

Mail Tribune

Opinion

Guest Opinion: A vote for reproductive equity

By Pam Marsh

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On Saturday morning, I cast a vote in support of House Bill 3391B, the Reproductive Health Equity Act. Sometimes, as in this case, a piece of legislation suddenly feels exceptionally personal.

I graduated from high school in 1973, the same year Roe v. Wade was decided by the United States Supreme Court. That case was the third in a series of decisions by the court that changed our lives.

In 1965 in the Griswold case, the court ruled that the state of Connecticut could not ban birth control for married couples. A few years later, in 1972, the court extended those protections to unmarried women.

Because of the court's repeated confirmation of the right to privacy, my generation of women was the first to have access to a full array of birth control options. In retrospect, power over our reproductive choices fundamentally changed the course of our lives. Because we could plan pregnancies, we could also make other plans. We became doctors, attorneys, elected officials, CPAs, professionals of all kinds. And at the appropriate moment, many of us chose to become mothers.

Our personal narratives are supported by the data. One-third of wage gains women have made since the 1960s are because of access to the birth control pill. Six times more women now complete college than did 40 years ago.

In 1967 women made up one third of all workers. Now we represent more than half, and increasingly, we serve as CEOs, entrepreneurs and even governors.

Certainly, these changes have also been prompted by other cultural and technological shifts. But the ability to plan pregnancies has, without question, been foundational to the social, political and economic gains women have

experienced over the past decades.

And yet, shockingly, 60 years after the birth control pill, and despite development of a spectrum of other reliable contraceptive methods, as well as efforts by the Legislature to facilitate access to care, nearly half of all pregnancies in Oregon are unintended. The consequences for both mother and child are dire: According to the Oregon Center for Reproductive Health, unintended pregnancies are the primary reason women fall into poverty. The children born of those pregnancies are at a higher risk of low birth weight, death before age 1, and abuse. And that's heartbreaking.

It is time to double down on our efforts to provide Oregon women with access to reproductive services. House Bill 3391B will require insurance companies to provide reproductive health care, including abortion, without a co-pay or deductible. It will also allocate funding for women whose citizenship status prevents them from coverage on OHP or via private insurance.

In short, HB 3391B ensures that cost alone will never keep a woman from receiving services, regardless of citizenship status, ability to pay or gender identity.

The bill also plants a clear flag: Regardless of any possible federal action to come, the state of Oregon will protect reproductive health care rights for all residents. This isn't a simple political declaration. Instead, the statement articulates a clear policy that reflects our unwavering commitment to healthy families; empowered women; and nurtured, thriving children.

I've seen the benefit of access to birth control. Now we need to take the next step to make sure that all women have the opportunity to control their reproductive lives.

— Rep. Pam Marsh, D-Ashland, represents District 5 in the Oregon House.