
Planned Parenthood Advocates of Oregon

February 4, 2021

Co-Chairs Lieber and Nosse and Members of the Ways and Means Subcommittee on Human Services:

Planned Parenthood Advocates of Oregon (PPAO) respectfully requests that the committee fully fund the Oregon Health Plan and the Reproductive Health Program as included within HB 5024, the proposed budget for the Oregon Health Authority (OHA). A significant portion of Planned Parenthood's patients rely on Medicaid for critical preventive health care services. Medicaid is a vital source of health coverage and a major funder of reproductive health services nationally. Approximately one in five women of reproductive age rely on Medicaid to access no-cost, critical reproductive health care such as birth control, life-saving cancer screenings, and maternity care.

Racism and discriminatory public policy have created systemic and economic barriers that have resulted in disproportionately higher numbers of women of color and LGBTQ individuals being enrolled in the Medicaid program. Approximately 31% of Black and 27% of Latina women of reproductive age are enrolled in Medicaid, compared to 14% of White women.¹ Those same systemic and economic barriers have made it disproportionately difficult for many people of color to access health care. As a result, people of color have worse access to reproductive health care — and worse health outcomes. Black women are 71% more likely to die from cervical cancer and 243% more likely to die from pregnancy- or childbirth-related causes than White women.²

Medicaid is also a vital program for the health of LGBTQ communities. Due to systemic barriers — like discrimination and harassment in accessing health care, which 28% of transgender people say they have experienced³ — LGBTQ people are more likely than non-LGBTQ people to be living in poverty and to be uninsured. Transgender people are four times as likely to be living in extreme poverty, making under \$10,000 a year. Medicaid coverage for pregnancy, birth control, gender-affirming care, and other sexual and reproductive health issues is critical in helping to close the devastating gap in health outcomes for women of color and LGBTQ communities.

While Medicaid is a critical source of health care for many, there remain significant gaps in health coverage for other vulnerable groups. The Reproductive Health Program, administered by OHA's Public Health Division, manages the Contraceptive Care Program (CCare), which fills an important gap for those who do not qualify for or are not enrolled in OHP; are not covered through their employers; who are unable to afford coverage through the ACA's market place; or have coverage and fear using it due to privacy concerns. Family planning is a smart investment that saves Oregon taxpayers millions of dollars every year. In fact, CCare is one of the most cost-effective state programs, saving the state \$22.8 million from the reduction in unintended pregnancy in 2017 alone. About 14 percent of Oregon CCare clients have an unintended pregnancy averted through the provision of effective contraceptive methods and counseling services. Moreover, this program has a 9-to-1 federal match, so for every \$1 of state investment, we leverage \$9 of federal matching funds. In 2019, the Reproductive Health Program also stepped up to provide coverage for Title X enrollees after the Trump administration's unethical gag rule

¹ Sonfield, A. (2017). Why Protecting Medicaid Means Protecting Sexual and Reproductive Health. Guttmacher Policy Review, 20. Available online: <https://www.guttmacher.org/gpr/2017/03/why-protecting-medicaid-means-protecting-sexual-and-reproductive-health>

² Martin, N. and Montagne, R. (2017). Nothing Protects Black Women From Dying in Pregnancy and Childbirth. Available online: <https://www.propublica.org/article/nothing-protects-black-women-from-dying-in-pregnancy-and-childbirth>

³ The National LGBTQ Task Force (2017). QUEERING REPRODUCTIVE JUSTICE: A TOOLKIT. Available online: <https://www.thetaskforce.org/wp-content/uploads/2017/03/Queering-Reproductive-Justice-A-Toolkit-FINAL.pdf>

forced Oregon out of that federally-funded program. Thousands of individuals were able to continue to access reproductive and sexual health care through the Reproductive Health Program's administration of the Title X program.

Noncitizens, are often shut out of Medicaid because federal law bars coverage for undocumented immigrants and for immigrants during their first five years of legal residency. The Reproductive Health Program also implements the Reproductive Health Equity Fund, our state's landmark program that ensures all Oregonians have access to the full spectrum of reproductive health services. PPAO believes that all individuals deserve access to affordable and quality health care regardless of immigration status, and as such, also supports the Governor's \$10 million investment into Cover All People, a pilot program to provide state-based coverage to undocumented adults, DACA recipients, legal residents, and young adults who age out of Cover All Kids.

PPAO further requests the committee's continued support of public health modernization. Rooted in public health modernization's core strategies, the OHA Reproductive Health Program provides funding and technical support to Local Public Health Authorities to convene coalitions of providers and community-based organizations to assess and address barriers and gaps in access to reproductive health services, especially those that impact communities already experiencing disparities. It is this coalition-building that ultimately can enhance access to appropriate family planning services across the state.

For example, Washington County Department of Health & Human Services launched the Reproductive Health Coalition of Washington County which has been meeting to actively address access to reproductive health services within Washington County. This group of committed partners has already developed a work plan and is working to achieve stated goals and ultimately evaluate their impact. Membership includes reproductive health clinical service providers as well as larger health systems and community-based organizations.

For these reasons, we urge you to support HB 5024 and prioritize funding for OHP and its investments into reproductive health services, the Reproductive Health Program, Cover All People, and public health modernization to ensure that every Oregonian regardless of race, income, immigration status, or gender identity can access the health care they need and deserve.

Sincerely,

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Interim Executive Director
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