



To: Banking, Commerce, and Insurance Committee
From: Marion Miner, Associate Director for Pro-Life & Family
Nebraska Catholic Conference
Subject: LB 501 (Mandate Insurance Coverage of IVF Procedures) (Oppose)
Date: March 4, 2019

Chairman Williams and Members of the Banking, Commerce, and Insurance Committee,

The Nebraska Catholic Conference advocates for the public policy interests of the Catholic Church and advances the Gospel of Life by engaging, educating, and empowering public officials, Catholic laity, and the general public. I am here today to express the Conference's opposition to LB 501.

Many thousands of couples trying to conceive suffer from infertility. Almost all of us know a number of people who have had to endure it. The Catholic Church suffers with those couples, and accompanies them with spiritual and psychological counseling and moral support. The Church also assists them in overcoming infertility by ethical and morally good means. In taking that approach the Church demonstrates its respect for the marriage of each couple, the man and woman's own individual integrity, and the dignity and invaluable worth of every human life.

It is important from the outset to acknowledge that we all likely know one or many couples who have had children through IVF. In expressing our opposition to this policy, it is not our wish to alienate or condemn anyone. In addition, it is important to emphasize that those children brought into being through IVF are as fully human and deserving of love, protection, care, and affirmation of value as any other child. They are recognized and valued as such by the Church and, I hope, by us all.

In vitro fertilization has become common in our society, and it is not difficult to recognize why. It gives couples an opportunity to beget life biologically descended from them when the natural avenue for doing so is or seems to be closed. The end toward which IVF is directed – having biologically-descended children – is certainly a great good.

This good end, however, does not justify the means by which we attempt to attain it. In vitro fertilization does not assist in achieving pregnancy through an act of sexual union – that act proper to marriage that is naturally ordered to the procreation of children. Instead, IVF replaces the marital act, making the child produced through this procedure a fruit of human manipulation of reproductive material, rather than of a unitive act of love between two people. The couple's cooperation in this manipulation does harm to their relationship and to each of them individually.

Additionally, in practice IVF almost always results in more new individual lives coming into existence than is possible for the mother to carry. Multiple embryos – human life during the first eight weeks of development – come into being. The general practice is that only the “healthy” or the “strongest” embryo or embryos are then implanted into the mother or surrogate's womb. The rest are frozen for later use or scientific experimentation, or are simply discarded as “medical waste.” These are direct attacks on human life at its earliest and most vulnerable stage.



In addition, it is common for multiple embryos to be implanted in order to increase the chances that at least one will survive. Where more than one does survive, it is common for the “weakest” to be aborted and discarded.

Finally, IVF encourages the commodification of children, as products to be bought in the marketplace rather than as free gifts which come to us from God. IVF brings new human beings into existence in exchange for financial compensation and, as I have already pointed out, discards the “extras” or makes them subjects of experimentation. The risk of treating children like market goods is only amplified where participation in IVF is not limited to spouses. This policy allows for new children to be created by parents who have no relationship to each other, other than that their reproductive material has been joined in a laboratory. Insurers would have to cover such non-relational and adult-centered child production under LB 501.

To conclude, given the inherently problematic nature of IVF, the Conference opposes policies that would promote further usage of it, including mandatory insurance coverage. The Conference also opposes this legislation because there is no exception for self-insured entities who find the practice to be morally objectionable for the same or similar reasons to those already stated.

The Conference urges you to indefinitely postpone LB 501.



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