurse-Family Partnership (NFP) is a nurse home visiting program for expectant parents who are facing economic and social barriers. The home visits start early in the pregnancy and continue through the child's second birthday. With the support of an NFP nurse, families experience better pregnancy outcomes, improved child health and development, and greater economic self-sufficiency. Parents, babies, families, and communities all benefit from the proven services of NFP. NFP has operated in Oregon since 1999 and has served over 7,900 families since that time.

Supporting the existing NFP programs in Oregon and laying the foundation for more communities to offer NFP services will deliver greater state cost savings statewide from improved health outcomes for both the parent and the child. The outcomes that have been proven by the research on NFP include great things like:

48% reduction in state-verified reports of child abuse and neglect by child age 15
56% reduction in emergency room visits for accidents and poisonings in the second year of the child's life
50% reduction in language delays by child age 21 months
67% reduction in behavioral and emotional problems at child age 6
82% increase in labor force participation 4 years after delivery of first child among low-income unmarried mothers

61% fewer arrests of the mother

46% increase in father presence in household by child age 4

NFP programs in Oregon rely on Medicaid to pay for their services to families, but Medicaid requires non-federal match funding that historically has been paid by county health departments. Having counties pay the non-federal Medicaid match puts NFP out of alignment with how nearly all Medicaid services in Oregon are supported by a state match. It also is a deviation from how other evidence-based home visiting programs are supported with state dollars without a county match.

The funding arrangement of having the counties pay the Medicaid match creates a threat to the sustainability of NFP in counties implementing the program, as the future of NFP in each county is dependent on the political will and resources of local leaders. Also, counties that cannot pay the match funding are unable to implement an NFP program, creating health inequities and disparate outcomes throughout Oregon.

In 2024, the legislature made a one-time \$3.16 million appropriation for FY25 to pay the non-federal Medicaid match for NFP, which saved services from ending in parts of the state. This funding was part of critical behavioral health investments needed to support Oregonian

What is needed now is for this match funding from the state to continue, which is what would be accomplished by SB 1033. This will allow NFP programs in Oregon more certainty to provide services and would lay the foundation to help NFP continue expanding in future years to counties that do not have programs. Families, communities, and the whole state will benefit as a result.

Thank you for your service to Oregon families.

Sincerely,
Shelley Paeth
Lincoln County Oregon

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