

Testimony in Opposition to LB 540
By
Greg Schleppenbach
Nebraska Catholic Conference

Senator Campbell and Members of the Health and Human Services Committee:

My name is Greg Schleppenbach and I am here on behalf of the Nebraska Catholic Conference to urge you to oppose LB 540. The Conference represents the mutual interests of the Catholic Bishops of Nebraska.

I want to be clear that I'm not here to present religious or theological reasons to oppose this bill. Rather, the Catholic Conference believes there are significant moral, social and health implications to this bill and we believe that there are serious flaws in the arguments propelling it.

We hear repeatedly from proponents of contraception that increasing access to it results in fewer unintended pregnancies and abortions. And, what's more, they claim these benefits come with a cost savings to our state by averting births (ie. prenatal, delivery and postnatal costs) that would otherwise be paid for by Medicaid. To substantiate this claim, proponents point primarily (if not exclusively) to a 2004 study commissioned by the Centers for Medicare and Medicaid Services (CMS).

The study examined six Medicaid waiver states and claims that every state experienced a cost savings based on births that were averted by expanding access to contraception. A critical examination of this study reveals that it is based on estimates and assumptions not on empirical data. It's not even clear if this study qualifies as a peer-reviewed, evidence-based study.

What's particularly questionable and troubling is that the study admits that not every state examined saw a reduction in unintended pregnancies nor did every state experience an increase in family planning use. Yet the study claims that every state saved money by increasing funding for family planning and subsequently averting births. It's questionable that those states not seeing a drop in unintended pregnancies saw a decline in births. But if they did have a decrease in births that means that this decrease had to come from abortions and miscarriages.

This conclusion would stand to reason given the fact that 54 percent of women having abortions were using contraception in the month they got pregnant. This is according to the Alan Guttmacher Institute (online 2/11/09). In explaining this phenomenon, Guttmacher said "because women who are using contraceptives are motivated to prevent an unplanned birth, they are more likely than women who were not using contraception to seek an abortion should they...become pregnant."

Contrast this one questionable CMS study with numerous studies (conducted by family planning proponents) demonstrating that greater access to contraception *does not* reduce unintended pregnancies and abortions (see handout).

Here are just a few examples to substantiate the point:

- ☒ The January 2011 issue of the journal *Contraception* ([Volume 83, Issue 1](#), Pages 82-87) featured a 10 year (1997 to 2007) study that examined the use of contraceptive methods in order to reduce the number of elective abortions. During the study period the overall use of contraceptive methods increased (from 49.1% to 79.9%) but the elective abortion rate doubled (from 5.52 to 11.49 per 1000 women).

- ☒ In a September 2006 editorial in the *British Medical Journal* Anna Glasier, a leading contraception researcher said: “Ten studies in different countries have shown that giving women a supply of emergency contraception to keep at home ... increases use by twofold to threefold ... but [has] had no measurable effect on rates of pregnancy or abortion.”
- ☒ In a May 2004 article in the publication *Contraception* Anna Glasier said about emergency contraception that “[e]stimates of efficacy are unsubstantiated by randomized trials. Efficacy is based on rather unreliable data and a great many assumptions and have been questioned both in the past and more recently. ... While advanced provision of EC probably prevents some pregnancies for some women some of the time, the strategy did not produce the public health breakthrough hoped for.”
- ☒ James Trussell who originated the claim that easier access to emergency contraception could “result in a greater than 50% reduction in abortion rates” has conceded that 23 published studies from 10 countries disprove his claim. According to every one of the 23 studies, published between 1998 and 2006, easier access to EC fails to achieve any statistically significant reduction in rates of unintended pregnancy and abortion.

It is, at best, debatable and speculative about whether or not Nebraska would ever see a cost savings associated with expanding Medicaid subsidized family planning. However, it is not debatable, as the fiscal note points out, that this bill will cost the state more than \$100,000 in this biennium and \$780,000 in FY 14.

In addition to the above studies, there is a growing body of social science linking contraception to an increase in social pathology and poverty. Brad Wilcox, a sociologist at the University of Virginia, has examined the work of several leading scholars from Robert Michael at the University of Chicago to Nobel-Prize winning economist George Akerlof at the University of California at Berkeley who argue that contraception played a central role in launching the sexual and divorce revolutions of the late twentieth century. Wilcox points out that these scholars are not Christians, and most of them are not political or social conservatives. They are, rather, honest social scientists willing to follow the data wherever it may lead.

Michael has argued that about half of the increase in divorce from 1965 to 1976 can be attributed to the “unexpected nature of the contraceptive revolution”—especially in the way that it made marriages less child-centered. Akerlof argues that the availability first of contraception and then of abortion in the 1960s and 1970s was one of the crucial factors fueling the sexual revolution and the collapse of marriage among the working class and the poor.

Finally, another concern we have about expanding the use of our tax dollars for contraception is the fact that hormonal contraception can cause early abortions. As the product insert in any package of hormonal contraception spells out, these drugs work in three ways: 1. By preventing ovulation; 2. By preventing fertilization if ovulation occurs; and 3. By preventing implantation of an embryo in the womb if fertilization occurs. That third mode is an early abortion.

There is a growing body of social science research that is challenging our assumptions about the impact of contraception on our society. I ask you to take a serious look at this research before you consider further expanding family planning programs in our state.