

TO: Health & Human Services Committee
FROM: Tom Venzor, Executive Director
Nebraska Catholic Conference
DATE: March 1, 2023
RE: LB488 (Require Hospitals to Dispense “Emergency Contraception) (Oppose)

The Nebraska Catholic Conference advocates for the public policy interests of the Catholic Church and advances the Gospel of Life through engaging, educating, and empowering public officials, Catholic laity, and the general public.

LB488 would impose a legal mandate on hospitals to dispense “emergency contraception” to a woman who has been a victim of sexual assault. Emergency contraception is defined broadly in the bill as “a drug approved by the federal Food and Drug Administration that prevents pregnancy after sexual intercourse but which does not disrupt an existing pregnancy.” Due to the legislation’s lack of clarity in terms, this includes drugs with “interceptive” and “abortifacient” effects—drugs which would have their effect *after* fertilization and thus that would kill new human life.¹

The Catholic Church has a set of ethical and religious directives for hospitals and health care professionals to follow when certain circumstances arise. Among those circumstances provided for is when a woman checks into the hospital after having been sexually assaulted. The directive for that situation reads as follows:

Compassionate and understanding care should be given to a person who is the victim of sexual assault. Health care providers should cooperate with law enforcement officials and offer the person psychological and spiritual support as well as accurate medical information. A female who has been raped should be able to defend herself against a potential conception from the sexual assault. *If, after appropriate testing, there is no evidence that conception has occurred already, she may be treated with medications that would prevent ovulation, sperm capacitation, or fertilization. It is not permissible, however, to initiate or to recommend treatments that have as their purpose or direct effect the removal, destruction, or interference with the implantation of a fertilized ovum.*²

Because a new, unique, and distinct human being comes into existence at fertilization, administration of emergency contraception after fertilization results in a direct termination of that human life. This is a line that any medical professional who knows life begins at fertilization and objects to abortion cannot cross. While making better attempts than previous legislative proposals to treat this nuance, Senator Hunt’s bill does not fully take into account the presence of a new human life who is owed protection under law.

¹ See “Levonorgestrel in cases of rape: How does it work?”, *The Linacre Quarterly* 81(2) 2014, 117-129; “Appreciation for analysis of how levonorgestrel works,” *The Linacre Quarterly* 83(1) 2016, 52-68.

² *Ethical and Religious Directives for Catholic Health Care Services*, Sixth Edition, June 2018, directive no. 36.

A hospital's failure to comply with this mandate would lead, first, to a formal rebuke and an assurance that the "deficiency" has been corrected; and second, to the imposition of a \$1000 fine for each individual failure to comply.

This bill requires the performance of practices that health care professionals at various hospitals will not and simply cannot perform. The result will be that skilled medical providers will be driven out of emergency medical care because of their moral objection to participate in taking the life of an innocent preborn child at its earliest stage of human development. There will be tremendous downward pressure on physicians and hospitals with moral objections to either comply with immoral practices or get out of certain fields of health care. Nothing in this bill protects the conscience rights of physicians or hospitals not to participate.

Because LB488 imposes a mandate on hospitals to dispense abortifacient drugs, the Conference asks that this Committee indefinitely postpone it.

Thank you for your time and consideration.