

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee February 24, 2022

ARCH: Well, good afternoon. Welcome to the Health and Human Services Committee. My name is John Arch. I represent the 14th Legislative District in Sarpy County and I serve as Chair of the HHS Committee. I'd like to invite the members of the committee to introduce themselves starting on my right with Senator Murman.

MURMAN: Hello, I'm Senator Dave Murman from District 38, and I represent most of eight counties in the southern part of the state.

WILLIAMS: Matt Williams from Gothenburg, Legislative District 36.

B. HANSEN: Ben Hansen, District 16, which is Washington, Burt, Cuming County and part of Stanton County.

ARCH: There's a number of hearings going on today, so I'm sure you'll see some of our committee members come and go as they introduce or they attend and speak so don't be surprised about that. Also assisting the committee is one of our legal counsels, T.J. O'Neill; our committee clerk, Geri Williams; and our committee pages, Rolf and Malcolm. A few notes about our policies and procedures. First, please turn off or silence your cell phones. This afternoon, we'll be hearing two bills and we'll be taking them in the order listed on the agenda outside the room. The hearing on each bill will begin with the introducer's opening statement. After the opening statement, we will hear from supporters of the bill, then from those in opposition, followed by those speaking in a neutral capacity. The introducer of the bill will then be given the opportunity to make closing statements if they wish to do so. For those of you who are planning to testify, you will find green testifier sheets on the table near the entrance of the hearing room. Please fill one out and hand it to one of the pages when you come up to testify. This will help us keep an accurate record of the hearing. When you come up to testify, please begin by stating your name clearly into the microphone and then please spell both your first and last name. We use the light system for testifying. Each testifier will have five minutes to testify. When you begin, the light will be green. When the light turns yellow, that means you have one minute left. When the light turns red, it is time to end your testimony. We will ask you to wrap up your final thoughts. If you wish to appear on the committee statement as having a position on one of the bills before us today, you need to testify. If you simply want to be part of the official record of the hearing, you may submit written comments for the record online via the Chamber Viewer page for each bill. Those comments must be submitted prior to noon on the workday before the hearing in order to be included in the official record.

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Additionally, there is a white sign-in sheet at the entrance where you may leave your name and position on the bills before us today. With that, we will begin today's hearing with LB1129. Welcome, Senator Morfeld.

MORFELD: Thank you, Chairman Arch, members of the Health and Human Services Committee. For the record, my name is Adam Morfeld, that's A-d-a-m M-o-r-f as in Frank -e-l-d, representing the Fighting 46th Legislative District, here today to introduce LB1129, a bill that would provide contraception free of charge for all that need it. I'm introducing LB1129 to provide free contraception for all Nebraskans. LB1129 would cover the cost of FDA-approved effective methods of contraception through existing Title X family planning clinics, pharmacies, and hospitals across our state. Excuse me. Can I get a glass of water, please? Thank you. Even though most people use some form of contraception in their reproductive lifetime, barriers still exist that prevent people from obtaining contraceptives. The American College of Obstetricians and Gynecologists support policies that ensure the availability and affordability of contraceptive methods. About one in four women seek contraceptive care from publicly funded family planning clinic. Even with private insurance, women pay 60 percent of the out of pocket of contraception compared to paying one-third of the cost for noncontraceptive medications. Women who struggle to make ends meet have a higher rate of unintended pregnancies than women in higher income brackets. Because many low-income lack-- women lack private health insurance, it impacts not only their access to healthcare, but also increases the likelihood that they will not be offered contraceptives. Lack of access to contraception remains a major cause of unintended pregnancy, and unintended pregnancy is a major cause of abortion. Research has shown that dispensing a one-year contraception supply was associated with a 46 percent reduction in the odds of abortion, a 46 percent reduction in the odds of abortion. According to the Nebraska 2019 statistical report on abortions, quote, no contraception used, end of quote, was the most common reason provided for seeking an abortion. Forty-three percent or 889 abortions in Nebraska and socioeconomic reasons were provided for an additional 5.7 percent, 118 abortions in 2019. The cost of birth control pales in comparison to the costs associated with an unintended pregnancy. And perhaps most importantly, the potential fiscal impact of this policy pales in comparison to the potential savings by preventing unintended pregnancy. Our state could pay for the average annual cost of family planning services 13 times over, and it is still less than the cost of one Medicaid birth. For Nebraska Medicaid, the average annual cost per person for all family planning

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services is \$457.32 compared to the capitation rate for birthing services at \$4,700. Our state could pay for the average annual cost of a person's family planning services for a decade, and it's still less than the cost of one Medicaid birth. This bill will help support uninterrupted access to birth control to prevent unintended pregnancy, ultimately reducing abortions. This is particularly important given that there are some senators in the Legislature that are considering banning abortion almost entirely. While I believe that abortion and the use of contraception should continue to be a private decision between a patient and a doctor, it is clear that we need to be proactive given some of our colleagues want to violate that privacy and that constitutional right. That is precisely what this bill seeks to do is to make it so that they can continue to make that choice on having contraception available to them between them and their doctor. I want you-- to thank you for considering this very important bill, and I'm happy to answer any questions that you may have.

ARCH: Thank you. Are there any questions? Senator Cavanaugh.

M. CAVANAUGH: Thank you. Thank you, Senator Morfeld. Would this include-- I always get the acronym wrong, the implant-- I always say UDI-- IUD. Would this include IUDs?

MORFELD: Yes, because it is FDA approved.

M. CAVANAUGH: OK.

MORFELD: As far as I know, it's FDA approved. And so as long as it's FDA approved, it would qualify under this.

M. CAVANAUGH: So that might impact if, if more individuals elected to do that. That would impact the fiscal note because they last for multiple years.

MORFELD: Could.

M. CAVANAUGH: OK. Thank you.

MORFELD: Yep.

ARCH: Other questions? Seeing none, thank you for your testimony.

MORFELD: Thank you.

ARCH: Will you stay to close?

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MORFELD: I've got another bill up in Appropriations, so it depends, I guess.

ARCH: It's a busy day.

MORFELD: I'd like to stay, though.

ARCH: All right. First proponent for LB1129.

