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Senate sends Reproductive Health Equity Act to governor
HB 3391 fills critical gaps in reproductive health care

SALEM – All Oregonians should have access to the health care services they need, and the Oregon Senate supported that notion today by passing the Reproductive Health Equity Act.

House Bill 3391 will close gaps to reproductive health care services for all Oregonians. The services that are covered include birth control, sexually transmitted infection screenings, certain cancer screenings, vasectomies, abortion and post-partum care. The bill identifies contraceptive and preventive services are to be offered at no out-of-pocket cost to the patient. Services will be available regardless of income, citizenship status, gender identity or type of insurance.

"This bill is about health care, and these are all services to meet the health care needs of Oregonians," said Sen. Richard Devlin (D-Tualatin), who carried the bill in the Senate. "This is a $10 million investment that will save us a lot down the road. Unintended pregnancies can lead to greater social service costs down the line. Lack of preventive care for sexually transmitted infections, pregnancy and other things leads to costly treatments later. This is a common-sense public health bill that makes fiscal sense."

The bill sets aside $6 million to pay for family planning services and $3 million for post-partum care. It also directs all remaining pre-Affordable Care Act health plans to cover contraceptives without copayments and ensures that transgender individuals can receive routine screenings. The bulk of the funding will go toward contraception. The bill will expand access to no-cost contraception for 18,600 women in Oregon who lack that benefit.

"This bill is about equity and empowering people to decide whether and when to become a parent," said Sen. Elizabeth Steiner Hayward (D-Beaverton), who works as a physician. "By providing the full range of reproductive health care – including contraception, abortion and cancer prevention – we can reduce the number of unintended pregnancies, improve women's health and increase women's ability to be economically self-sufficient."

Increasing access to contraception and pregnancy services in Oregon has been paying off by reducing unintended pregnancies. The state's abortion rate is nearly half what it was in recent decades, dropping from 15,700 in 1980 to 8,600 in 2015. During that time, the state has grown from 2.6 million people to 4 million. At the same time, the teen pregnancy rates have dropped significantly, though they still are high compared to many other states.

The Reproductive Health Equity Act will require the Oregon Health Authority to implement a program to reimburse the costs of reproductive health services to individuals who would be eligible for medical assistance if not for their immigration status. This program also includes coverage for 60 days of post-partum care, providing access to critical care to the 48,000 Oregonians who have coverage for labor and delivery, but who lose that coverage immediately after giving birth.

Sen. Laurie Monnes Anderson (D-Gresham) is a career public health nurse. She says that for every dollar in public spending on reproductive health and family planning services, states save $7 in Medicaid costs for pregnancy, labor and delivery and other health care.

"As a public health nurse, I have worked with the very poor and many at-risk pregnant women," she said. "I have seen the difference between what a poor woman can get and one that has financial means to get birth control and health services. I have seen that poverty is a restriction. I have seen access as a restriction. Unintended pregnancies can perpetuate cycles of poverty, and we can help stop it. It is a woman's right to choose when and if she is ready in her life to have a child."

House Bill 3391 now goes to Gov. Kate Brown for her signature.

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