

To: House Committee on Human Services and Housing

From: Laura Terrill Patten, Executive Director, Planned Parenthood Advocates of Oregon

Date: April 1, 2013

Re: Testimony in Support of HCR6

Chair Tomei and Members of the House Committee on Human Services and Housing:

I am the Executive Director of Planned Parenthood Advocates of Oregon, the statewide policy voice for Planned Parenthood's 15 health centers across the state and the 84,813 patients they serve annually. PPAO defends and promotes the Planned Parenthood mission by advocating for public policy that will enhance and protect women's health and by engaging and motivating the public.

In 2013, the 40th anniversary of *Roe v. Wade*, we urge your support of House Concurrent Resolution 6 to reaffirm a woman's ability to make reproductive health decisions. As we will outline here, study after study has shown that increased access to safe, legal abortion is linked to better physical and mental health; decreased levels of poverty and abuse; and improved economic outcomes both for the woman and for society as a whole.

First, abortion is safe. It is one of the most commonly performed clinical procedures, and fewer than 0.3 percent of women undergoing legal abortion procedures sustain a serious complication. In fact, the risk of death associated with childbirth is about 10 times as high as that associated with abortion. Since *Roe v. Wade*, women have obtained abortion earlier in pregnancy, when health risks to them are at the lowest. In 1973, only 36% of abortion services were performed at or before 8 weeks of pregnancy. Today, 63% take place within the first 8 weeks of pregnancy.

Second, where there is access to abortion, families are healthier. If safe, legal abortion were not available, more women would experience unwanted childbearing, and unwanted childbearing affects the entire family. Families with unwanted births suffer from higher levels of depression and child abuse.

Third, where there is access to abortion, children are healthier. Because of *Roe v. Wade*, cohorts born after 1973 are less likely than those born before 1973 to be in single-parent households, to live in poverty and to receive welfare. They also experience lower infant mortality rates. Meanwhile, states that restrict access to abortion typically spend far less money per child on a range of services such as foster care, education, welfare, and the adoption of children who have physical and mental disabilities.

Fourth, where there is access to abortion, women are healthier. In states that restrict access to abortion, women suffer from lower levels of education and higher levels of poverty, as well as from a lower ratio of female-to-male earnings. These states also have a lower percentage of women in the legislature and fewer mandates requiring insurance providers to cover minimum hospital stays after childbirth.

For these reasons and a host of others, it is vital to women's health and well-being that abortion remain a safe and legal medical procedure for a woman to consider if she needs it.

Please support HCR 6. Thank you.