



August 14, 2012

Dear members of the Oregon Health Policy Board and Oregon Health Insurance Exchange,

We are pleased to see the progress being made on Oregon's health care reform plan, CCO structure, and the Insurance Exchange. We are confident that all Oregonians will benefit from this improved system, especially women, as women are more likely to be uninsured and women access health care more often than men.

We are writing to call attention to the importance of reproductive health as a core component of primary care – one that needs consideration in every aspect of the new health care delivery system. While chronic diseases are a costly and important issue in health care reform, their prevalence is far below the prevalence of the need for reproductive health services. Only 7% of Oregonians have diabetes, 5% have symptoms of major depression and 26% have high blood pressure. In contrast, more than half the population is women and most women are trying to prevent unintended pregnancies every month for about 30 years of their lives. In Oregon, **49% of pregnancies that result in live births are unintended, and half of all deliveries are paid for by Medicaid.** Unintended pregnancies result in worse health outcomes for mother and baby, increase family stressors, and result in substantial costs to the state for maternity services and social supports for low-income families.

While chronic disease affects a fraction of our population, reproductive health affects nearly every family in Oregon, and is a major driver of health care costs. **Ensuring that every family has access to effective contraception that works for them, and that more pregnancies are wanted, planned and as healthy as possible is the most likely way to see large cost savings in our health system within the first year of reform.**

We are thrilled that our advocacy helped to ensure that one of the Transformational Accountability Metrics addresses women's reproductive health, by asking CCOs to track:

Percentage of reproductive age women who do not desire pregnancy who are using an effective contraceptive method.

However, this metric is not enough to meet the needs of Oregon women in primary care. Specifically, women's health should be addressed proactively, with routine screenings and frequent assessment of needs. Contraception, preconception care and counseling, well-woman visits, cancer screenings and prenatal care should be standard components of primary care, measured and tracked as quality indicators and fully covered by all payors without co-pays. If primary care providers do not offer these services, they should be able to quickly and easily refer women elsewhere.

We know that part of OHA's responsibility in supporting the success of CCOs is in "Identifying and sharing information on evidence-based best practices, emerging best practices and innovative strategies", and in "Providing technical assistance to CCOs to develop and share their own best practice

approaches". We are eager to step in to help fulfill this responsibility regarding women's reproductive health by offering technical assistance to CCOs and to primary care providers. Please contact us if you have any questions about our work or the support we are able to provide.

Warm Regards,

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