Date: March 21st, 2023
To: House Committee on Behavioral Health and Health Care
From: Jennifer Parrish Taylor, Director of Advocacy and Public Policy for the Urban League of Portland
Re: Support for the Reproductive Health & Access to Care Legislative Package

Chair Nosse, Vice-Chairs Good and Nelson, and Members of the Committee,

Thank you for the opportunity to provide testimony in support of House Bill 2002. My name is Jennifer Parrish Taylor, and I am submitting this testimony on behalf of the Urban League of Portland. The Urban League of Portland is one of Oregon's oldest civil rights and social service organizations, empowering African Americans and others to achieve equality in education, employment, health, economic security, and quality of life across Oregon and SW Washington.

Often we are one of the few Black voices (sometimes the only) in the room speaking to issues, like HB 2002, that will have disparate impacts and ramifications for our communities. The Supreme Court's overturning of Roe v. Wade and nearly 50 years of precedent has eliminated the federal constitutional right to abortion and set a dangerous precedent for who has the authority to make decisions for us about our bodies. At the national level, communities of color have felt this decision acutely and I'd like to demonstrate that with some data. In 2021, "The Black Reproductive Justice Policy Agenda," outlines how:

- Black women have the highest rates of maternal mortality in the country and are two-to-three times more likely to die of pregnancy- and childbirth-related causes than women of other races and ethnicities. Black newborns also have worse outcomes than their counterparts: they face the highest rate of infant death compared to all other races/ ethnicities, with more than double the rate of white babies' mortality.[1]
- Public funding for family planning is provided by Medicaid (75% of funds), state sources (13%), and Title X of the Public Health Services Act (10%). Title X, the only federal program devoted to family planning services, has been systematically dismantled or undermined. As a result, there has been a 46 percent decrease in Medicaid, and state funds vary in terms of not only the services provided but also eligibility requirements. This has led to significant state-level variations and inconsistencies in ensuring race, gender, and socio-economic equity for contraceptive services as well as the Title X network's capacity to provide services.[2]
- Black women and girls account for more than one-third (38%) of all U.S. abortions, although they comprise just 13 percent of the population. Also, Black women are more likely to lack economic resources, to be unemployed and/ or uninsured, and to be insured by programs that restrict coverage for abortion care.[3]
- Teen pregnancy rates have fallen dramatically for girls of all races and ethnicities (from 1991 to 2013 the rate fell 66 percent for 15-to19-year-old Black girls). Nonetheless, Black girls are more than twice as likely to become pregnant before age 19, compared to white girls. And, while teen birth rates declined 41 percent from 2006 to 2014, Black teens' birth rate is more than twice that of white teens.[4]

[1] https://blackrj.org/wp-content/uploads/2021/06/BlackRJPolicyAgenda.pdf, Pg. 8.
[2] https://blackrj.org/wp-content/uploads/2021/06/BlackRJPolicyAgenda.pdf, Pg. 13.
[3] https://blackrj.org/wp-content/uploads/2021/06/BlackRJPolicyAgenda.pdf, pg. 15.
[4] https://blackrj.org/wp-content/uploads/2021/06/BlackRJPolicyAgenda.pdf, pg. 18.

Black girls and women are more likely to experience contraceptive desserts[5], to live in states with stricter abortion policies[6], and are systematically denied access to information and resources needed to make critical reproductive health decisions.[7] Though strides with the Reproductive Health Equity Act (RHEA) have been made, we are finding that compliance remains an issue. A state agency audit found every insurance carrier subject to the RHEA were not in compliance with the law's coverage mandates and were imposing cost-sharing for services that should have been fully covered. Furthermore:

- 78% of Oregon counties currently do not have an abortion provider.
- There are half as many abortion providers today in Oregon than there were in 1980.
- Eastern Oregonians are estimated to experience a 35% decrease in access to sexual and reproductive health care as a result of Idaho's abortion ban.
- The Guttmacher Institute estimates that Oregon could see a potential 234% increase in out-of-state patients as states move to ban abortion.

Being able to make decisions about our own bodies is central to our freedom. Access to the full range of reproductive, sexual, and gender affirming health care is a basic human right. No judge, politician, or ban should ever block someone from making personal medical decisions or determining the course of their life. Together, we can create a future where Oregonians don't have to think twice about whether they can get the care that's right for them before they go see their doctor, naturopath, nurse, or healthcare practitioner. Oregonians will know that if they need an abortion or gender affirming care they will receive it, and it will be in a way that feels right and provides autonomy. We urge you to support the Reproductive Health & Access to Care Legislative Package, HB 2002.

Respectfully,

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[5] Barber, J.S., Ela, E., Gatny, H. *et al.* Contraceptive Desert? Black-White Differences in Characteristics of Nearby Pharmacies. *J. Racial and Ethnic Health Disparities* **6**, 719–732 (2019).
[6] https://www.pbs.org/newshour/nation/black-and-hispanic-people-have-the-most-to-lose-if-roe-is-overturned.
[7] https://www.liebertpub.com/doi/10.1089/heq.2017.0045.