JO GILES: Hello, Chairperson Arch and members of the Health and Human Services Committee. My name is Jo Giles, that's J-o G-i-l-e-s, and I'm the executive director of the Women's Fund of Omaha. We support LB1129 and its goal to provide free contraception for all people in Nebraska. At the Women's Fund, we believe that everyone deserves the right to decide if, when, and how to start a family. This requires access to reproductive services, including birth control. Nearly all women use contraception at some point in their lifetimes. In 2018, 65 percent of women in the United States aged 15 to 49 were using a contraception method. Access to birth control allows women a measure of control over the trajectory of their life. It increases their chance of finishing school, finding a job, achieving economic self-sufficiency, and ultimately, if they so choose, start a family when they are ready. By reducing barriers to birth control, including the cost, we can support a proven method in preventing unintended pregnancy. Unintended pregnancy has a significant direct cost to the state as Medicaid pays for more than 30 percent of the births in Nebraska. So paying for a year's supply of birth control, about \$38.11 a month, is much more cost effective than paying for the costs associated with an unintended pregnancy. As Senator Morfeld mentioned, the Medicaid capitation rate for childbirth is \$4,700, and that does not account for the medical costs incurred in at least the first year of the child's life, which would also be covered by Medicaid. So the state could pay for ten years of birth control through Medicaid, and it would still be cheaper than one unintended pregnancy. Access matters to us at the Women's Fund. In July of 2016, we began funding free birth control at four health centers in Omaha, and we expanded our grant funding statewide to 20 additional health centers in July of 2017. It's part of our contraception access project. As we expanded access and removed barriers to birth control, such as cost and geography, we were able to serve 12,850 individuals last year. However, there are more than 107 women-- 100,000-- 107,000, sorry, women in Nebraska who live in contraception deserts. So of these individuals, about 21,800 live in communities without a single healthcare center that provides a full range of contraception methods. By voting in support of LB1129, you can remove a barrier such as cost to expand access to birth control

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creating a more effective reproductive healthcare for all Nebraskans. We ask you to advance LB1129. Thank you and I'm happy to answer any questions.

ARCH: Thank you. Are there any questions?

JO GILES: We do have a chart on the bottom of your testimony that shows the number of individuals who were served by our contraception access project in 2020 and also in 2021.

ARCH: Thank you. Seeing no questions, thank you very much for your testimony.

JO GILES: Thank you.

ARCH: Next proponent for LB1129.

CLAIRE WIEBE: Good afternoon. My name is Claire Wiebe, C-l-a-i-r-e W-i-e-b-e. I am a senior manager of public affairs at Planned Parenthood North Central States here in Nebraska. I'm here to state our strong support of LB1129, which would make birth control more accessible for all Nebraskans. PPNCS is a reproductive and sexual healthcare provider with two health centers here in Nebraska, one in Lincoln and one in Omaha, as well as statewide telehealth services. Annually, we provide care to over 10,000 unique patients, and about 37 percent of our practice is dedicated to prescribing and providing birth control to patients. Thousands of Planned Parenthood patients and tens of thousands of other Nebraskans would greatly benefit from the passage of LB1129, which would provide birth control for Nebraskans at no cost. The cost of birth control can vary widely. The pill can range from free with someone's insurance to up to \$50 a month. Other methods like the Depo-Provera shot, which is given every three months, can cost about \$60 per shot and then long acting methods like the IUD or the implant can be much, much more expensive. So we're looking at somewhere between \$600 and even \$1,000 for those methods. That means that many people, even people with good insurance, can't afford the cost of the method that works best for them. About 23 percent of our patients at Planned Parenthood get-- in Nebraska get care funded through private grants and Medicaid, and that can cover all or part of their contraceptive services. However, 51 percent of our patients pay out of pocket for their own care without insurance or assistance through grants, which means many people are left paying for their own services, which may prevent them from getting their more expensive preferred method of birth control. Let me be very, very clear. Access to birth control does not negate the need for safe,

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legal abortion in Nebraska. In fact, in 2020, almost 20 percent of abortions in Nebraska happened because of contraceptive failure. We should never make assumptions about the reason people seek abortion care. Everyone's situation is very different. And at Planned Parenthood, we know abortion is an essential healthcare service and so is contraception. And every Nebraskan deserves the healthcare they need to lead their fullest lives. LB1129 is a step towards reducing healthcare access disparities in Nebraska and giving every Nebraskan the power to control their own future. So we'd like to thank Senator Morfeld for bringing this bill to the Legislature and urge the Health and Human Services Committee to vote it on to General File.

ARCH: Thank you. Are there any questions? Seeing none, thank you. Oh, I'm sorry. Senator Murman.

MURMAN: Thank you, Senator Arch. And thank you for testifying.

CLAIRE WIEBE: Um-hum.

MURMAN: I'm wondering if this bill would pass, how would that affect your bottom line at Planned Parenthood?

CLAIRE WIEBE: It'd be great. Being able to have birth control for folks provided by the state would be very helpful. I don't, I don't know specific numbers off the top of my head, but, yeah.

MURMAN: Thank you.

CLAIRE WIEBE: Yeah.

ARCH: Any other questions? Seeing none, thank you very much for your testimony.

CLAIRE WIEBE: Thank you.

ARCH: Next proponent for LB1129. Hello.

JULIE WERTHEIMER-MEIER: Hello. My name is Julie Wertheimer-Meier, that's J-u-l-i-e W-e-r-t-h-e-i-m-e-r hyphen M-e-i-e-r. I'm here on behalf of the ACLU of Nebraska, testifying in support of LB1129. And I first want to thank Senator Morfeld for introducing this bill, which will promote the health and well-being of Nebraska women by increasing access to contraception. Access to contraception is critical to an individual's autonomy, equality, and ability to participate in the social, economic, and political life of the nation. It's also a necessary form of healthcare, as it's frequently used to treat acne,

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migraines, endometriosis, and polycystic ovarian syndrome. Yet for many people, particularly low-income women, issues of cost to make contraception inaccessible. The ACLU supports policies that ensure access to affordable contraception, respect voluntariness, protect confidentiality, and prohibit sex discrimination, be it in the form of sanctioning religious refusals or treating contraception differently than other medical care. The American College of Obstetricians and Gynecologists, a group representing reproductive health experts across America, say that those needing access to birth control face significantly higher out-of-pocket healthcare costs than those who don't. Part of the reason is the gap in coverage or the lack of desired coverage for a preferred method of birth control. For instance, even when contracept-- contraception is covered, women pay approximately 66 percent of the cost out of pocket compared with the typical out of-- out-of-pocket cost of only 33 percent for noncontraceptive drugs. The high out-of-pocket costs of contraception disproportionately impact young women and women of color. For instance, only 39 percent of black women ages 18 to 44 say they can afford to pay \$10 or less if they needed birth control today. Research also shows that about 57 percent of Latina women aged 20-- 18 to 35 have struggled to afford birth control. The financial reality, combined with systemic barriers in accessing healthcare continue to undermine the ability of women of color to achieve full reproductive freedom. LB1129 is consistent with long-standing constitutional principles of dignity, equality, autonomy, and bodily integrity that protect personal liberty and decision-making with respect to one's own reproductive decisions. As the Supreme Court said in Eisenstadt v. Baird, if the right of personal liberty means anything, it's the right of the individual married or single to be free from unwarranted government intrusion into matters so fundamentally affecting a person at the decision whether to bear or beget a child. By enabling women to access contraception free of charge, this bill brings Nebraska in line with 14 other states who provide birth control without a copay or a deductible. Using a personal example to illustrate how LB1129 could help Nebraskans, I myself recently had to pay out of pocket for my own contraception because my insurance company changed its policy and took several months to approve coverage of my prescription. Even with a coupon from my doctor, I still had to pay \$26 for a three-month supply. And without that coupon, I would have had to pay over \$100. Like many Nebraskans, I just don't have that kind of disposable income and LB1129 would have helped me and other Nebraskans like me by ensuring that I could access my contraception on time and that no additional out-of-pocket cost. LB1129 will increase access to contraception and thereby reduce the risk of unintended pregnancies

