

A City Club Resolution on Measure 106: A ban on Public Funds to Be Used for Abortion

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“...passage of the Measure would create a disproportionate financial hardship and deny a legal medical procedure to that class of citizens least able to afford such an impact”

- City Club of Portland report on Oregon Ballot Measure 7, Prohibits State Expenditures, Programs or Services for Abortion, October 30, 1978

Recommendation: The Board of Governors recommends a “No” vote.

City Club members will debate this resolution on Wednesday, Aug. 22, 2018 at Ballotpalooza. Club members will vote on the resolution beginning Wednesday, Aug. 22 and concluding on Friday, Aug. 24. Until the membership votes, City Club of Portland does not have an official position on Measure 106. The outcome of the vote will be reported via email and online at pdxcityclub.org.

DISCUSSION

Opponents of abortion access have collected enough signatures to place an initiative on Oregon's November 2018 ballot. Measure 106 prohibits the use of public funds for certain medical procedures to which petitioners object. Eliminating public funds for access to abortion would have a disproportionate effect on lower-income women and families, and generate delays in seeking abortion services, which could lead to medical complications. Limiting funding for abortion does not reduce the need for or incidence of abortion. This measure is similar in intent and support to IP 6 (a measure City Club examined in 2014 and which 93% of City Club members voted to oppose) and Measure 7 (a measure City Club examined in 1978). The 2014 research report is included below.

Additional relevant facts:

- Oregon Life United, the group behind the initiative, has been working since 2012 to put a measure on the ballot.
- Measure 106, referred to by proponents as “Stop Taxpayer Funding for Abortion Act of 2018,” would amend the Oregon Constitution to prohibit spending public funds on abortion.
- Abortion is legal in the United States.
- Oregonians have repeatedly voted down attempts to limit abortion access.
- City Club has repeatedly evaluated measures to limit abortion access, and declined to support them.
- 271,833 women of reproductive age receive health care through the Oregon Health Plan. Under Measure 106, these Oregonians will lack access to the full range of reproductive care.¹
- Public employees would also see similar changes to their healthcare coverage.²
- CBS News reported in 2017 that most Americans cannot afford an unexpected \$500 expense without going into debt. This is approximately the cost of an early-stage abortion.³

While declining to research this issue again, the Board of Governors is compelled to weigh in yet again on this issue.

CERTIFIED BALLOT TITLE FOR MEASURE 106

Amends Constitution: Prohibits spending ‘public funds’ (defined) directly/indirectly for ‘abortion’ (defined); exceptions; reduces abortion access.

RECITALS

WHEREAS the Supreme Court of the United States upholds a woman’s right to abortion as protected under her right to privacy in the sphere of medicine.

WHEREAS Oregonians have repeatedly rejected attempts to limit abortion access in the state.

WHEREAS The choice to have an abortion rests solely with the woman whose body will be impacted by a potential pregnancy.

WHEREAS City Club of Portland has examined similar measures in 1978 and again in 2014, and in each case a research committee concluded, and City Club members then supported, the analysis that limiting access to abortion is a policy damaging to lower income women.

WHEREAS Measure 106 is intrinsically related to Measure 7 and Initiative Petition 6 and would pose similar negative impacts.

RESOLUTION

THEREFORE, BE IT RESOLVED that, given that low-income women are materially harmed by lack of access to abortions, and would be disproportionately harmed by Measure 106, the City Club Board of Governors recommends that the membership vote “NO” on Ballot Measure 106 on November 2018 ballot.

ENDNOTES

1 Planned Parenthood Advocates of Oregon. “No Cuts to Care: Vote No on Ballot Measure 106.” July 27, 2018 from <https://www.ppaoregon.org/2018/07/27/no-cuts-care-vote-no-ballot-measure-106/>

2 *ibid*

3 *ibid*

A City Club Report on IP6: Public Funds for Abortion

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In the Spring of 2014, petitioners began collecting signatures to place Initiative Petition 6 (IP 6) on the November 2014 Ballot, which would have amended the Oregon Constitution to ban the use of public funds to pay for abortion, insurance covering abortion, and related services, with limited exceptions.

