

PAUL PHILLIPS
WASHINGTON COUNTY
DISTRICT 4

REPLY TO ADDRESS INDICATED:

- Senate Chamber
Salem, OR 97310
- P.O. Box 231208
Tigard, OR 97223



OREGON STATE SENATE
SALEM, OREGON
97310

March 13, 1991

Jerralynn Ness
Washington County Human Services Coalition
451 S. 1st St., Suite 700
Hillsboro, OR 97123

Dear Jerralynn,

Thank you for taking the time to write me your concerns for Senate Bill 274, proposed legislation relating to a comprehensive maternity care system.

I am in support of programs to provide adequate maternity care for the future of our youth. Senate Bill 274 has recently had a hearing in the Senate Human Resources Committee and a subsequent work session. Presently, I serve on the Human Resources Committee and will follow this issue closely.

I will endeavor to keep you informed as the decision making process unfolds. Please keep in touch and thanks again for your letter.

Sincerely,

Paul Phillips
State Senator

PVP/rs



WASHINGTON COUNTY HUMAN SERVICES COALITION
c/o 451 S. 1st Street, Suite 700
Hillsboro, OR 97123

March 4, 1991

Mr. Paul Phillips
State Senator
Room S-302
Oregon State Capitol
Salem, Oregon 97310

Re: SB 274

Dear Senator Phillips:

The Washington County Human Services Coalition believes that all women of Oregon are entitled to access to comprehensive maternity care. Frequently, poor women, minority women, and geographically isolated women do not have adequate access to prenatal care or delivery services or both. SB 274 will result in the establishment of a statewide plan for a comprehensive maternity care system that builds on local plans and existing resources. Through the provision of technical support by the Health Division and planning grants established by SB 274, local communities will be encouraged to develop full service maternity programs that respond to the needs of the most needy of Oregon's pregnant women.

It requires a great deal of commitment, motivation and resources for diverse groups of providers to band together in collaborative effort. SB 274 will provide the stimulation necessary to establish such provider coalitions.

We know that adequate maternity care will prevent premature births that result in two-thirds of infant deaths. We urge you to support SB 274 as a means of insuring that Oregon women get the care they require to ensure their babies will be born healthy.

Thank you for your consideration of our views.

Sincerely,



Jerralynn Ness, Chair
Washington County Human Services Coalition

JN:ns

378-3111
Governor's office

1-800-332-7313

MEMBERS OF LEGISLATURE TO RECEIVE SUPPORT LETTER FOR SB 274:

William RMS-219
Senator Bill McCoy - *One St. Capital, Salem, OR 97310*
Senator Cliff Trow - *S-209*
Senator Shirley Gold - *S-216*
Senator Bill Kennemer - *S-318*
Senator Paul Phillips - *S-302*

Senate Bill 274

MATERNITY CARE ACCESS PLANNING COMMISSION

- Appointed by the Governor (11 members)
- Provides guidelines and standards for local plans
- Advises Health Division re: local technical assistance and award of demonstration grants
- Facilitates technical assistance and assures coordination
- Publishes a statewide plan by 1-1-1993
- Monitors and evaluates implementation

DRAFT

LOCAL MATERNITY CARE ADVISORY COMMITTEES

- Appointed by the local public health authority (county commissioners)
- Must include a balance of providers, consumers, business, minorities, etc.
- Prepares a county-wide plan by 1-7-1992
- Applies for grants based on needs and local plans

OTHER PROVISIONS:

- Sunsets 6-30-1995
- Recommended staff for the Commission, technical assistance and monitoring is 2 FTE
- Grants and staff supported by revenue from

Why is this legislation needed?

- Barriers to access to prenatal and delivery services still exist as evidenced by high rates of inadequate prenatal care and lack of coordination between prenatal and delivery services.
- Communities lack knowledge of resources and successful models developed and used in some counties.
- Unnecessary costs and preventable handicaps resulting from lack of access drain economic resources and vitality.
- Interest groups and providers who have previously not coordinated activities agree to participate in the proposed planning and implementation structure proposed.
- Oregon needs a policy and a Commission with the leadership and authority to facilitate coordination and cooperation between public and private sectors to solve maternity care access problems.