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and related health risks and allow Nebraskans to control their own bodies and their own futures. We urge your support for LB1129 and I would be happy to answer any further questions.

ARCH: Thank you. Are there any questions? Seeing none, thank you very much.

JULIE WERTHEIMER-MEIER: Thank you very much.

ARCH: Next proponent for LB1129.

JULIA KEOWN: Good afternoon. My name is Julia Keown, J-u-l-i-a K-e-o-w-n. I am here representing the Nebraska Nurses Association. I am a member of the, the LARC Committee, which is Legislative, Advocacy, and Representation Committee for the Nebraska Nurses Association. We are wholehearted-- wholeheartedly in support for LB1129. So I am a registered nurse and I'm writing on behalf of the NNA. We represent more than 20,500 nurses in the state of Nebraska. We definitely support this bill and we feel that it would drastically increase healthcare access by providing free contraceptives to Nebraskans as prescribed by their medical providers. Contraceptives are prescribed for a myriad of reasons, as we heard from the ACLU representative, in addition to preventing unintended pregnancy. These include treatment for migraines, acne, irregular or heavy menstrual periods, painful menstrual cramps, and conditions such as PCOS, polycystic ovarian syndrome, and endometriosis. According to the Guttmacher Institute, an American health research and policy group, 1.5 million people in the United States use contraceptives solely for noncontraceptive purposes. Despite this medical need for access to contraceptives for many Nebraskans, the state is actually one of the worst, quote unquote, contraceptive deserts in the United States according to the healthcare organization Power to Decide. This means that people in Nebraska of reproductive age have limited access to contraceptives that they need in order to optimize their health. This bill will address and effectively eliminate Nebraska's status as a contraceptive desert. The official position on contraceptive access for the American Nurses Association, which is the parent organization for the Nebraska Nurses Association, is that it, quote, fully supports access to contraception as an essential component, component of effective healthcare for all. One of the main pillars of the Nebraska Nurses Association is to ensure healthcare access for all of our patients, and we believe that this bill will address the needs of Nebraskans toward attaining optimal wellness for them. The NNA urges the Health and Human Services Committee to pass this bill.

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ARCH: Thank you. Are there any questions? Seeing none, thank you for your testimony. Next proponent for LB1129. Is there anyone that would like to speak in opposition to LB1129?

DAVID ZEBOLSKY: Good afternoon. David Zebolsky is my name. I work for Nebraskans Embracing Life in Omaha, 501(c)(3) nonprofit. Our mission is to help the community to understand the sanctity of human life. So I'd like to ask everyone here--

ARCH: Could you please spell your name before you--

DAVID ZEBOLSKY: Yeah, I'm sorry, it's D-a-v-i-d Z like zebra -e-b-o-l-s-k-y, and it's Nebraskans Embracing Life. So I would like to start by asking everyone here, when do you say life begins? And when would you stand up and defend a child from abuse or violence of any kind? So I know all of us are united together in this room against any kind of violence or abuse against a child after birth, one-year, two-year, three-years-old, right? So then let's go, let's go back before birth, eight months, eight months in the gestational cycle, would you defend a child against abuse or violence? Seven months, six months, five months, four-- when do you say life begins? When are you willing to let a child be violated? Two months, one month, one week from conception, would you defend that child's life? Would you defend that child's life if it were one hour from conception? Contraception kills. That's why we oppose contraception at Nebraskans Embracing Life. Most contraceptives are abortifacient. They prevent-- they prevent the implantation of a fertilized egg imbued with a soul if you're a person of faith. They prevent that implantation into the mother's womb, allowing that child to effectively starve to death. That's why I will always oppose contraception because of the violence of the child conceived in the womb, and will beg everyone to please consider the child. Of course, we have to help the mother. We have to look for ways to support her. Contraception is not an answer. Oral contraceptives are harmful to a woman's body. The side effects are legion. If you look at the pill alone, the harm, the damage to a woman's body is-- can be extensive and it can be permanent and it can be lethal, certainly lethal to that child. So please, the state has no business, no business at all participating in any way with the imposition of contraception. Please, please look into your hearts. Look into the heart of every child. Look into the hearts of your grandchildren. When does life begin? And please vote against this awful piece of legislation, LB1129. Thank you.

ARCH: Thank you. Are there any questions? Seeing none, thank you for your testimony. Next opponent for LB1129.

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STEPHEN ZACH: Thank you. Good afternoon. I'm Stephen, first name S-t-e-p-h-e-n, last name, Zach, Z-a-c-h. I'm a, I'm a-- I'm from a family of 12. That doesn't make me anything special, but-- and I have four children, one's a captain in the Navy, one's a doctor, one's an-- one's a CPA, and one's an electrician. And we chose to have those children and we have ten grandchildren. And one son, it kind of hurt his, hurt his family life when they, when they had a stillborn child. Two of them, one in a row. It messed her up so much to lose those two children. They planted a tree for each one. And, you know, it messed her up and they divorced. I'm giving her story, how sad it is, and how good it is, some people do want children. And, and since, since 1989, I've been involved in an organization called American Life League, passing out literature, the evils of, of contraceptives, believers of abortion, on and on and on and on. And you can look that up, americanlifeleague.org. It happens to be all Catholic Christian principles. It's-- sometimes-- I, I remember getting a call from my church, I happen to be Catholic Cathedral in Omaha, been there over 50 years and they want to know about the reversal pill. Well, you can look up on, on pro-life literature from American Life League that I'm involved with too or, or American Family Life League. It tells you about the reversal pill and at Planned Parenthood it talks somebody into having the abortion pill RU486. They got 24 hours to change their mind. I remember telling somebody about it. They called me. That's why every church, every-- should have that-- those papers in the rectory so they can refer them to pro-life agencies that will help them. But it turned out this gal was taken to Planned Parenthood in the morning and got the pill at 9:00 and sent home at 1:00. And she didn't want to go to her mom's house and she laid on the floor and walked to the bathroom crying and in pain, laid down on the floor and the, the baby was aborted. Size of your fist, I'm told. They took the baby, and then the baby-- then the, the mother did find the little girl, she was only 17. I don't know if she was-- I don't know if it was rape or what, but nobody talked about rape or anything. But they took the baby and the mother, the mother came after the, the child and took the baby and the mother-- her daughter, her daughter to the hospital and they called a priest. Wanted to baptize the child, I'm sure. I mean, that, that's what's so sad about, about giving out those contraceptives. I don't think anybody talked about if the child-- if you're going to give out contraceptives to children, don't they have to have a mom and dad's permission? And, and, and, and if you're into any type of water pollution, the water pollution is very bad because of contraception and that's another issue. Really, really bad, bad stuff and we're drinking it. Our water-- people have to buy water from a grocery store now in the bottles. But that's another story, too. I was raised on an