As of July, 2014 petitioners had failed to qualify for the ballot. In the interim your committee completed its review of IP 6, and submits the following report, with the hope that our work can inform City Club of Portland, as well as local, state and national communities, on future questions related to this issue.

Proponents of IP 6 argue that abortion is morally wrong and Oregon taxpayers should not be required to see their taxes spent on activities they believe destroy human life. Proponents argue that IP 6 provides sufficient exceptions such that certain necessary abortion services may still be provided using public funding. Proponents also argue that IP 6 would not ban or otherwise restrict services, only the use of public funds for those services.

Opponents of IP 6 argue that the ban will severely limit access to abortion in Oregon, with a disproportionate effect on the ability of lower-income women and families, and in particular women of color, to receive abortion services. This effect is likely to create delays in receiving services. Opponents also argue that the ability of public employees to receive abortion services should not be limited because they work for the state or other public entities instead of private industry. Further, the exceptions to the ban are insufficient and contain ambiguous and ill-defined language.

Your committee has determined that passage of IP 6 would have a disproportionate effect on lower-income women and families, and generate delays in seeking abortion services, which could lead to medical complications. Several terms used in IP 6 are poorly defined, which could lead to litigation. Finally, Oregon voters have repeatedly supported equal access to abortion for everyone. Your Committee believes passage of IP 6 would be injurious to equal abortion access.

Recommendation: Your committee unanimously recommends a no vote.

City Club members will vote on this report between Wednesday, August 20, 2014 and Monday, August 25, 2014. Until the membership votes, City Club of Portland does not have an official position on this report. The outcome of the vote will be reported in the City Club of Portland Bulletin Vol. 97, No. 6 dated August 26, 2014, and online at pdxcityclub.org.

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Introduction

The ballot title of IP 6 reads:

Amends Constitution: Prohibits using public funds to pay for abortion, insurance companies covering abortion, related services; certain exceptions

Result of “Yes” Vote: “Yes” vote amends constitution to prohibit using public funds to pay for abortion or for insurance that covers abortion or related services, benefits; certain exceptions.

Result of “No” Vote: “No” vote retains current law allowing public funds to be used to pay for health plan, insurance covering abortion, related services, when determined medically necessary.

Summary: Amends constitution. Currently, Oregon law allows public funds to be used for health plan or insurance coverage of abortion and related services, when abortion is determined by a medical provider to be medically necessary. Measure amends constitution to prohibit expanding public funds, directly or indirectly, to pay for any abortion or to cover costs of a health plan or insurance that provides coverage, benefits or services related to any abortion. Exceptions for abortion to save the life of the pregnant woman and as may be required by federal law. Does not apply to contraceptives, ectopic pregnancy, removal of dead fetus or embryo. Does not apply to expenditure of private funds or private insurance payments to a medical facility that otherwise receives public funds. Other provisions.ⁱ

The text of IP 6 would be incorporated into the Oregon Constitution if passed by voters. It states, “No public funds shall be used to pay for any abortion, except when medically necessary or as may be required by federal law.” The text also includes definitions for “public funds”, “used to pay”, “abortion”, “except when medically necessary”, and “or as may be required by federal law.” The text also explicitly states that IP 6 shall not be construed as to prohibit the expenditure of private funds for abortion services.¹

Background

History of abortion services in Oregon

In 1969, Oregon was one of the first states to legalize abortion.² Oregon law provided that abortion could be performed legally if the fetus had a physical or mental handicap, was conceived through rape or other criminal intercourse, or if the pregnancy posed a substantial risk to the mother’s physical or

mental health.ⁱ The rate of abortion in Oregon has decreased from 17.2 per 1000 women of reproductive age in 2008 to 14.1 per 1000 women in 2011, or approximately 10,690 abortions.³

Funding for abortion services has historically been provided at the federal level, such as through Medicaid. However, the Hyde Amendment, which first passed in 1976 and in effect since 1977, bars the use of certain federal funds to pay for abortion services except in limited cases.ⁱⁱ⁴ The Hyde Amendment is a statutory provision and is subject to political negotiation as part of the annual appropriations process in Congress. The Amendment currently provides exceptions for life endangerment of the mother, rape and incest, but does not include exceptions for health or fetal abnormalities.⁵ However, during certain periods in the past, the Amendment only allowed for life endangerment and did not provide exceptions for rape or incest.⁶

