



House Health Care Committee

HB 4127

Tuesday, February 3, 2026

Lois Anderson, Oregon Right to Life

Chair Nosse, Vice Chair Diehl, Vice Chair Nelson, and Members of the Committee,

I am writing on behalf of Oregon Right to Life to express strong opposition to House Bill 4127.

Much of the rhetoric surrounding this bill relies on a false narrative that opposition to HB 4127 is rooted in hostility toward women or a desire to eliminate healthcare access. That framing is inaccurate and designed to shut down honest discussion.

Proponents of HB 4127 have suggested that scrutinizing this funding is an attempt to “ban” Planned Parenthood or eliminate access to basic health care services. That is not true. Planned Parenthood remains free to operate in Oregon. The reason federal funding is an issue is because of its role in providing abortions and other controversial services under the umbrella of gender-affirming care, not because of cancer screenings, contraceptives, STD testing.

Oregon has a broad and diverse health care network that already provides these non-abortion services, including Federally Qualified Health Centers, county clinics, walk-in clinics, pharmacies, telehealth, and mail order options, not to mention the privately-funded, life-affirming clinics operated by medically-trained staff offering the same services at no charge to their patients, these life-affirming medical clinics alone more than double the count of planned parenthood facilities and have capacity to take on additional patients. This diverse range of providers exist across the state and are not dependent on abortion revenue to function.

Claims that these providers would be unable to meet demand rely on inflated and misleading service counts from Planned Parenthood and out of context studies. Patients seeking abortions are counted for a broad range of services regardless of why they came in. The recent analysis by the [Guttmacher Institute](#), citing that FQHCs could not take on the service load of Planned Parenthood, is strictly referring to those who receive contraceptives and implies all contraceptive patients would shift exclusively to FQHCs. In reality, care, of all kinds, would be distributed across a wide range of providers mentioned earlier, including pharmacies and over-the-counter or online mail-order options.

Concerns about rural access also warrant clarity. Planned Parenthood clinics are overwhelmingly located in urban areas. The organization’s newest facility in Ontario was established to serve out-of-state abortion demand, not to address health care shortages in rural Oregon.

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Oregon Right to Life has been clear and consistent: abortion ends the life of a unique, developing human being. Pro-life or pro-choice, I would hope we could all agree that we want to see fewer abortions in Oregon, not more. An expansion in funding to Planned Parenthood would do the opposite.

This conviction, however, does not mean ignoring women's needs or refusing to engage in responsible policymaking. In fact, it is precisely because we care about women, children, and families that we are raising concerns about HB 4127.

Oregon's pro-life legislators have not pushed for full bans on abortion, instead, they have consistently put forward constructive, widely-supported proposals that reflect these priorities. These include ensuring care for infants born alive during abortions, limiting abortions once an unborn child can feel pain, with exceptions for life of the mother, rape, and incest, connecting abortion vulnerable women to tangible resources in her area through the Every Mother Matters Act, preventions and protections in response to documented cases of abortion trafficking involving minors brought into Oregon without parental knowledge, and more. These efforts reflect a commitment to protecting life while supporting women and families in tangible ways.

Abortion in Oregon is already legal until the moment of birth, for any reason, and more than 80 percent of abortions are paid for by taxpayers. That policy landscape places Oregon as one of the most permissive not only in this country, but in the world. At the same time, our state is facing a budget shortfall of tens of millions of dollars. In that context, it is reasonable and necessary to examine whether limited state resources are being allocated responsibly.

At a time when families are struggling with affordability and the state is confronting serious budget constraints, examining this fee-for-service request is not outrageous; it is responsible governance. Oregonians expect their legislators to ask hard questions, prioritize essential services, and ensure public dollars are not insulated from oversight for political reasons.

HB 4127 does not address Oregon's real provider shortages. Instead, it doubles down on abortion dependency while discouraging honest fiscal review. For these reasons, I urge the committee to oppose HB 4127.

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