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Indian reservation. My dad worked there for 28 years and that doesn't make me anybody important, but we need to take care of these children that need help. It was a, a home for 125 homeless children, St. Augustine's Indian Mission in Winnebago, [INAUDIBLE], and that, that's why it's a shame that, that, that-- I think today they talked about Planned Parenthood, most, most of their children, that they abort-- the babies that they abort, and I don't, I don't have it in front of me, one-third of them are minority. And I don't want to say what color, but you can only guess. It's, it's, it's a shame. And, and, and LeRoy Carhart, he's in Omaha, or Bellevue really, and he goes up to where my daughter lives, who is a captain in the Navy, 20 years in the Navy, and she not involved in pro-life, but she's pro-life, but just ten minutes away from her, and, and used to be Germantown in Maryland. He-- he's, he's my age, 80-years-old. He doesn't look like a young man and he's killing those babies. And he goes to Maryland, and he comes into Omaha, Nebraska, after 20 weeks. We don't know what it is they say, but he goes to Maryland and he can kill them in Maryland up, up-- in the ninth month.

ARCH: Sorry, but the red light now has, has come on.

STEPHEN ZACH: I thank you for listening. We'll pray for each other. Thank you.

ARCH: Thank you for your testimony. Next opponent for LB1129. Seeing none, is there anyone who would like to speak in a neutral capacity for LB1129? Seeing none, Senator Morfeld, you're welcome to come and close. While you are coming up, we have received 25 letters as proponent, 39 letters in opponent, and none in neutral. You may close.

MORFELD: Thank you, Senator, Senator Arch and members of the committee. I'm actually missing the opening of my other bill because I just-- I did want to stay for closing on this. You know, to the individual that came up and talked about sexual assault and physical abuse of children. I just want to say that that's really offensive. To somebody who has been sexually assaulted as a child, to somebody who has been physically abused as a child, to come up here and say that a bill that would make it so that we would prevent unplanned pregnancies, which oftentimes-- sometimes in some cases can actually lead to people being in positions where some of those activities would happen is offensive. And so when you say those things, know that there are survivors and there are people that have experienced that. And it's hurtful. And I'm going to call it out. Colleagues, this is about making it so people have the opportunity to make choices in their lives, which can then go-- excuse me, and impact other people's lives,

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whether they're children or whether it's that individual that's facing that decision on whether or not they want to have a pregnancy or they don't. And I will tell you that when you have people come up here and say things in these public forums or say things online that are false, not true, clearly not related to this, it has an impact on real people who have been sexually assaulted and who have been physically assaulted, and it's hurtful. I'd be happy to answer any questions that you may have.

ARCH: Thank you. Are there questions? Senator Cavanaugh.

M. CAVANAUGH: It's not a question so much as just thank you and thank you for your words. They're very meaningful and important. So thank you, Senator Morfeld.

ARCH: Other questions? One, one question,--

MORFELD: Yeah.

ARCH: --Senator Morfeld. There-- is there an amendment that has been filed on this as well? Is AM1616 an amendment that has been filed as well, do you know?

MORFELD: I, I am not aware of any amendment that I filed.

ARCH: OK.

MORFELD: So there, there could be an amendment from somebody else.

ARCH: OK.

MORFELD: But I'll check with my legislative aide who's opening on my other bill right now, so.

ARCH: OK.

MORFELD: I may, I may be out of the loop on my 26 bills. [LAUGHTER]

ARCH: OK. All right. Thank you very much.

MORFELD: OK.

ARCH: Thank you.

MORFELD: Thank you, Chairman.

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ARCH: This will close the hearing for LB1129. And we will now open the hearing for LB716. Welcome, Senator Hunt.

HUNT: Thank you, Chairman Arch, and good afternoon, members of the Education-- Health and Human Services Committee. [LAUGHTER] It all runs together after a certain point, but I think I know where I am. I'm Senator Megan Hunt, M-e-g-a-n H-u-n-t, and I represent District 8, which is the northern part of midtown Omaha. I'm here to present LB716. This is a bill that would expand the list of qualified medical professionals who can perform abortions in Nebraska. Previous Nebraska Legislatures have created layers of medically unnecessary restrictions on access to abortion care, making it harder than it needs to be for people who need an abortion to receive one. One of these barriers is that Nebraska is a physician only state, which means that our current statute prevents anybody who is not an MD from performing an abortion. Abortion is well-studied and safe. Many duties that are currently performed by MDs can also be done by our skilled licensed Advanced Practice Registered Nurses, Certified Nurse Midwives, and physician assistants who have extensive medical training and are subject to rigorous training standards. In fact, in a third of states, nurse practitioners, midwives, and physician assistants are safely and effectively providing abortion care today. Studies show that abortions are just as safe when performed by trained nurse practitioners, physician assistants, and Certified Nurse Midwives as when they are performed by MDs. In one six-year study published in the American Journal of Public Health, which is a real journal. It's not like-- sometimes in these committees someone will pass out like a journal article, and I give it a little Google and it's like, OK, this was published one time in Bulgaria and it was funded by the tobacco association. You know, it's always something crazy, but in one very legitimate, peer-reviewed six-year study, the complication rate was low, and it did not differ between physicians and these nonphysician advanced practice providers. So even in states where they have APRNs and Certified Nurse Midwives and physician assistants performing abortion care, there's no difference in the complications or anything like that between the ones that are provided by them and the ones that are provided by the MDs. The American Public Health Association and the American College of Obstetricians and Gynecologists recommend that all appropriately trained nurse practitioners, Certified Nurse Midwives, and physician assistants be allowed to provide abortion services. This is one of two pieces of new legislation I'm introducing this year on reproductive justice. Providers tell me that the two main barriers for women who are seeking abortion in Nebraska are cost and access to underserved areas. This bill seeks to address the access

