## Testimony submitted via email.

Chair Greenlick and members of the House Health Care Committee,

Please support **HB 3135**, which allows OHP to cover IUD insertion immediately after a woman gives birth. The American Congress of OBGYNs (ACOG) recently changed their recommendations regarding postpartum IUD placement, and now recommend that women who want long-term birth control after childbirth have them placed immediately after birth instead of waiting until their 6-8 week postpartum checkup visit. IUDs are the most effective long-term birth control and have been shown to dramatically reduce the rates of unintended pregnancy. However, currently OHP does not allow coverage of immediate insertion. This is a problem, because the ACOG finds that "Approximately 10–40% of women do not attend the postpartum visit, and 40–75% of women who plan to use an IUD postpartum do not obtain it. " I recently gave birth and used IUD as my birth control method after the birth. Instead of being able to have the IUD placed right after birth, when I was already in the hospital, face to face with my OB, on the delivery bed and primed with pain medication, I had to make a separate (medically unnecessary) appointment at 8 weeks postpartum, find childcare for my 8 week old baby, get myself to the doctor's office, and deal with additional recovery from the pain of insertion. Each of those barriers alone is enough to keep many women from accessing the most effective form of birth control. It shouldn't be so hard for a woman to get the birth control she wants and needs--ESPECIALLY in the weeks and months right after giving birth when \*everything\* is already hard enough.

Please also support **HB 2527**, which defines "self-administered hormonal contraceptive" as it relates to Oregon's 2015 <u>landmark law</u>, which made birth control available through an Oregon pharmacist without a prescription. Amendments to HB 2527 expand a pharmacist's ability to prescribe and administer injectable hormonal contraceptives as well. Oregon's laws lowering barriers to contraceptive access are leading the nation, and nothing could be more important for the women in this state. **Kudos to the Oregon legislature for putting forward such visionary work**.

These are good bills that expand access to contraceptives and should be supported by the House Health Care Committee.

But they do not go far enough. Passing these two bills <u>in conjunction with the passage of HB 3391</u> would decrease unplanned births in our state, and give all women, regardless of income, the ability to be in charge of when and if they have children and grow their families.

Regards,

Hanna Neuschwander

http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Immediate-Postpartum-Long-Acting-Reversible-Contraception

https://olis.leg.state.or.us/liz/2015R1/Measures/Overview/HB2879