



Tuesday, March 14, 2017

Chair Mitch Greenlick and the House Committee on Health Care  
900 Court St. NE  
Salem, Oregon 97301

**RE: HB 3391**

**Laura Jenson, CNM, MPH,  
MS, CPH**  
Chair, Legislative and Advocacy  
Committee

Dear Chair Greenlick, Co-Chairs and members of the Committee:

On behalf of the Oregon Affiliate of the American College of Nurse-Midwives, I respectfully request your support for the Reproductive Health Equity Act (HB 3391).

The American College of Nurse-Midwives (ACNM) supports measures to achieve optimal health for patients through their lifespan, including those which address well-person and gynecologic care and promote optimal pregnancy, physiologic birth, postpartum care and care of the newborn. The patient is at the core of our practice. Our members respect each person's right to dominion over their own health and care. ACNM members provide primary and maternity care services to help patients of all ages and their newborns attain, regain, and maintain health. We emphasize health promotion and education, disease prevention, and informed decision-making. Furthermore, ACNM advocates on behalf of patients and families to eliminate health disparities and to increase access to cost-effective, evidence-based, high quality care. We believe HB 3391 to be crucial to the health and well-being of our community.

With the imminent repeal of the Affordable Care Act, hundreds of thousands of Oregonians could lose no-cost-share coverage for essential reproductive health services. When the cost of care must first come out of a high deductible, these services can be unaffordable and inaccessible for many. This is particularly problematic for women seeking abortion — a time-sensitive and critical service that 1 in 3 women access by the time they are 45.

Furthermore, 48,000 women of reproductive age in Oregon are categorically excluded from Medicaid due to their citizenship status and are prohibited from purchasing insurance with their own money on the Exchange. These women have coverage that ends immediately after labor and delivery, leaving them without care during the postpartum period, a pivotal time for both mom and baby.

Finally, transgender and gender-nonconforming Oregonians need access to services often categorized as "women's health care," including gender-specific cancer screenings. However, procedural barriers hinder access to this necessary and lifesaving care.

The Reproductive Health Equity Act establishes comprehensive coverage for the full spectrum of reproductive health services — including family planning, abortion and postpartum care — for all Oregonians, regardless of income,

citizenship status, gender identity or type of insurance. Restrictions on reproductive health care can have profoundly harmful effects on public health, particularly for those who already face significant barriers to receiving high-quality care. This legislation ensures that all Oregonians are able to decide if and when they have children based on what's best for them and their family's circumstances.

The Oregon Affiliate of the American College of Nurse-Midwives supports HB 3391 because we know that Oregonians need access to full reproductive health coverage for all families to thrive, for a stronger economy and for a healthier state. We hope that you will join us in support of the Reproductive Health Equity Act.

Sincerely,  
Laura Jenson, CNM, MPH, MS, CPH  
Chair, Legislative and Advocacy Committee  
Oregon Affiliate of the American College of Nurse-Midwives  
Cell: 503-290-4942