NEBRASKA CATHOLIC CONFERENCE

To: Banking, Commerce, and Insurance Committee
From: Marion Miner, Associate Director for Pro-Life & Family Policy
Nebraska Catholic Conference
Subject: LB20 (Contraceptive Insurance Mandate) (Oppose)
Date: March 1, 2021

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 LB20.

LB20 is a state contraceptive insurance mandate. It would force all group health insurance plans, including private plans held by objecting religious employers and closely-held corporations, to pay for hormonal contraceptives for their employees.

There are a few reasons the Conference opposes this policy: first, numerous studies from sources across the ideological spectrum illustrate that greater access to contraception does not *reduce* unintended pregnancies and abortion, but in fact tends to *increase* both; second, studies purporting to show that increased contraception availability decreases abortion are largely estimates and projections with little or no supporting empirical data[1]; third, some studies have concluded that a rise in contraceptive use has been a significant factor in the breakdown of marriage, which comes with a high social cost that falls disproportionately on the poor;[2] and fourth, a state contraceptive mandate, besides being bad policy, would potentially involve the state in legal action similar to the federal *Little Sisters of the Poor* cases that have roiled the country for several years following the imposition of a federal mandate.

Two studies by the Guttmacher Institute, which receives significant funding from Planned Parenthood, found that 48% of women with unintended pregnancies and more than half of women seeking abortions were using contraception in the month they became pregnant.[3] In

[1] See, e.g., Michael New, "Analyzing the Impact of State Level Contraception Mandates on Public Health Outcomes," *Ave Maria Law Review*, Vol 13:2, 348 (Summer 2015), citing Rachel Benson Gold et al., *Next Steps for America's Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Healthcare System*, Guttmacher Institute (2009) and Jennifer Frost et al., *The Impact of Publicly Funded Family Planning Clinic Services on Unintended Pregnancies and Government Cost Savings*, 19 J. Health Care for the Poor and Underserved 777 (2008).
[2] See, e.g., G. Akerlof et al., "An Analysis of Out-of-Wedlock Childbearing in the United States," The Quarterly Journal of Economics CXI (1996).
[3] Guttmacher Institute, "Abortion in Women's Lives," www.guttmacher.org/pubs/2006/05/04/AwIL.pdf, at 7; Guttmacher Institute, "Facts on Induced Abortion in the United States," July 2008, www.guttmacher.org/pubs/fb_induced_abortion.html.

addition, numerous studies examining sexual behavior and STD transmission have demonstrated a greater willingness to engage in sexually risky behavior when a person believes the risk has been reduced through the use of contraception.[4] Researchers in Spain examined patterns of contraceptive use and abortion from 1997-2007 and found that a 63% increase in the use of contraceptives during that time coincided with a 108% increase in the rate of elective abortions.[5] In July 2009, results were published from a three-year program in the U.K., conducted at 54 sites, which sought to reduce teenage pregnancy through sex education and advice on access to family planning, beginning at ages 13-15. "No evidence was found that intervention was effective in delaying heterosexual experience or reducing pregnancies."[6] In fact, young women who took part in this family planning program were more likely than those in the control group to report they had been pregnant (16% vs. 6%) and to have had early heterosexual experience (58% vs. 33%).[7]

Finally, a study published in 2019 which analyzed whether oral contraceptives played a causal role in the rise of non-marital births in the United States during the twentieth century concluded that access to the pill significantly increased both non-marital births and demand for abortion, and that the effects are especially concentrated among less educated families and minority women.[8]

In conclusion, the hard data available shows that increased contraceptive access does not result in fewer unintended pregnancies or fewer abortions, but tends to increase both. LB20 would advance bad policy by pushing for expanded contraceptive usage. In addition, its mandate on business owners, closely-held companies, and religious organizations who object to paying for others' contraception is in itself contemptible and a gross violation of religious liberty. We ask that you indefinitely postpone LB20.

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[4] See, e.g., J. Richens et al., "Condoms and Seat Belts: the Parallels and the Lessons," The Lancet 355 (2000): 400-403; M. Cassell et al., "Risk compensation: the Achilles' heel of innovations in HIV prevention?", British Medical Journal 332 (2006): 605-607.

[5] J. Duenas et al., "Trends in the Use of Contraceptive Methods and Voluntary Interruption of Pregnancy in the Spanish Population during 1997-2007," 83 (2011) Contraception 82-87.

[6] M. Wiggins et al., "Health Outcomes of Youth Development Programme in England: Prospective Matched Comparison Study," British Medical Journal 339.72 (2009).

[7] *Ibid.*

[8] A. Beauchamp and C. Pakaluk, "The Paradox of the Pill: Heterogeneous Effects of Oral Contraceptive Access" (November 27, 2018). Available at SSRN: https://ssrn.com/abstract=2998268.