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barrier by allowing more qualified practitioners to provide this care. Women of color and low-income women face significant disparities in terms of their ability to access abortion care, and 40 percent of Nebraska women live in counties with no abortion provider at all. By enabling other qualified licensed providers to provide abortion care, more medical clinics can offer abortion services in areas where MDs are in short supply. I'll also note that today is a very big day in the Legislature. We call it abortion day. We have some, you know, contraceptive and my bills coming up here in HHS and Judiciary, they're hearing several bills. And there's also a hearing happening in Government Committee today that would ban schools from teaching historically and scientifically accurate information about race and sex and the history of our country. So in the big picture, there are a lot of hearings today that are garnering a lot of attention. And I want you to know that the lack of, you know, the fact that we don't have an overflow room for this bill doesn't indicate a lack of support for this bill. And the same would go for Senator Morfeld's bill. I've urged supporters for my bill to go testify in Judiciary today, and I'm happy to, to handle this bill in here with you guys and take any questions and continue to work this throughout the, the session. People have been getting pregnant since the beginning of time and there have been people who don't want to be pregnant who are pregnant since the beginning of time, and there will always be people who need to terminate their pregnancies for whatever reason. When someone has made the decision to terminate a pregnancy, they should be able to do that as soon as they can, as soon as they need to without any delay. And no matter how we personally feel about abortion, I trust individual Nebraskans and I trust Nebraska healthcare providers to make the right decisions about how to handle pregnancy and fertility. So I'd be happy to answer any questions. Thank you.

ARCH: Thank you. Are there questions? Seeing none,--

HUNT: Thanks. I'm sure this one's flying right out, so.

ARCH: --you going to, you going to, you going to stay for close?

HUNT: I, I will stay. Yeah.

ARCH: OK.

HUNT: Thank you.

ARCH: All right. First proponent for LB716.

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CLAIRE WIEBE: Hello again. My name is Claire Wiebe, C-l-a-i-r-e W-i-e-b-e, and I'm the senior manager of public affairs at Planned Parenthood North Central States in Nebraska. PPNCS provides, promotes, and protects sexual and reproductive health and rights through high-quality care, education, and advocacy here in our state. And then we're a five-state affiliate so we also provide care in North Dakota, South Dakota, Iowa, and Minnesota. In Nebraska, we serve more than 10,000 patients annually in our two health centers, and we also are proud to offer abortion services in both of those health centers. So we're here today to support LB716. Planned Parenthood believes abortion must always be a matter of personal choice and that a patient in consultation with medical professionals has the right to obtain an abortion under safe, legal, and dignified conditions and at reasonable cost. There are many legal, economic, and geographic barriers in our state for people who need abortion care, and LB716 is a step in the right direction to ensure that all Nebraskans have access to the care they need. A large part of our state in Nebraska is in what advocates call the abortion desert, right, which is a long strip of land that runs all the way from North Dakota to Texas where abortion patients must travel over 100 miles to the nearest abortion provider. This means that in addition to navigating Nebraska's harsh and medically unnecessary abortion restrictions, many patients must travel hours to seek necessary medical care. That also means that in addition to the cost of the procedure, folks are having to fund and find transportation, gas money, food for the trip, potentially a hotel room if they have to take time off work, if they have to find childcare. And all of that adds up really quickly. LB716 could increase the number of abortion providers in our state, and that would help to eliminate some of that geographic and financial barrier that prevents Nebraskans from accessing the care they need. Abortion is -- is an essential health service that impacts every part of a patient's future. It's not lost on us that on the same day in a different committee, senators are hearing three bills that would strip abortion rights away completely for thousands of Nebraskans. It is unfortunate that the senators on this committee will not be able to hear the unique and powerful stories of people who have needed abortions in Nebraska and the barriers they faced. We will always support reducing barriers to healthcare at Planned Parenthood, and LB716 does just that. All Nebraskans deserve to decide when and under what circumstances to start a family. LB716 will help them make the, the decision that's best for their future. So thank you to Senator Hunt for bringing this bill, and we urge you to vote it out onto General File.

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ARCH: Thank you. Are there any questions? Seeing none, thank you.

CLAIRE WIEBE: Thank you.

ARCH: Next proponent for LB716.

DANIELLE CONRAD: Think I have enough. Hello, good afternoon, my name is Danielle Conrad, it's D-a-n-i-e-l-l-e, Conrad, C-o-n-r-a-d. I'm here today on behalf of the ACLU of Nebraska. This is so fun, I rarely get a chance to visit you in HHS. So as hearings are wrapping up, it's-- I got it in just under the wire. But anyway, we want to thank Senator Hunt for introducing this measure today and want to thank you all for your time and consideration of this measure. Passing out just a, a quick kind of one page kind of overview with some additional information and I won't reiterate prior testimony that, that we've talked about already, but I do just want to hit a couple of key points here. LB716 rightly removes unnecessary restrictions that are not, that are not grounded in science, that are not grounded in medicine, and that help more Nebraskans who are in need of abortion care to access it earlier in a more timely manner, which of course is really important in a state like Nebraska where we have significant issues and barriers when it comes to access not only for reproductive healthcare, but healthcare in general, particularly for families that are struggling to make ends meet, people of color, rural Nebraskans, and expanding the scope of practice in regards to, to what we see in LB716 is, is one part of the puzzle there. So I know scope of practice measures are always contentious in the Legislature no matter what the subject matter, but I do just want to point out a little bit too about some of the historical policy underpinnings. Many physician only requirements in relation to abortion care are really basically relics of a time gone by. They don't necessarily take into account advances in medical technology like the prevalence and utilization of medication abortion that well over 90 percent of abortions are, are provided through that method today in Nebraska and beyond. Additionally, they also haven't been updated like other aspects in our scope of practice bills that we're continually updating scope of practice to ensure a high quality of care and to expand access to care for more Nebraskans, whether it be through Advanced Practice Nurses or otherwise in a variety of different contexts. And then just to put a finer point and, and kind of put an overview in a context on this, for a great deal of time Nebraska's kind of middle of the pack when it came to abortion rights and reproductive rights. Nebraska has been part of a relentless attack on women's rights and reproductive freedom. Today, we're one of only 17 states that's considered extremely hostile to abortion rights. And if the bills being heard in

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committee today over, over the hall in Judiciary do pass, we will be challenging, racing Texas to be the most extreme ban in the country. So I want you to keep that in mind as you look at this bill and as those other bills that will be before you later this session. It's really important to remember that we can and should be working together to ensure that people have the agency and autonomy and freedom to make decisions that are right for themselves, their bodies, and their families. And when a person decides to terminate a pregnancy, it's important we remove political interference. It's important we put aside our personal, religious, or ideological differences and we stop shaming people and we stop judging people and we ensure safe, equitable care for people who need it. I'm happy to answer any questions. I thank you for your time.