Regardless of this limitation on federal funding, Oregon has maintained the ability of Oregon residents to obtain abortions using public funds. In response to the passage of the Hyde Amendment, the State of Oregon instituted state-funded payments for abortion services through the Oregon Health Plan.⁷ Taxpayers fund from one-third to one-half of Oregon abortions. In fiscal year 2011, for example, the Oregon Health Plan funded 4,191 abortions.⁸ In 2013, the cost to taxpayers was \$1,656,323; over the last 10 years the taxpayer cost has been \$16,000,000 for 38,455 Oregon abortions.⁹

Oregon currently funds “all or most” medically necessary abortions for women using publicly funded health care.¹⁰ All previous initiatives seeking to restrict abortions have failed when put to a statewide vote.¹¹ These efforts include attempts to restrict abortion funding (in 1978 and 1986), require parental notification (in 1990 and 2006), and to make most abortions illegal (in 1990).ⁱ As of the date of this report, Oregon has no restrictions on abortion services or access to abortion.¹²

Immediate effect of passage of IP 6

Passage of IP 6 would cause a cessation to publicly funded health plans. Abortion spending under the Oregon Health Plan would end. Public employee health insurance plans covering approximately 260,000 employees and their dependentsⁱⁱⁱ would be modified so that these plans no longer cover abortion

ⁱ SB 193 included specific requirements regarding who will conduct the procedure, health safety provisions for the procedure, and that the mother’s need (physical or mental health status) be certified by two physicians.

ⁱⁱ Specifically, the Hyde Amendment applies only to funds allocated by the annual appropriations for DHHS (Department of Health and Human Services), primarily affecting Medicaid. Other federal programs are covered by separate, but similar, provisions.

ⁱⁱⁱ OEBB 2014 covered lives report reported 127,803 covered lives under OEBB plans, including employees and dependents. PEBB total enrollment for 2014 is approximately 130,510 covered lives under PEBB plans, including employees and dependents. These numbers do not include municipal, county, or special districts (libraries, fire districts, water districts, etc.) whose employee benefits are also paid for with public dollars.

services. Public funding would only be allowed for pregnancies that endanger the life of the mother (or otherwise as required by federal law, which currently covers cases of rape and incest).

Of the approximately 4,191 pregnancies that were aborted in 2011 under the Oregon Health Plan,¹³ it is estimated that 30 percent would be carried to term if this coverage were to cease,¹⁴ which would result in 1,257 additional pregnancies carried to term. Payments made for abortions under the Oregon Health Plan would therefore no longer be spent on abortion services; this would amount to approximately \$1.7 million in unspent payments based on recent spending.¹⁵ The state would spend approximately \$18,000 per additional birth, resulting in a potential increase of approximately \$22.6 million to cover the costs of the approximately 1,257 additional births.

Proponents' and Opponents' Assertions

Major Assertions Made in Favor of the Measure

- IP 6 provides no direct restrictions on abortion procedures or residents who may legally obtain abortions. It only affects the use of public funds for abortion.
- IP 6 prevents the State of Oregon from requiring taxpayers morally opposed to abortion to see their tax dollars used to pay for abortions.
- Controversial medical procedures should not be paid out of public funds.
- IP 6 provides sufficient exceptions to protect the life of the mother as well as to prevent limits on contraception.
- IP 6 also provides for other exceptions made under federal law. This currently includes rape and incest; so women who are victims of these crimes may still seek assistance from the State in funding an abortion.
- Abortion in Oregon is performed with almost no restrictions on who may seek it, including no requirements for age, parental consent, or waiting period. Passage of IP 6 would provide checks on the relatively unrestricted numbers of abortions currently performed in Oregon.
- It is necessary to amend the Oregon Constitution in order to prevent use of public funds for abortion services, because a legislative restriction might be overturned as unconstitutional by the Oregon Supreme Court.
- Passage of IP 6 would reduce the number of abortions in Oregon.
- Passage of IP 6 would reduce the amount of money spent on abortions in Oregon.

Major Assertions Made Against the Measure

- IP 6 disproportionately affects lower-income women, particularly women of color, and families because they are beneficiaries of publicly funded abortion services.

