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Cc: [Sen Steiner Hayward](#); rep.danrayfield@state.or.us; [Sen Gelser](#); Sen.JackieWinters@state.or.us; [Rep Alonso Leon](#); [Rep Buehler](#); [Rep Hayden](#); [Rep Malstrom](#); [Sen Hass](#)
Subject: Please pass HB 3391A
Date: Tuesday, June 27, 2017 4:45:06 PM
Attachments: [Screen Shot 2017-06-27 at 3.41.09 PM.png](#)
[Screen Shot 2017-06-27 at 3.38.38 PM.png](#)

Co-Chairs Steiner-Hayward and Rayfield and members of the Joint Committee On Ways and Means Subcommittee On Human Services,

Please support HB 3391A.

There are multiple reasons to do so. But I'll focus on the economic reasons as this has bipartisan appeal.

According to the U.S. Bureau of Labor Statistics, women now comprise nearly half of the U.S. labor force at 46.8 percent. On the other hand, women are nearly twice as likely as men to work part-time.

Oregon has the 2nd highest percentage^[1] (37.1%) of women working part-time. While the majority of women who work part-time, do so by choice, this choice is often constrained by factors such as their children's school hours and the high costs of child care.

Working part-time makes it less likely that the worker will receive health insurance through their employer. It also means that these workers generally have irregular work schedules, where their hours change week to week.

In 2014, 46% of Oregon children lived in low-income households.^[2] Further, 47% of children in low-income families live with a single parent. The Guttmacher Institute^[3] asserts that economically disadvantaged women are disproportionately affected by unintended pregnancy and its consequences.

Since Medicaid expansion, Oregon has made great strides in preventing unintended pregnancies. By averting unintended pregnancies and other negative reproductive health outcomes, publicly funded family planning services provided by safety-net health centers in Oregon helped save the federal and state governments \$124.9 million in 2010. See other statistics below.

PREVENTING UNINTENDED PREGNANCY IN OREGON

- In 2014, 270,990 Oregon women aged 13–44 were in need of publicly funded family planning services.[\[6\]](#)
- Publicly supported family planning centers in Oregon served 105,800 female contraceptive clients in 2014. They met 39% of Oregon women's need for contraceptive services and supplies. Across the United States, such centers met 26% of need.[\[6\]](#)
- In 2010, public expenditures for family planning client services in Oregon totaled \$41.3 million; this includes \$35.8 million through Medicaid and \$2.5 million through Title X. Most states also use some of their own money (in addition to funds required to match federal grants) for family planning services. In 2010, Oregon contributed \$2.1 million. [\[11\]](#)
- Publicly funded family planning centers in Oregon helped avert 25,600 unintended pregnancies in 2014, which would have resulted in 12,400 unplanned births and 9,200 abortions.[\[6\]](#)

Sociologists and economists define the precariat[\[4\]](#) as an emerging social class representing people who live without financial security or stability. Among the precariat class are college graduates, whose degrees have been commodified, devalued and increasingly unimportant.

More women than men are getting college degrees.[\[5\]](#)

Women Outpace Men In College Enrollment

Share of recent high school completers enrolled in college the following October

Hispanic	Women	Men	% point gap, women/men
1994	52%	52%	0
2012	76	62	+13 women
Black			
1994	48	56	+9 men
2012	69	57	+12 women
White			
1994	66	62	+4 women
2012	72	62	+10 women
Asian			
1994	81	82	+1 men
2012	86	83	+3 women

Source: Pew Research Center analysis of the October Supplement to the Current Population Survey. Note: % point gap calculated prior to rounding. White, black and Asian include the Hispanic portion of those groups. Due to the small sample size for Hispanics, blacks and Asians, a 2-year moving average is used.

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And student debt is one reason why women responsibly delay parenthood.[6]

Oregon has led the country in improving access to birth control, allowing women to get them through a pharmacist without a doctor's prescription. But access only goes so far if the price tag for both uninsured and insured women creates financial barriers.

HB 3391A is Oregon's opportunity to pass a landmark bill that remove cost barriers to reproductive health. HB 3391A will improve the lives of Oregon women *and* save money for Oregon.

Respectfully,

Kris Alman MD

[1] <https://statusofwomendata.org/earnings-and-the-gender-wage-gap/womens-labor-force->

[participation/](#)

[2] http://www.nccp.org/profiles/OR_profile_6.html

[3] <https://www.guttmacher.org/fact-sheet/state-facts-about-unintended-pregnancy-oregon>

[4] <https://globaljournalnu.com/2016/03/11/the-precariat-the-new-dangerous-class/>

[5] <http://www.pewresearch.org/fact-tank/2014/03/06/womens-college-enrollment-gains-leave-men-behind/>

[6] <https://www.csmonitor.com/USA/Society/2013/0130/Behind-the-falling-US-birthrate-too-much-student-debt-to-afford-kids>