Senate Bill 274

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with pre-session filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Joint Legislative Committee on Health Care for Maternity Care Access Workgroup)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure as introduced.

States policy for comprehensive statewide system of maternity care. Establishes Maternity Care Access Planning Commission to plan and advise on grants to counties and others for planning and implementing maternity care system.

Appropriates moneys for planning and technical assistance for grants and for expenses of commission.

Repeals planning program June 30, 1995.

Declares emergency, effective July 1, 1991.

A BILL FOR AN ACT

1
2 Relating to maternity care; appropriating money; and declaring an emergency.

3 **Be It Enacted by the People of the State of Oregon:**

4 **SECTION 1.** The Legislative Assembly finds and declares that:

5 (1) Maternity care is the cornerstone of health care delivery in the state. It provides a proven,
6 cost-effective foundation for improving the health of all Oregonians, and a healthy start in life al-
7 lows our future citizens to achieve their full potential.

8 (2) Although great strides have been made to improve maternity care, barriers continue to exist
9 as indicated by high rates of inadequate prenatal care and lack of coordination between prenatal
10 and delivery services.

11 (3) Individual communities have unique combinations of barriers and resources. Therefore,
12 planning and solutions must be developed at the local level whenever possible, with the state pro-
13 viding guidelines, standards and support.

14 (4) Local resources are strained and communities need a structure and technical assistance to
15 assure development of access to a coordinated system of maternity care.

16 (5) There is a need for a system to assure coordination of all maternity service providers to
17 develop a comprehensive service system for Oregon that addresses all barriers to guide the state's
18 action in this area.

19 (6) Therefore, it is the policy of this state that there shall be a comprehensive system of ma-
20 ternity care, including prenatal, delivery and postpartum care that meets the unique needs of the
21 individual pregnant woman, available to all pregnant women in this state.

22 **SECTION 2.** (1) The Governor shall appoint a Maternity Care Access Planning Commission
23 consisting of 11 members.

24 (2) Appointments for the commission shall represent a balance among persons who have know-
25 ledge of the multidisciplinary nature of maternity care or systematic planning for service delivery.
26 Appointments should represent a balance among health care providers, hospitals, consumers, third-
27 party reimbursers, and program planners. They should represent a balance among the private and
28 public sector, rural and urban geographic areas and ethnic minorities.

NOTE: Matter in **bold face** in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted.

1 this Act. In the absence of such action by the governing body of the county, application may be
 2 made by any public or nonprofit private entity in the county. The division may consolidate appli-
 3 cations from more than one county or may return the applications to the applicants with the rec-
 4 ommendation that the applications be consolidated. Applications shall be in the form prescribed by
 5 the division after consultation with the commission.

6 (3) Grants shall be made on the basis of need, the extent to which the plan meets the need and
 7 the comprehensiveness of the plan, to the extent that funds are available, but the division is not
 8 required to fund any grant in the total amount of the application.

9 (4) The commission may offer consultation and technical assistance to the counties or other
 10 entities, if requested, to the extent that funds are available therefor.

11 **SECTION 6.** In addition to and not in lieu of any other appropriation, there is appropriated to
 12 the Health Division, out of the General Fund, for the biennium beginning July 1, 1991, the sums for
 13 the following purposes:

14 (1) Planning and technical assistance functions, \$ _____.

15 (2) County grants, \$ _____.

16 **SECTION 7.** In addition to and not in lieu of any other appropriation, there is appropriated to
 17 the Health Division from the General Fund, for staff support and operational expenses of the Ma-
 18 ternity Care Access Planning Commission, \$ _____.

19 **SECTION 8.** The Maternity Care Access Planning Commission established under section 2 of
 20 this Act shall be appointed on or before September 1, 1991.

21 **SECTION 9.** Sections 2 to 5 of this Act are repealed June 30, 1995.

22 **SECTION 10.** This Act being necessary for the immediate preservation of the public peace,
 23 health and safety, an emergency is declared to exist, and this Act takes effect July 1, 1991.
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