ARCH: Thank you. Are there any questions?

DANIELLE CONRAD: OK. Thank you so much.

ARCH: Senator Cavanaugh.

DANIELLE CONRAD: Oh, hi.

M. CAVANAUGH: Thank you for your testimony. I just-- you mentioned the scope's thing and so it's like Certified Nurse Midwives. And I have talked before about how all three of my children were delivered--

DANIELLE CONRAD: Yes.

M. CAVANAUGH: --by midwives.

DANIELLE CONRAD: Yes.

M. CAVANAUGH: And those are my primary care medical services. So if I were not in the position where I was going to continue a pregnancy, I would have to go to a different person?

DANIELLE CONRAD: Yes, that's right. That's right in Nebraska. And you're exactly right, Senator Cavanaugh, that advanced practice healthcare professionals in Nebraska already provide a, a host of reproductive healthcare services to their patients, and so it would help to improve the continuity of care perhaps in, in that instance for patients.

M. CAVANAUGH: So an example of, of medical abortion where you are given a pill or a prescription, midwives can prescribe medicine.

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DANIELLE CONRAD: Um-hum.

M. CAVANAUGH: So we have a specific medication that we specifically don't allow them to prescribe?

DANIELLE CONRAD: Yeah, that, that's exactly right. So we have instituted physician only requirements in relation to a, a host of different abortion restrictions that are really a relic of a time gone by that don't recognize the advances in terms of medical technology and then also haven't kept pace with other updates to scope of practice.

M. CAVANAUGH: OK. Sorry, I didn't-- I just was not aware of that difference.

DANIELLE CONRAD: Yeah.

M. CAVANAUGH: Thank you.

DANIELLE CONRAD: And you know, I, I think the good news is in these great laboratories of democracy that we can look at the experiences of about 18 of our sister states that have updated their scope of practice law to provide more access to care. And we can see in the research and the practice that what's happened in those states is that we're able to access care that respects people's dignity and autonomy, improve stake-- improves outcomes for all stakeholders and hasn't caused any significant patient safety issues which I know we all care deeply about.

ARCH: Thank you. Any other questions?

DANIELLE CONRAD: Thank you so much.

ARCH: Seeing none, thank you. Next proponent for LB716.

JULIA KEOWN: I'll have to give the green sheet to you in just a minute if that's OK. All right, it's done. Thank you. My name is Julia Keown, J-u-l-i-a K-e-o-w-n. I am here in support of LB716. I'm a nurse in Nebraska. I've worked with sexual assault victims for approximately 17 years now. About ten of those were as a social worker and the last four-ish I've been doing forensic exams for sexual assault victims. I will tell you that as a sexual assault victim and in talking about rape is an issue of power and control, right, the perpetrator takes away the power and control from the victim to be able to consent to sex. So when we have the victim come into the emergency department and we don't have a provider who's able to say, yes, I'm going to provide

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you with this medication, that takes away their, their autonomy, that takes away their medical decision-making. So expanding the scope would-- expanding the scope of being able to prescribe this medication to nurse practitioners, physician assistants, certified nurse midwives, that would help especially those in rural environments who don't have access to physicians and critical care access hospitals, that would help those patients tremendously in, in taking back their autonomy and, and their decision-making. So I cannot tell you how important this bill will be for our sexual assault patients. So that's all.

ARCH: Thank you. Are there questions? Senator Cavanaugh.

M. CAVANAUGH: Thank you. Thanks for being here.

JULIA KEOWN: Yeah.

M. CAVANAUGH: So I'm just trying to figure out when the change was made or maybe it was always for as long as we've licensed midwives in the state, but do you have any idea if this is a new thing that we've not allowed in the scope of practice or has it-- is it long-standing?

JULIA KEOWN: That is a fantastic question. I don't know off the top of my head. I'm guessing that-- so CNMs and NPs and PAs have always had very restricted licenses. We've just gotten the, the ability for NPs to practice independently within the last couple of years. So they have always had very restricted scopes. And so this is, this is increasing them hopefully to increase that access to healthcare which is so incredibly important for our patients.

M. CAVANAUGH: Yeah, I mean, I think it's pretty obvious I'm a big proponent of midwives. It was an--

JULIA KEOWN: Yes, they're lovely.

M. CAVANAUGH: --amazing experience. So thank you.

JULIA KEOWN: Yeah. Interestingly, just to top that off, research shows that people who go to nurse midwives who, who have nurse practitioners as primary care physician assistants, they actually have as good outcomes as their physician counterparts. So increasing this scope will not deter from or detract from that patient outcome.

M. CAVANAUGH: Thank you.

JULIA KEOWN: Um-hum.

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ARCH: Any other questions? Seeing none, thank you. Next proponent for LB716. Seeing none, is there anyone would like to speak in opposition to LB716?

GARY ANTHONE: Good afternoon, Chairman Arch, members of the Health and Human Services Committee. My name is Dr. Gary Anthone, G-a-r-y A-n-t-h-o-n-e. I'm the chief medical officer and Director of Public Health for the Department of Health and Human Services here in the state of Nebraska. I'm here to testify in opposition to LB716, which proposes to expand the authorization of who can legally perform abortions by changing the term physician to qualified practitioner. This bill has a direct impact on DHHS as it expands the scope of practice for a number of licensed healthcare providers. The bill proposes an expansion of scope of practice for physician assistants, Certified Nurse Midwives, and Advanced Practice Registered Nurses. The standard process for changing the scope of practice for a profession regulated by the Uniform Credentialing Act is to go through their credentialing review process. There are no such credentialing reviews completed or pending at this time for any of these licensed healthcare providers. Section 20 addresses criminal conduct, adding the Board of Advanced Practice Registered Nurses before whom a qualified practitioner might request a hearing to determine if the abortion procedure was performed in accordance with requirements for an emergency. It should be noted that every Advanced Practice Registered Nurse holds two licenses: a registered nurse license and an Advanced Practice Registered Nurse license. Generally, the Board of Nursing considers unlawful conduct performed as a registered nurse, while the Board of Advanced Practice Registered Nurses considered unlawful conduct performed in the Advanced Practice Nursing role. And Sections 27 and 29 recognize that abortions are surgical procedures, however, nurse-- nurses and physician assistants are not currently allowed to perform major surgery. So this would be considered a scope of practice change. These sections also add the definition of unprofessional conduct pertaining to the performance of abortions from the Medicine and Surgery Practice Act to the Advanced Practice Registered Nurse Practice Act and the Certified Nurse Midwifery Practice Act. The reference to the term APRN and the statutory reference to Nebraska Revised Statute 38-201, the Advanced Practice Registered Nurse Practice Act, are both incorrect. APRN is an overarching term that includes nurse practitioners, Certified Registered Nurse Anesthetists, Certified Nurse Midwives, and Clinical Nurse Specialists. Revising the Advanced Practice Registered Nurse Practice Act, as currently stated in the bill, would essentially provide that all four categories of APRNs would be allowed to perform abortions. We respectfully request

