

March 16, 2023

To: House Committee on Behavioral Health and Health Care

RE: Support HB 2002

Chair Nosse, Vice-Chairs Goodwin and Nelson, Members of the Committee,

My name is Colby Phillips. I live in Milwaukie, Oregon in House District 41. I am a volunteer with Planned Parenthood Advocates of Oregon, with the Clackamas County Leadership and Advocacy Team.

I am writing to urge you to support House Bill 2002, which would improve upon the Reproductive Health Equity act, enacted in 2017. RHEA helped ensure reproductive healthcare remains a legal right in Oregon, and expanded access to the full spectrum of reproductive care services for insured Oregonians.

Under RHEA reproductive care is covered under insurance, from contraception to prenatal, maternity and postnatal care, and miscarriage and abortion care – all without transferring costs to the patient. It has also guaranteed the legal right to an abortion in our state. After the fall of *Roe*, it cannot be overstated how crucial this is. The Guttmacher Institute has named Oregon the most protective state for reproductive rights. This is something to be proud of.

However, we need to do even better. We know that Oregonians living in the eastern and coastal areas of our state are having to travel up to 300 miles to seek abortion care. Guttmacher estimates that post-*Dobbs*, our clinics could see a 234% increase in patients who are seeking care from states with abortion bans. We know that legal rights are not the same as access, and a right without adequate access results in only those with means actually getting to use that right.

Going further than making a legal right to terminate a pregnancy, HB 2002 decriminalizes pregnancy outcomes. It needs to be understood that abortion isn't the only pregnancy outcome which needs protection: women have already been arrested or prosecuted under existing laws for failing to obtain prenatal care, engaging in activities which could harm an embryo or fetus, and even for miscarrying. No other health concern faces this kind of scrutiny, and the majority of cases are brought against BIPOC and poor women.

HB 2002 will protect doctors and patients from harassment. Patients deserve to not be intimidated or afraid when seeking care. Their medical information needs to be confidential and protected. Providers deserve the same, and need the additional

protection of keeping their identities protected from public records requests as these could be used to access their homes, disrupt their private lives, or worse. Further, we need to ensure that doctors will not be threatened with criminal liability or losing their medical licenses for medical care which is legal in our state. We already have medical residents traveling to OHSU to learn and practice giving safe abortions, which they can no longer safely do in their states.

Oregon can also ease the burden of time and travel for care. For rural areas and “care deserts” outside the I-5 corridor, a pilot program would offer mobile health clinics. Currently, private insurers are required to supply 12 months of contraception at a time, allowing users to not worry about multiple trips to already overburdened pharmacies. HB2002 would require the same of the Oregon Health Plan, extending this benefit to patients less economically advantaged. University campuses can also be required to stock emergency contraception (such as Plan B) and medication abortion pills to ensure that students who may have resources away from campus can still access the care they need.

RHEA recognized the need for gender-affirming care as part of the same rights to bodily autonomy that we fought for with abortion care. Currently, insurers have interpreted this mandate as limited to “medically necessary” care, but denied “cosmetic” procedures like permanent hair removal and gender-affirming facial surgeries. This is a safety issue. We know how incredibly vulnerable our trans population is, and how often they experience assault and harassment for something as simple as needing to use a public restroom. RHEA ensures trans access to suitable and life-saving medical care, but it cannot stop there, we need to require coverage for the full spectrum of gender-affirming care.

As an active member of PPAO in 2017, I helped lobby for the passage of RHEA. It was an incredible experience to realize that not only could we protect abortion rights as understood under *Roe*, but expand on them at a time when so many states were battling restrictions. We could move beyond fear over what we might lose and improve people’s lives. I’ve heard time and again in reproductive rights circles that *Roe* was the floor and not the ceiling. Then we lost the floor. We are in a state of emergency and we cannot lose sight of that. But Oregon has the opportunity to still move forward. We can act now to ensure that our clinics are robust enough to meet the needs of patients locally and from across the country. We can protect our doctors and get residents trained so they can continue to deliver care. We can extend access in our rural areas and ease the burden of travel. We can protect and affirm the dignity of trans people. I urge you to work to pass HB 2002 and ensure not just rights, but access to care in Oregon.

Thank you for your time and consideration,

Colby Phillips
Milwaukie, Oregon