- Funding restrictions increase the risk of poverty for the women who are prevented from obtaining abortions.
- The decision of whether or not to have an abortion should be made by a woman and those from whom she seeks counsel. The state should not have input into the decisions that women make privately. If IP 6 were to pass, the state would effectively be a party to this decision.
- When women are forced to seek private funding that they otherwise lack, there are frequently delays in seeking abortions. This results in women having abortions later in their pregnancy, or missing the window of time in which abortions are legal.
- There is an increased likelihood of complications for women who delay seeking abortions until later in their pregnancy. Additionally, abortions that are sought out later in pregnancy are generally more expensive than abortions that are obtained earlier.
- IP 6 would also have a disproportionate effect on public employees. If IP 6 were to pass, the entire class of public employees would be no longer eligible for abortion coverage in their health insurance plans. Additionally, public employers in Oregon (including state, regional, local employers, as well as school district and special districts) would be placed at a competitive disadvantage in hiring compared to private firms.
- The exceptions provided by IP 6 are insufficient to provide adequate equal access to abortion. There are no exceptions for disability-causing pregnancies, danger to the reproductive health or mental health of the pregnant women, or women with addictions. Additionally, no exceptions exist for infants born with terminal conditions or conditions that would necessitate a lifetime of medical care.
- IP 6 relies on ill-defined terminology that is likely to lead to litigation. The “contraception” exception may be read to exclude intrauterine devices (IUDs) or “Plan B” birth control, making these unavailable for those using publicly funded medical care. Additionally, there is confusion as to whether a “clinically diagnosed” pregnancy is sufficiently defined.
- IP 6’s ban of “indirect” funding may prevent doctors taking public funds for discussing abortion services, which would further limit the ability of women to seek access to abortions. This would further erode the ability of all women in Oregon to seek out and make informed decisions about their health care.
- Amending the Oregon Constitution to address social issues such as abortion is inappropriate because amendments are too difficult to remove if public opinion changes in the future.
- IP 6 relies on federal law for part of its exceptions; if IP 6 were to pass, the Oregon Constitution would be subject to year-to-year changes in federal statutory law, such as changes to the Hyde Amendment.

Discussion & Analysis

Proponents of IP 6 have a strong interest in reducing abortions in general and in Oregon in particular. This is driven by their conviction, within their own ethical and moral guidelines, that abortion is an act that takes human life.¹⁶ Some proponents of IP 6 claim that abortion is the number one killer of persons in Oregon,¹⁷ and any reduction in abortions will mitigate the moral evil that they consider abortion to be. Additionally, IP 6 was crafted with the intent of providing for limited exceptions as may be required by federal law and to have no effect on private funding of abortion.

However, not all Oregon residents share the belief that abortion is morally improper.¹⁸ Indeed, the state's voting history demonstrates that Oregon favors equal access to abortion. When passage of the Hyde Amendment led to a reduction in federal funding, the state implemented funding to guarantee equal access to abortion for all Oregonians, regardless of ability to pay.¹⁹ State funding continues to this day and brings us to the proposal at hand.

Further, Oregon voters have been asked repeatedly to curtail access to abortion in popular initiatives but have chosen not to do so. This includes not only the failure of the 1990 initiative to make abortion illegal statewide but also two attempts to restrict funding for abortion and two attempts to implement parental notification requirements.²⁰ Today, no state has fewer restrictions on abortion than Oregon.

Our investigation, however, has found that passage of IP 6 would cause an immediate deleterious effect on the ability of women in Oregon to have equal access to abortion care, as well as secondary effects that will be injurious to women, minorities and the state as a whole.

