



**To: Chair Bob Lynn, Vice Chair Dennis Mannion, and the House Judiciary Committee**  
**Re: Testimony in Opposition to HB 232-FN relative to the rights of conscience for medical professionals**  
**Date: February 5, 2025**  
**Position: INEXPEDIENT TO LEGISLATE**

### Background

Reproductive Equity Now works across New England to make equitable access to the full spectrum of reproductive health care a reality for all people. Advancing reproductive justice and eliminating barriers to safe, legal abortion care are central to our mission.

**A person's access to health services should be determined by their own decisions and medical needs, not by the political or religious views of an individual health care provider. By allowing providers to object to or refuse to provide specific medical care, including abortion care, sterilization, and prescribing contraception, HB 232 will harm patients, negatively impact maternal health outcomes and increase the likelihood of unintended pregnancy.**

### HB 232 will harm patient access to abortion care

The negative impacts of denying a wanted abortion are well-documented. Abortion restrictions and bans do not just impact a person's ability to access timely health care; economic security is directly tied to a pregnant person's ability to make their own reproductive decisions and access the health care they need.<sup>1</sup> People who wish to choose abortion care and are denied access to it are at increased risk of experiencing poverty and unemployment,<sup>2</sup> and research indicates that states with more abortion restrictions are more likely to perform poorly on indicators of women's health, children's health, and social determinants of health.<sup>3</sup>

### HB 232 will negatively impact maternal health and healthy birth outcomes

Access to family planning services, including contraception and voluntary sterilization, is necessary to ensure that all people have agency over their reproductive futures and lives. These safe, routine, and essential health care services assist individuals and families in deciding if, when, and how they become parents and in preventing unintended pregnancy. There are several

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<sup>1</sup> NATIONAL WOMEN'S LAW CENTER, REPRODUCTIVE HEALTH IS PART OF THE ECONOMIC HEALTH OF WOMEN AND THEIR FAMILIES 1 (Feb. 2016), <https://nwlc.org/wp-content/uploads/2017/02/Reproductive-Health-is-Part-of-the-Economic-Health-of-Women-2.19.166.pdf>.

<sup>2</sup> ADVANCING NEW STANDARDS IN REPRODUCTIVE HEALTH, SOCIOECONOMIC IMPACT OF BEING DENIED ABORTION 1 (Aug. 2018), [https://www.ansirh.org/sites/default/files/publications/files/turnaway\\_socioeconomic\\_outcomes\\_issue\\_brief\\_8-20-2018.pdf](https://www.ansirh.org/sites/default/files/publications/files/turnaway_socioeconomic_outcomes_issue_brief_8-20-2018.pdf).

<sup>3</sup> IBIS REPRODUCTIVE HEALTH & CENTER FOR REPRODUCTIVE RIGHTS, EVALUATING PRIORITIES: MEASURING WOMEN'S AND CHILDREN'S HEALTH AND WELL-BEING AGAINST ABORTION RESTRICTIONS IN THE STATES 23-24 (2017) <https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/USPA-Ibis-Evaluating-Priorities-v2.pdf>.

negative outcomes associated with unintended pregnancy that impact both pregnant people and infants.

Unintended pregnancy can lead to delays in starting prenatal care, health care received during pregnancy, which is essential for healthy birth outcomes.<sup>4</sup> The U.S. Department of Health and Human Services' Office on Women's Health recommends commencing prenatal care during the first trimester of pregnancy, in an effort to prevent pregnancy risks including hypertension, anemia, and gestational diabetes, which can lead to preterm birth, low birth rate, and infant malnutrition.<sup>5</sup> Between 2018 and 2020, 16.1% of New Hampshire residents who gave birth began prenatal care after the first trimester, exposing them to the aforementioned health risks.<sup>6</sup> The passage of HB 232 would hinder patients' ability to prevent unintended pregnancies and lead to more delays in prenatal care, which is in opposition to the significant action this legislature has taken to improve maternal and infant health outcomes.

Unintended pregnancy can also lead to maternal depression, which when left untreated, can be devastating for mothers, their children, and their families.<sup>7</sup> 1 in 5 pregnant people during or after pregnancy suffer from a maternal mental health disorder, including depression.<sup>8</sup> Between 2017 and 2021, maternal mental health struggles were the leading cause of pregnancy associated overdose related deaths in New Hampshire, with substance overdose being the leading cause of death for pregnant people.<sup>9</sup> Amidst a maternal mental health crisis, HB 232 could exacerbate this problem for Granite Staters by giving them less agency over their reproductive choices.

