



House Committee on Education

SB 822

Thursday, February 20, 2025

Lois Anderson, Executive Director, Oregon Right to Life

Chair Patterson, Vice-Chair Hayden, and Members of the Committee,

I am writing to express our strong opposition to Senate Bill 822 (SB 822), which mandates that health insurance companies further prioritize abortion access, along with other controversial services like gender-affirming care in their networks. While SB 822 aims to address perceived gaps in access to reproductive health care, I believe it raises significant concerns about religious liberty, the potential infringement on conscience protections, and the rationale for legislation like SB 822 in Oregon, where abortion is fully legal with no restrictions or limits.

SB 822 prioritizes ample access to reproductive health including abortion and other controversial services like gender-affirming care be included in insurance networks, with no mention of religious, moral, or ethical exemptions. Without clear and comprehensive safeguards, SB 822 risks infringing on the religious freedom of health care providers and brings question to the protection for insurance companies who conscientiously object to facilitating abortion services set in the Reproductive Health Equity Act (RHEA). These providers should not be forced to compromise their beliefs in order to comply with state mandates.

Moreover, the legislation is unnecessary. Oregon's 2017 Reproductive Health Equity Act already mandates that healthcare providers and insurance plans offer access to reproductive health services, specifically abortion, with only narrow religious exemptions for certain entities. And Oregon's Abortion Access Plan already addresses this gap, providing coverage for abortions that otherwise wouldn't be covered due to a religious exemption. In addition, Oregon has long been considered a leader in reproductive rights. According to the top pro-choice abortion research and policy organization, Guttmacher Institute, Oregon is listed as "Most Protective" when it comes to state reproductive health access, allowing for elective abortion until the moment of birth and paid for with taxpayer dollars. Given the state's existing framework for unrestricted abortion access, SB 822 does not address a critical gap in reproductive health services.

Oregon already has comprehensive network adequacy standards in place, and the Division of Financial Regulation regularly reviews insurance networks to confirm that they meet these standards. Additionally, existing providers already provide reproductive health care services, including abortion, throughout the state, including in more rural areas through telehealth. The

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provisions of SB 822 are entirely redundant and fail to demonstrate a critical need for further expansion.

Conclusion

In response to the overturn of *Roe v. Wade* and the current presidential administration, Governor Tina Kotek has publicly committed to making Oregon a safe haven for abortion. Oregon is already recognized for having no restrictions on abortion, and the Reproductive Health Equity Act (RHEA), in combination with the Abortion Access Plan, guarantees access without limitation. In this context, SB 822 is unnecessary, as it does not solve an issue of access. Instead, it appears to be more of a political statement aimed at prioritizing abortion and other controversial services like gender-affirming care while infringing on religious liberty and conscience protections and placing an undue burden on medical providers and insurance companies with deeply held beliefs.

For these reasons, I respectfully urge the committee to oppose SB 822.

Thank you for your time and consideration.

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