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Opposition to SB 25: "Reproductive Health Act"  
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May 30, 2019

Original legislation creating the so-called Reproductive Health Care Act (RHA) made significant changes to the Illinois Health Care Right of Conscience Act that would have forced many to participate in morally objectionable procedures or services. SB 25 deleted those changes and restored the right of conscience for health care professionals. We are grateful to the sponsors of the bill for these changes. However, SB 25 is still fundamentally flawed. Here are our objections.

1. This is not a clean-up bill as some have portrayed it to be. If the desire is to delete those sections of law that have been ruled unconstitutional by the federal courts, that could be accomplished in a two-page bill.
2. This bill does not address what is happening in Alabama and Missouri as it is somehow leading toward a possible repeal of *Roe v. Wade*. HB 40 passed two years ago removed 'trigger language' so that if *Roe* is overturned tomorrow and this bill does not pass, abortion, unfortunately, is still legal in Illinois. That is the law today. It is important to remind you that during this time when the budget is being negotiated that Illinois taxpayers have paid for about 3,000 abortions last year on people who do not live in the state of Illinois.
3. The crux of our objections to this bill centers on our moral obligation to advocate for legal protection for an unborn person. It bears repeating that all abortions end a human life, whether that unborn person is in the nascent stages of life or in the second or third trimester about to be born. In short, abortion is not health care, at least it is not as it relates to an unborn child.

SB 25 goes beyond *Roe* because it completely strips any state interest in protecting the life of an unborn person whether those limited protections exist in law today, or if the state were ever able to pass some restrictions in the future.

The *Roe* decision and other Supreme Court cases like *Casey vs. Planned Parenthood* allow for abortion restrictions if they do not create an undue burden. Our state law, far from perfect and needing far more restrictions, attempts in a very minimal way to allow for this balance. The balance is this – a woman has a right to an abortion but the state has a compelling interest in the life of the unborn child so long as that interest does not create an undue burden on the woman seeking an abortion. That balance is gone because the RHA eliminates in current Illinois law the following:

1. The definition of the term 'fetus'. The definition of 'unborn child'. Each term means an individual organism of the species *homo sapiens* from fertilization until live birth.

2. The definition of the term Fertilization. The definition of conception. - "Fertilization" and "conception" each mean the fertilization of a human ovum by a human sperm, which shall be deemed to have occurred at the time when it is known a sperm has penetrated the cell membrane of the ovum.
3. The RHA also eliminates the current law that says when the fetus is viable no abortion shall be performed unless it is necessary to preserve the life or health of the mother. In addition, current law says that when the fetus is viable there must be in attendance a physician other than the physician performing the abortion who shall take control of and provide immediate medical care for any child born alive. This makes sense - one doctor to attend to the needs of the mother, another to attend to the needs of the unborn child. And, current law requires the physician who performs the abortion to utilize that method of abortion which, in the physician's medical judgment, is most likely to preserve the life and health of the fetus. These provisions should be preserved.

Not only does SB 25 eliminate the second doctor requirement and the need to choose a method that may preserve the life and health of the fetus, it also changes the definition of viability.

The move from the current definition of viability to fetal viability we think is a threat to the unborn - the result of this will be that less children will be deemed viable according to the law.

The current definition of "Viability" means when there is a reasonable likelihood of sustained survival of the fetus outside the womb, with or without artificial support.

The new definition is "Fetal viability" means that, in the professional judgment of the attending health care professional there is a significant likelihood of a fetus' sustained survival outside the uterus without the application of extraordinary medical measures.

RHA allows abortions to be performed throughout all nine months of pregnancy for any reason whatsoever.

The bill says that "Every individual who becomes pregnant has a fundamental right to continue the pregnancy and give birth or to have an abortion."

In addition, "a fertilized egg, embryo, or fetus does not have independent rights under the laws of this State." That is a tragic sentence.

And, it says that the State shall not: deny, restrict, interfere with, or discriminate against an individual's exercise of the fundamental right. You'll notice that repeal of the parental notification law is not part of this bill. How long do you think it will take for there to be a court case making the claim that notifying a parent interferes with an individual's fundamental right to an abortion (even if that person is a minor)?

Where is the compelling state interest in the life of the unborn child?

There is no requirement that post-viable abortions be limited to therapeutic, non-elective reasons. Sex selective post viable abortions are OK? We are steps away from reliable genetic testing – What if the unborn child will be short? Tall? The child may develop certain illness? Blue eyes, Green eyes? This is dangerous path.

SB 25 introduced on Sunday, May 25<sup>th</sup> added a definition that was not in HB 2495, the original RHA. The new RHA establishes an expansive definition of “health of the patient.” Current law does not define “health,” but this version of the RHA defines “health” as all factors that are relevant to the patient’s health and well-being, including, but not limited to physical, emotional, psychological, and familial health and age. What does that mean? It means anything.

The real question we should be debating is when does the unborn child have protection under the law and what should that be?

Through this legislation it appears that abortion has become a morally neutral procedure.

Is abortion under any circumstance wrong?

Is the unborn child stripped of all rights?

Does being pro-choice mean that a fetus, clump of cells, embryo, - a person, has no right to life under the law? No one wants to answer that question because the answer is obvious – an unborn child **is** human - look at a pregnant woman - we all know that a pregnant woman is two people, not just one.

Strangely, this bill leaves provisions in Illinois law that if a pregnant woman is tragically murdered, prosecutors may charge for two murders and not one. So we recognize the humanity of the unborn person if it is killed in one horrible act like murder, but we do not recognize the unborn child’s right to live under abortion law. That makes no sense.

Finally, there is a mandate to cover abortion in health care plans in SB 25. The bill requires churches, mosques, and synagogues to provide health care plans that include a coverage for abortion. The proponents are saying that the Health Care Right of Conscience protects these entities because ‘health care payer’ means as an insurance company including an HMO. However, in order for the health care payer to have conscience rights it must have in its mission statement or bylaws a statement about the health care payer’s conscience. Therefore, if a local church goes into the private market through Blue Cross, Humana or one of the insurance companies and purchases health care coverage in that manner, they must provide that abortion coverage.

For these reasons we urge you to vote ‘No’ on SB 25.