Disproportionate impact on lower-income women and families

Passage of IP 6 would cease public funding for abortion, forcing women who would have received abortions funded by the Oregon Health Plan, for example, to find private funding. This would lead to a disproportionate impact on lower-income women because those most in need of services are often those that cannot afford out-of-pocket expenses for abortion care, and who do not have private insurance to cover the cost.²¹ Further, the ban would be 5.5 times more likely to affect women of color.²² Passage of IP 6 would essentially create a two-tier system where women who can afford abortions or who have private insurance with abortion coverage would be unaffected, while women who cannot afford abortions would be hard-pressed to obtain funding from other means.²³

When public funding is cut, approximately 30 percent of women who seek public funding for abortion services carry their pregnancies to term.²⁴ Further, the 70 percent of women that do find alternate funds frequently are forced to delay obtaining abortion care. These delays can cause increases in the complexity of the abortion procedures required, as well as an increased risk of medical complications.²⁵

It is notable that IP 6 would not stop a majority of abortions currently paid for through public funds. Further, being forced to carry unwanted pregnancies to term has a strong negative impact on women's lives. An ongoing study of women turned away from abortions showed that women denied the procedure were three times as likely to fall into poverty than those who were able to obtain abortion services,²⁶ due in part to the cost of raising a child to adulthood, which estimated to be \$241,080.²⁷

Women who were turned away were also more likely to be on public assistance and unemployed.²⁸ Your committee recognizes that, beyond the disproportionate impact the passage of IP 6 would have on lower-income women and their families, women of color would be especially negatively impacted.²⁹

Impact on public employees and their dependents

Passage of IP 6 would also eliminate funding for abortion services to public employees and their dependents. This creates a separate two-tier system consisting of an upper tier of private-sector employees, whose benefits would remain the same after passage, and public employees, who would find themselves without these benefits for the first time. A great number of people receive state-funded benefits through the Oregon Educators Benefit Board and the Public Employees' Benefit Board, totaling at least 260,000 covered persons. In addition, there are thousands more public employees working for municipalities, counties and special districts, such as fire, public utility, and library districts in Oregon.

The reduced benefits for public employees would mean that the public sector, including state, local, regional, and district employers, would be at a disadvantage in attracting new employees, particularly women, as compared to the private sector, where they are likely to receive more comprehensive coverage as part of their benefits package.³⁰

Limits to ban exceptions

IP 6 contains only exceptions for “medically necessary” abortions, or those for whom funding “may be required by federal law.” However, IP 6 clearly states that the “medically necessary” provision is only for pregnancies that “place the pregnant woman in danger of death.”³¹ Additionally, the extent of any federal law exception is dictated by the Hyde Amendment, which currently only provides for use of federal funds in the case of danger to the life of the mother, rape, and incest. As such, IP 6 provides for no exceptions for many common issues facing women who seek abortions, such as danger to maternal physical, reproductive, or mental health, maternal addiction, and fetal abnormalities (including terminal abnormalities). Your committee also notes that the exceptions provided by the Hyde Amendment are statutory in nature and thus can be overturned at any time, meaning that only the life-of-the-mother exception is guaranteed to exist from year to year.

The lack of strong exceptions means that passage of IP 6 would force women in very difficult or impossible situations to scramble for funding or to be forced to go through with a scarring or fruitless pregnancy. Proponents did not cite any particular reason that IP 6 does not carve out further explicit exceptions, including at least those that are currently provided for in the Hyde Amendment. Your Committee believes this to be an unacceptable encroachment on the ability of women (and in particular lower-income women and women of color) to fairly seek abortion services in what can be their most trying times.

Interference with women's decisions over abortion

The voters of the State of Oregon have repeatedly gone to the ballot box in support of the principle that the decision of whether or not to have an abortion is a private one, to be made by a woman and whomever she chooses to help her make that decision, including her family, her doctor, and her spiritual counsel. Likewise, Oregon has repeatedly shown disfavor for allowing the State to have input on these decisions that women make privately. IP 6 flies in the face of that long-standing tradition by requiring

public health care funders, including the Oregon Health Plan, as well as state, regional, and local employers, to place restrictions on when women may make that decision. Indeed, for those abortions that are paid for using public funds, these public health care funders would necessarily be a party to the decision, as the woman seeking the abortion would have to demonstrate that she falls under one of the few exceptions in order to receive funding. The State typically does not enter into other types of medical decisions in this manner. Additionally, because IP 6 would ban the use of public funds to “indirectly” pay for abortion services, including “related services,” physicians that are paid with public funds may be unable to discuss options regarding abortion counseling. This will only further hinder women in making this private decision.

