



To: Health and Human Services Committee  
From: Marion Miner, Associate Director for Pro-Life & Family Policy  
Nebraska Catholic Conference  
Subject: LB183 (Require Hospitals to Provide “Emergency Contraception”) (Oppose)  
Date: February 19, 2021

Chairman Arch and Members of the Health and Human Services 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 LB183.

LB183 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.” As a practical matter, this includes drugs with “interceptive” and “abortifacient” effects – drugs which would have their effect *after* fertilization and thus that would kill new human life.<sup>1</sup>

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.*<sup>2</sup>

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. Senator Hunt’s bill does not contemplate this nuance and does not provide for it.

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.

---

<sup>1</sup> 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.

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

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 participating in abortion. There will be tremendous downward pressure on physicians 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 not to participate.

Because LB183 imposes a mandate on hospitals to dispense abortifacient drugs, the Conference asks that this committee indefinitely postpone it.