Recommendations for Policy Change

While is it urgent that we improve care for pregnant and postpartum people who have substance use disorders now, it is also important that we make upstream policy and structural changes to reduce substance use disorders and create systems where wraparound, integrated physical and behavioral health care is accessible to anyone seeking care. The following population-based policy changes are needed to improve the health of our communities and to reduce substance use, not just in pregnancy and postpartum, but over the whole life cycle.

Policy Change Resources

American Society of Addiction Medicine Policy Statements
Partnership to End Addiction. Ending the Opioid Crisis: A Practical Guide for State Policymakers
NASHP: State Strategies for Preventing Substance Use and Overdose Among Youth & Adolescents
National Governor's Association: Addressing the Link Between Trauma & Addiction
CDC Injury Center: Policy Approaches to Preventing ACEs

Policy changes to reduce substance use disorders:

Many of the policy changes that are needed to reduce substance use disorders in our communities target social determinants of health such as poverty, adverse childhood events, and structural racism that increase the likelihood of substance misuse and addiction. Effective prevention of addiction would mean that people's basic needs are met, and they are connected in healthy communities especially during pregnancy and early childhood. Key policy levers include:

- Living wage requirements
- Policies that support affordable housing & provide emergency housing to pregnant and postpartum families
- Funding to improve access to food including SNAP, WIC, food banks, & school lunches
- Pregnancy, postpartum, and early childhood home-visiting programs
- Child tax credits
- Funding for universal access to high quality childcare & early childhood education
- Long-term, developmentally appropriate social and emotional learning and risk and protective factor curricula in schools
- School-based behavioral health and SUD treatment

- Universal mental health and SUD screening in primary care
- Funding for behavioral health workforce development
- Policies that improve access to behavioral health care and social support
- Medicaid Expansion
- Insurance coverage requirements for Medication Assisted Treatment and Naloxone

Policy Changes to Improve Access to Care for pregnant & postpartum people with SUD in Oregon

- See SB 691 from 2025 Oregon legislative session for model legislation
- Remove barriers to payment for peer delivered services in medical and behavioral health settings
- Create a Medicaid bundled payment for wraparound, integrated physical & behavioral health care with peer support for perinatal SUD
- Provide funding for expansion of Nurture programs in Oregon
- Change Oregon Administrative Rules to prioritize postpartum entry to treatment (up to 12 months), as is already done in pregnancy
- Fund and plan for workforce development and cross-training to support perinatal SUD care. Possibilities include:
    - Loan forgiveness for working with maternal and SUD populations
    - Funding for addiction medicine fellowships that include CNMs and Nurse Practitioners
    - Funding for behavioral health and SUD training for maternity providers
    - Funding for perinatal health training for behavioral health providers
    - Formalized pathways for mentorship/training for maternity providers wanting to gain experience in SUD treatment
    - Mandatory SUD and mental health continuing education for maternity providers and nurses
- Allow direct admission to hospital for treatment of SUD during pregnancy and postpartum
- Create a newborn day rate as in Washington state to allow hospitals to bill for stabilizing care for the for birthing parent with SUD while newborn is hospitalized
- Consider a state funded hospital-based detox/stabilization program for pregnant patients where the most unstable people who need hospitalization can come for specialty care
- Provide funding to support an increase in residential and other treatment programs for pregnant people, women, and mothers with an OUD throughout the state. This is a particular challenge in rural and frontier Oregon

- Enhance the Oregon Psychiatric Access Line (OPAL) to include maternal mental health consults
- Create a perinatal specific state addiction consult line
- Create financial incentives for hospitals to develop and integrate SUD services (addiction medicine)
- Remove rule that says if someone has abstained from using substance for 30 days that they do not longer qualify for residential treatment (this is an issue postpartum with some frequency)
- Fund work group to plan for best practices for SUD treatment in rural Oregon
- The OHA, in partnership with the Oregon Perinatal Collaborative and Comagine Health, should implement a surveillance strategy for perinatal substance use related outcomes