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that the Health and Human Services Committee not advance this legislation. Any attempts to expand scope of practice for healthcare professionals should be completed through the credentialing review process. Thank you for the opportunity to testify today. I'll be happy to answer any questions.

ARCH: Thank you. Are there any questions? Senator Cavanaugh.

M. CAVANAUGH: Probably going to guess what some of my questions are. Thank you for being here today, and you're definitely speaking one of my love languages of the scope of practices. I do think we need to rely on the 407 process. I'm just not sure where I'm seeing this, so I've been looking at some of the different statute. And when I look at statute 38-611, it's the Certified Nurse Midwife authorized activities, and the way that it reads to me is that this isn't something that they're not allowed to do. At least a medical abortion is not something that they're not allowed to do. And so I don't know how we've taken that authority away from them and how that would be a scope issue because we allow them to prescribe medications, correct?

GARY ANTHONE: Yes.

M. CAVANAUGH: So is the, is the scope issue more about performing a D&C?

GARY ANTHONE: It's, it's both. The scope of practice would be both a surgical procedure and a medical procedure.

M. CAVANAUGH: But a medi-- a medical abortion is the medication.

GARY ANTHONE: Yes.

M. CAVANAUGH: It's not a procedure.

GARY ANTHONE: It's still an abortion, though.

M. CAVANAUGH: Right. But I mean, your, your midwives do prescribe medications.

GARY ANTHONE: They can, but not for abortions.

M. CAVANAUGH: Right. But where does it say in statute that they can't prescribe?

GARY ANTHONE: I, I can't answer that question right now, Senator, but--

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M. CAVANAUGH: OK.

GARY ANTHONE: --I'd be glad to get back to you on that.

M. CAVANAUGH: I'd appreciate that. I'm just very curious about this. And I also appreciate the 407 process conversation. And on a personal note, my son went back to school and he was very excited to see Landon [PHONETIC].

GARY ANTHONE: And as you well know, my son's a nurse practitioner.

ARCH: Any other questions? Seeing none, thank you for your testimony. Next opponent for LB716.

TOM VENZOR: Good afternoon, Chairman Arch and members of the HHS committee. My name is Tom Venzor, T-o-m V-e-n-z-o-r. I'm the executive director at the Nebraska Catholic Conference. I'm a little bit of the B-team today. Marian Miner would be here, but he is in the Judiciary Committee. As Senator Hunt alluded to, there's some other bills going on today, so I'm delivering you kind of his testimony. This is his main area, but we're providing that and also providing it on behalf of Nebraska Right to Life, who's also occupied at that hearing. We oppose LB716, which would allow nondoctors to perform abortions in Nebraska. It must be mentioned from the outset that abortion is a terrible evil that simply should not be expanded. Every abortion kills an innocent, preborn human being who has the right to life. We should be working for a future with fewer, not more abortions. Second, the abortion industry often claims that abortion, especially early abortion, is safe and that therefore state health and safety regulations, for example, that abortions be performed only by physicians are arbitrary and serve no legitimate purpose. Both the premise and the conclusion of this claim are false. Abortion is not safe. While official abortion complications reporting in the United States has never been standardized and is of notoriously poor quality, more rigorous, domestic, and international studies of chemical abortion early in pregnancy show complication rates that no person should find acceptable. Up to 20 percent of women who undergo a chemical abortion suffer complications. These complications can be quite serious and include hemorrhaging, infection, and incomplete abortion requiring surgical intervention, among others. Numerous studies done even by abortion advocacy groups show alarmingly high rates of women will need surgical follow-up after a chemical abortion. This is not a practice fit for outsourcing to nonphysicians. The truth and the reason for legislation like LB716 is that fewer and fewer physicians are willing to perform abortions. And even though training in abortion has been

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universally required for OB/GYNs since 1996, only 14 percent are willing to do them. This reality is a threat to the business model of an industry that profits on the death of the preborn child and the despair of women in crisis pregnancy. It is also worth noting that LB716 were to pass into law would become the most radical law of its kind in the United States. Most states, including every state in the Midwest except for Illinois, do not allow, do not allow anyone other than a physician to perform abortions of any kind. LB716 would allow nonphysicians not only to distribute abortion inducing drugs, it would also authorize them to perform vacuum aspiration and surgical abortions. This is clearly not in the best interest of women or the medical profession, and we respectfully request that you oppose LB716. Thank you for your time.

ARCH: Thank you. Are there any questions? Seeing none, thank you.

TOM VENZOR: All right. Appreciate it. Have a good afternoon.

ARCH: Next opponent for LB716.

DAVID ZEBOLSKY: My name is David Zebolsky, that's Z-e-b-o-l-s-k-y. I'm with Nebraskans Embracing Life in Omaha, 501(c)(3) nonprofit. Our mission is to defend sacred human life and to help the community to understand these life issues in a greater way. We oppose LB716 because we oppose the killing of an innocent in her mother's womb from conception when life begins. If life doesn't begin at the beginning, our question is when do you say sacred life begins? Does it begin at birth? Does it begin before birth? Eight months, seven months, six months? When would you defend a child against any form of abuse or violence? Would you defend a child in her mother's womb at the gestational age of four months or three months or two months or earlier than that when most of these prescribed chemical abortions occur? From the patient information packet on commonly prescribed Mifepristone RU486, a few of the known side effects on the patient information warning: infections and infestations, postabortal infections, including endometriosis, pelvic infection, pelvic inflammatory disease, blood and the lymphatic system disorders, anemia, immune system disorders, allergic reactions, psychiatric disorders, cardiac disorders, vascular disorders, respiratory, thoracic and other disorders, shortness of breath, gastrointestinal disorders, dyspepsia, muscular-skeletal disorders, connective tissue and bone disorders. All of this off of the patient information packet. Reproductive system and breast disorders, uterine rupture, ruptured ectopic pregnancies, and other general disorders. Various pain. The reality is only a physician is best qualified to identify and to treat

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these known side effects from these prescribed chemical abortions.
Please oppose LB716. Any questions?

