

VOTE LIKE YOUR HEALTH CARE DEPENDS ON IT

Measure 106 looks to cut funds to abortions. This group is aiming to stop it.

Just because you live in Oregon, and specifically in Eugene, doesn't mean you're safe from conservative ballot measures like Measure 106 — the measure that would exponentially limit access to abortion.

This is crucial for Oregon voters to know, according to the members of No Cuts to Care — the “no” on Measure 106 coalition. The measure would also cost taxpayers money as well as affect low-income access to health care.

“If a place like Oregon succumbs to this, what message does this send to the rest of the nation?” says An Do, communications director for the No Cuts to Care campaign.

Measure 106 is on this November's ballot as a constitutional amendment to prohibit all public funds from being spent on abortions.

Though it has been marketed with a focus on tax dollars by its supporters, Lisa Gardner, president and CEO of Planned Parenthood of Southwestern Oregon, says, “It's a backdoor ban on abortion. There's no way to mince it.”

She continues: “This is about access. I don't believe that this is about funding. I believe this is about abortion.”

Do and Gardner are just two people who make up the more than 100 organizations, businesses, elected officials and community leaders who are part of the No Cuts to Care coalition.

Oregon Bureau of Labor and Industries Commissioner-elect Val Hoyle is also a part of that coalition.

“It is absolutely crucial that we remain a state with access to abortion,” Hoyle says.

Currently, California, New York and Oregon require

nearly all health insurance plans to provide abortion coverage, according to the National Women's Law Center. If Measure 106 passes, people with insurance such as Oregon's Medicaid program Oregon Health Plan would lose out on that coverage.

Eugene Weekly spoke with Gov. Kate Brown before Measure 106 was officially on the ballot, when it was known as Initiative Petition 1. Brown told *EW* that the measure would “set a dangerous precedent by cherry-picking which medical procedures public insurance will and won't cover.”

The No Cuts to Care coalition echoes that Measure 106 would be especially harmful to low-income people who most need health coverage.

“By removing abortion from the list of medical procedures covered for low-income women on the Oregon Health Plan, Measure 106 limits access to abortion to only those who can afford it,” a statement from the coalition reads. “It creates a new category of haves and have-nots within health care.”

Gardner says, “A right is not a right if you can't afford to access it.”

The coalition also disputes that this measure would have a positive fiscal impact on individuals' taxes, as its supporters argue.

“The proponents have used vague messaging, saying it's a fiscal issue and will reduce taxpayer money,” Do says. “It will cost exponentially more for the state if this passes.”

According to the Oregon Secretary of State website, if Measure 106 — still Initiative Petition 1 at the time of the

report — were to pass, it would result in an estimated cost to the state of \$19.3 million.

The Secretary of State's office breaks down the number like this: Although there would be an estimated \$2.9 million decrease in state expenditures on abortions, there would be an estimated \$22.2 million increase in state spending from “an estimated increase in births and corresponding utilization of health care, food and nutrition services provided by state government programs.”

On top of the increase in state spending the passage of Measure 106 would spur, Gardner says, it would also topple all of the hard work the state has done to lower teenage pregnancy.

“Teen pregnancy in the state is low and dropping,” Gardner says. She says this has a lot to do with more outreach and education on sexual health, but also because Oregon has such accessible health care that covers things like birth control and abortions.

“There's no logic for taking away something that is a need,” she says.

Along with abortions, Do says that Measure 106 is very vaguely written and “could apply to IUDs [intrauterine devices] or forms of the pill.”

Overall, members of the coalition say it's a tone-deaf measure in a state that has historically supported autonomy in health care decisions. “It's ignoring the fact that Oregonians believe women should have the right to choose,” Do says.

“In today's climate, we can't afford to open that door,” Gardner says. “Health care is not a political issue. Women have to be trusted to make decisions.” ■



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