Legal concerns

While the text of IP 6 defines particular terms, such as “abortion,” “except when medically necessary,” and what it means for funds to be “used to pay” for an abortion, your Committee notes there are still many terms which remain undefined or whose meanings may be debated. In particular, IP 6 provides for an exception for funding used to pay for “contraceptive devices or methods used to inhibit or prevent conception.” However, there is no definition of “conception” itself.³² Because of this ambiguity, and the long-standing debate on the nature of what is and is not “contraception,” it is unclear whether the State would be forced to apply this Measure to prevent funding of common contraceptive devices that prevent implantation of a fetus, such as intra-uterine devices (“IUDs”) or medicines such as the “Plan B” drug.

Further, the text of the initiative prevents usage of public funds only for those pregnancies which are “clinically diagnosed.” However, that term is also never defined in IP 6.³³ As such, it is unknown whether the ban on public funding would only apply to those pregnancies that are diagnosed using a test performed by a licensed physician, or if such tools as a home pregnancy test may fulfill the requirement of “clinical diagnosis.” Your Committee is very concerned about the ability of the State of Oregon, the women living in the state, and the physicians with whom they consult, to be able to properly understand and apply such ill-defined terms. This ambiguity would likely to lead to substantial litigation to determine the scope of these terms.

IP 6, if it were to pass, might also be subject to challenge under the U.S. Constitution. It is unclear that such a challenge would prove ultimately successful for opponents. However, as at least 35 other states currently restrict such usage of public funds,³⁴ and the text of IP 6 was designed specifically based on currently enforced provisions in other states.³⁵

Finally, your committee notes that passage of IP 6 would incorporate a social controversy into the Oregon Constitution, leaving it difficult to modify or remove, even if a majority of Oregonians would wish to do so. While a complete discussion of the lack of merit of such an approach is beyond the scope of this report, your committee agrees with previous findings of other City Club Research Committees that have recommended against such an approach.

Conclusions

Your Committee unanimously agrees on the following:

1. Proponents of IP 6 are motivated by a deeply held desire to see a reduction in the number of abortions in Oregon.
2. Oregon has demonstrated a repeated public policy goal of protecting equal access to abortion services.
3. Passage of IP 6 would reduce equal access to abortion services for lower-income women.
4. Passage of IP 6 would also reduce equal access to abortion services for women and families who receive employment benefits through public employee insurance plans.
5. If IP 6 were to pass, the number of abortions that are currently publicly funded would be reduced, but a majority of those abortions would still occur.
6. Passage of IP 6 would delay abortion services, which can increase cost and the likelihood of medical complications.
7. The provision contains no explicit exceptions for health, rape, or incest. IP 6 thus excludes abortions that fall under many commonly recognized exceptions from being obtained in a timely and cost-effective manner.
8. The only other exceptions that are allowed are those based on federal law. However, the federal law governing these exceptions is statutory and can be modified from year-to-year, making the Oregon Constitution mutable by the whims of Congress.
9. The provision contains vague references to “clinically diagnosed pregnancy,” “contraception,” “related services,” and “indirect” funding which will likely result in litigation before their meaning is well understood.
10. As a tool for reducing abortions for those morally opposed to the idea, the provision is a blunt instrument that does not directly address the moral issue.
11. Given Oregon’s historic support of equal access to abortion services, and the barriers to access that IP 6 creates, your committee does not support the initiative.

Recommendation

Your committee unanimously recommends a no vote.

Signatures

Respectfully submitted,

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<http://www.statesmanjournal.com/story/news/health/2014/05/20/oregons-teen-pregnancy-rate-drops-new-low/9349901/>

About the City Club

City Club of Portland brings together civic-minded people to make Portland and Oregon better places to live, work and play for everyone. For more information about City Club of Portland or for additional copies of this report, visit www.pdxcityclub.org, email info@pdxcityclub.org or call 503-228-7231.

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Endnotes

¹ Text of Initiative Proposal #6

² Oregon SB 193 (1969); Oregon Right to Life website (<https://www.ortl.org/history.html>)

³ Guttmacher Institute, <http://www.guttmacher.org/pubs/sfaa/oregon.html>

⁴ “Hyde Amendment”, Wikipedia, http://en.wikipedia.org/wiki/Hyde_Amendment (visited June 30, 2014).