Notably, pregnancy prevention is not the only reason women might use contraception. According to a 2024 survey, while two-thirds of women say they use contraception only to prevent pregnancy, one in seven use contraception solely for a reason other than preventing pregnancy, and one in five use it to prevent pregnancy and to manage a medical condition, such as irregular menstruation, excessive menstrual bleeding which can lead to anemia, menstrual migraines, polycystic ovary syndrome (PCOS), or pelvic pain and bleeding due to endometriosis or uterine

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<sup>4</sup> OFF. DISEASE PREVENTION & HEALTH PROMOTION, FAM. PLAN. WORKGROUP, (last visited Feb. 3, 2025), <https://odphp.health.gov/healthypeople/about/workgroups/family-planning-workgroup#about>.

<sup>5</sup> OFF. WOMEN'S HEALTH, PRENATAL CARE (2021), <https://womenshealth.gov/a-z-topics/prenatal-care>.

<sup>6</sup> SHEA KELLEY & CAROLYN NYAMASEGE, N.H. DEP'T HEALTH & HUM. SERVS. MATERNAL & CHILD HEALTH, STATE OF MATERNAL HEALTH NEW HAMPSHIRE 12 (2023).

<sup>7</sup> OFF. DISEASE PREVENTION & HEALTH PROMOTION, FAM. PLAN. WORKGROUP, (last visited Feb. 3, 2025), <https://odphp.health.gov/healthypeople/about/workgroups/family-planning-workgroup#about>; POL'Y CTR. MATERNAL MENTAL HEALTH, *About Maternal Mental Health Disorders* (last visited Feb. 3, 2025), <https://policycentermmh.org/mmh-disorders/>.

<sup>8</sup> POL'Y CTR. MATERNAL MENTAL HEALTH, *About Maternal Mental Health Disorders* (last visited Feb. 3, 2025), <https://policycentermmh.org/mmh-disorders/>.

<sup>9</sup> SHEA KELLEY & CAROLYN NYAMASEGE, N.H. DEP'T HEALTH & HUM. SERVS. MATERNAL & CHILD HEALTH, STATE OF MATERNAL HEALTH NEW HAMPSHIRE 12 (2023).

fibroids.<sup>10</sup> Oral contraceptive pills can also help reduce or relieve symptoms of severe menstrual pain, experienced by up to 40% of all adult women, and can lead to absences from work or school.<sup>11</sup>

### Conclusion

HB 232 is additionally redundant of long-standing federal law which is harmful to patients, such as the Weldon Amendment, the so-called Church Amendments, and the Coats-Snowe Amendment, which collectively permit health care providers to refuse to offer certain types of care, including contraceptive care, sterilizations, and abortion care, based upon a provider's moral or religious objections.<sup>12</sup>

Reproductive Equity Now encourages your opposition to HB 232 and is committed to working further with legislators, community leaders, and advocates alike to ensure its defeat. We thank you for your consideration and for the opportunity to provide testimony and urge you to reject this proposal.

Respectfully submitted,

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<sup>10</sup> Brittni Frederiksen, Karen Diep & Alina Salganicoff, *Contraceptive Experiences, Coverage, and Preferences: Findings from the 2024 KFF Women's Health Survey*, KFF (Nov. 22, 2024), <https://www.kff.org/report-section/contraceptive-experiences-coverage-and-preferences-findings-from-the-2024-kff-womens-health-survey-issue-brief/#:~:text=Women%20also%20use%20contraception%20for,data%20not%20shown%20in%20figure>.

<sup>11</sup> RACHEL K. JONES, BIRTH CONTROL: THE OVERLOOKED BENEFITS OF ORAL CONTRACEPTIVE PILLS 3 (Guttmacher Inst. 2011), <https://www.guttmacher.org/sites/default/files/pdfs/pubs/Beyond-Birth-Control.pdf>.

<sup>12</sup> Consolidated Appropriations Act (Weldon Amendment), Pub. L. No. 117-103, § 507(d)(1) (2022); Church Amendments, 42 U.S.C. § 300a-7; Public Health Service Act (Coats-Snow Amendment) § 254, 42 U.S.C. § 238n.