



Sharon Meieran

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To: House Committee on Health Care
From: Sharon Meieran, Multnomah County Commissioner
Date: March 15, 2017
Re: Support for HB 3391, the Reproductive Health Equity Act

Dear Chair Greenlick, Vice Chairs, and Members of the Committee,

Thank you for the opportunity to provide written testimony in support of the Reproductive Health Equity Act, a measure that will address significant gaps in reproductive health care coverage in Multnomah County and across Oregon. This bill makes sense from a moral and compassionate standpoint, and has the potential to save the state millions of dollars in reducing the costs of unintended pregnancy and other downstream consequences of failing to provide basic preventive reproductive health care.

In Multnomah County, our Community Health Clinics provide care for over 70,000 patients every year. More than half are women and 79% live below the federal poverty line. In 2016, more than 4,500 patients sought care related to contraceptive management, and over 4,000 patients were seen for preventive women's health measures, including Pap exams, mammograms, prenatal care, and testing for sexually transmitted infections. Our patients benefit from access to valuable screenings and treatments when they do not face financial barriers. Preventive reproductive health services are critical—a woman's ability to limit and space her pregnancies has a direct effect on her own health and economic security, her child's well-being, and the health and resiliency of our communities.

It is well known that unintended pregnancy is one of the leading causes of intergenerational cycles of poverty. The rates of unintended pregnancy throughout the US and in Oregon are over 40%, and significantly higher for low-income women and women of color.¹ In 2015, over half of all deliveries in Oregon were paid for by Medicaid, with an average cost of \$18,000 per Medicaid-paid birth.² The average cost for family planning services is just \$270 per client. Preventive health care ultimately saves not only substantial money, but the heartache and downstream consequences experienced when women suffer from crises related to inability to access preventive services. It is estimated that for every dollar spent on preventive reproductive healthcare (including contraception for women who do not wish to become pregnant, and preconception care for women who do wish to become pregnant), \$9 are saved in health care costs for delivery.³

¹ Guttmacher Institute, 2016. *State Facts About Unintended Pregnancy: Oregon* <https://www.guttmacher.org/fact-sheet/state-facts-about-unintended-pregnancy-oregon>

² Kaiser Family Foundation, *Births Financed by Medicaid* <http://kff.org/state-category/medicaid-chip/births-financed-by-medicaid/>

³ Association of State and Territorial Health Officials, 2012. *Improving Outcomes and Reducing Costs: Oregon's Innovative Reproductive Health Program* <http://www.astho.org/Maternal-and-Child-Health/Improving-Outcomes-and-Reducing-Costs-Oregon%E2%80%99s-Innovative-Reproductive-Health-Program/>

All Oregonians deserve: (1) access to culturally-responsive reproductive healthcare; (2) the ability to make decisions about when and if they want to have children; and (3) security in knowing they will receive healthcare when they need it, regardless of income, citizenship or gender-identity. We know that not all Oregonians currently have access to these basics, and with much uncertainty at the federal level around the Affordable Care Act, hundreds of thousands more stand to lose coverage for necessary health services. House Bill 3391 presents an opportunity to address both of these issues: protecting important reproductive health services by codifying them in state law without cost sharing, and expanding access to the 48,000 women of reproductive age in Oregon who are categorically excluded from Medicaid or coverage purchased through the state exchange.

I have dedicated my work as a physician to caring for those who are most vulnerable, and ensuring that all women have access to preventive reproductive health services. These are commitments I carry forward in my new role as Multnomah County Commissioner. In January, my fellow commissioners and I voted to support a county legislative agenda that includes a priority to “expand health care access.” I view HB 3391 as a prime opportunity to do just that, protecting *and* expanding meaningful access to necessary health care services. I strongly encourage you to support HB 3391.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sharon Meieran". The signature is fluid and elegant, with a prominent initial "S" and a long, sweeping underline.

Sharon Meieran