⁵ *Id.*

⁶ https://www.prochoice.org/about_abortion/facts/public_funding.html, referring to a period between 1981 and 1993 when the rape and incest provisions were not included.

⁷ Planned Parenthood Assoc. v. Dep’t of Human Resources of the State of Oregon, 687 P.2nd 785, 788, describing activities by the DHS of the State of Oregon and the state Emergency Board to stabilize funding for abortion services in the wake of the passage of the Hyde Amendment.

⁸ State of Oregon, Division of Medical Assistance Programs. (2013). Number of Therapeutic Abortions Funded by the Oregon Health Plan, 2002-03 through 2011-12.

⁹ Funding Facts, Stop Taxpayer Funding for Abortion web site, <http://oregon2014.org/facts/>

¹⁰ Guttmacher Institute, State Funding of Abortion. The term “medically necessary abortion” is not defined in the document, but appears to apply to those abortions for which a woman and her physician have determined that an abortion is necessary.

¹¹ *Id.*

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- ¹² Guttmacher Institute, State Funding of Abortion Under Medicaid
- ¹³ State of Oregon, Division of Medical Assistance Programs. (2013). Number of Therapeutic Abortions Funded by the Oregon Health Plan, 2002-03 through 2011-12.
- ¹⁴ National Bureau of Economic Research, “Effects of Short-Term Variation in Abortion Funding on Pregnancy Outcomes” at Abstract.
- ¹⁵ State of Oregon, Division of Medical Assistance Programs. (2013). Number of Therapeutic Abortions Funded by the Oregon Health Plan, 2002-03 through 2011-12.
- ¹⁶ Testimony of Jeff Jimerson, Chief Petitioner and Marilyn Shannon, Co-Chief Petitioner
- ¹⁷ Testimony of Marilyn Shannon, Former Oregon State Senator and Co-Chief Petitioner. Her data comes from Oregon Department of Human Services statistics for 2008, which shows approximately 7000 deaths due to cancer and 5000 due to heart disease, compared with over 10,000 abortions performed in that year.
- ¹⁸ SurveyUSA poll, taken August 15, 2005, which shows 62% of Oregonians describe themselves as “Pro-Choice” compared to 33% who describe themselves as “Pro-Life” – found at <http://www.surveyusa.com/client/PollTrack.aspx?g=23f98313-d244-41e7-ab4c-141fcf47134b>
- ¹⁹ Planned Parenthood Assoc. v. Dep’t of Human Resources of the State of Oregon, 687 P.2nd 785, 788, discussed above.
- ²⁰ Western States Center, “Brief History of Abortion Related Initiatives and Referenda”, July 2012
- ²¹ HuffingtonPost, “Abortion Poverty Study Finds Link Between Lack Of Access And Income,” http://www.huffingtonpost.com/2012/11/14/abortion-poverty-study_n_2130890.html. The article cited an ongoing study showing that 45% of women seeking abortions were on public assistance and that two-thirds had incomes below the federal poverty line.
- ²² Testimony by Sharon Miner.
- ²³ Testimony by Paula Abrams.
- ²⁴ National Bureau of Economic Research, “Effects of Short-Term Variation in Abortion Funding on Pregnancy Outcomes” at Abstract.
- ²⁵ Testimony of Sharon Miner.
- ²⁶ HuffingtonPost, “Abortion Poverty Study Finds Link Between Lack Of Access And Income.”
- ²⁷ Article from thewire.com citing USDA study.
- ²⁸ Id.
- ²⁹ The National Bureau of Economic Research, in its paper “Effects of Short-Term Variation in Abortion Funding on Pregnancy Outcomes” found that the demographic most affected by funding variation were poor Black women aged 18-29. Additionally, multiple witnesses, including Paula Abrams, Sharon Miren, and Becky Strauss, supported the conviction that the negative effects of the Measure would fall with extra weight on women of color.

³⁰ Testimony of Rich Peppers.

³¹ Text of Initiative Proposal #6.

³² Text of Initiative Proposal #6.

³³ *Id.*

³⁴ Guttmacher Institute, State Funding of Abortion Under Medicaid

³⁵ Testimony of Jeff Jimerson