ARCH: Thank you. Are there any questions? Seeing none,--

DAVID ZEBOLSKY: Thank you.

ARCH: --thank you. Next opponent for LB716.

STEPHEN ZACH: Thank you. Wow. I've been sitting back here listening, where is the doctor involved in this situation? I'm just a, a layperson. If I, if I wanted something operated on and had trouble with my gallbladder or eyesight, wouldn't I go to a specialist? Somebody who knows something about that particular problem I have with my body. You take your car and had your brakes worked on. Would you take it to a body shop that does paint jobs only? That's ridiculous. I'm glad to hear the word doctor here and, and Christian principles brought up by Tom Venzor and what the last person just said about all the, all the problems you have with chemical abortions and surgical abortions. I've been at the mortuary and Planned Parenthood, which is eight blocks from Cathedral back in the '80s. It took us a long time to get them out of there. Being in the Knights of Columbus, we are first and foremost pro-life. But you don't see very many Knights of Columbus out there at all really, but they help out in many material ways, financial ways. They provide ultrasounds throughout Nebraska. I think there's about 16 or 18 of them, and they were about \$20,000 or more apiece. We want people to go to places like APS and, and, and have a free pregnancy test. Have an ultrasound and see what-- how old-- one thing-- once you see an ultrasound, those of you who are women and men, that's a child. And like the gentleman before me, Dave Zebolsky, at the moment of conception an egg and sperm unite with God and, and egg and sperm and mom and dad, they make that baby. We had no right to kill that child. It's-- I-- I've been involved in pro-life since the '80s, like I say at Planned Parenthood, been a pro-life director for the Knights of Columbus. You're going to say, oh, that's a Christian principle thing. No, it's, it's, it's values. And I already mentioned about taking, taking, taking your body to Planned Parenthood if you have a hernia or gallbladder trouble. No, no, no, no. They, they are the largest providers and promoters of abortion. That's my main thought right now. I've been, I've been arrested at-- in Bellevue with a guy named LeRoy Carhart. I've been arrested at Planned Parenthood. And when they say in court, I couldn't do 30 abortions. One said I couldn't do 15 abortions and we clapped. Some of us, we're not supposed to do that. So those women may not come back the second time. And just like a child, if you take a child to a

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swimming pool and, and, and I'm the lifeguard and that child jumps in and can't swim, doesn't have a life jacket on, sir, lifeguard, that child is going to drown. Nah, he jumped in the last time, he'll, he'll just do it again. No, you, you must save that child. It's your job to save that child. We, we have a pro-life activity every, every year at Cathedral Festival. We have a pro-life booth. We have literature there on, on contraception, on, on family planning without using any chemicals that, that abort the baby. Those chemicals make the baby inhospitable and, and is sloughed off the body and sloughed out. And I told you before about the-- and I, I know, I know girls and women who their dad made him have an abortion. And to this day, they're younger than I am, and I'm 80, they're probably in their 60s, they have a lot of trouble, a lot of mental trouble, body trouble too. I know, and I'm not going to tell you their names. I'm not going to tell anybody their names and I've had women come in, so we're just here to get some contraceptives because I'm going to the bar tonight and somebody might take me home. Well, that, that mentality is wrong. I can go on and on and on and on, but I've already told you a guy named LeRoy Carhart, they took his horses away. His mentality of a human being, caring about life, they took his horses away. I got papers at home from the Bellevue Leader, the horse's rib showing. He was starving his horses. And, and, and the reversal pill-- I mean, you need to call the, the nebraskaembracinglife.org and get the pro-life directory. If you all would get that and look at that, you would change your mind. The reversal pill is the first one. If you go to Planned Parenthood and get that RU486, you got 48 hours to take that pill. They shouldn't have to call my house, they should, they should-- if they call their church, the church should have all that information at every church. My yellow light's on.

ARCH: Your red light just came on now.

STEPHEN ZACH: Well, I, I thank you again and I, I say, we'll keep each other in prayer.

ARCH: Thank you.

STEPHEN ZACH: It's life or death matter.

ARCH: Next opponent for LB716.

DAVE WATTS: Chairman Arch, members of the committee, my name is Dr. Dave Watts, D-a-v-e W-a-t-t-s. I'm the current president of the Nebraska Medical Association. Thank you for the opportunity today to testify on behalf of the NMA in opposition to LB716. This bill would

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expand the scope of practice for providers without appropriately going through the credentialing review process, as Dr. Anthone mentioned, commonly known as the 407 process. We appear often at this committee, the NMA, advocating for how essential the credentialing review process is to protect patients in Nebraska. This topic is no different. It's especially concerning, given unexpected complications that can arise suddenly with any procedure and may need immediate, specialized medical attention. The NMA believes this type of care should be given by physicians, specialists who have trained for years to become experts in women's healthcare. Even if the complication rate is low, when one does happen, you want the most experienced person to be there. Emergencies are rare in aviation as well. But if an engine fails, I want Captain Sully Sullenberger at the helm. Two of the providers mentioned in this bill, physician assistants and certified nurse midwives do not currently possess the ability to practice independently. Allowing them to perform this type of service would be a large departure from the medical services they currently provide. We have concerns over the amount of education, training, and experience they possess to fully understand the nuances of an unforeseen situation and options available to them. As I previously stated, being able to respond appropriately to any complications that may arise is of utmost importance in ensuring safe and proper care for the patient. The NMA would like to see this proposal go through the 407 process so that the 407 committee, the Board of Health, and the Chief Medical Officer may do an in-depth assessment of the education and training of these professionals to determine if this type of service is something that should be included in their scope of practice. For those reasons, we respectfully request the committee not advance LB716 before that review process has happened. Thank you.

ARCH: Thank you. Are there any questions? Seeing none, thank you. Next opponent for LB716.

JOHN QUINN: Hello, Chairman and esteemed Senators. My name is John Quinn, J-o-h-n Q-u-i-n-n. I am here today on behalf of the DFLA Education Fund. We are a registered 501(c)(3) nonprofit that promotes the consistent life ethic. Our vision is for every woman in Nebraska and in the country to be empowered to carry her child to term. We don't see women's rights and the rights of preborn children as fundamentally opposed. We would rather seek creative solutions to the real challenges that women encounter during pregnancies, childbirth, and parenthood. We believe that there are those creative solutions that Nebraskans and Americans are bold enough to find and bring them to fruition. For that reason, we oppose the legislation before your committee today. We do not want abortion to be further expanded in the

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state of Nebraska when there are so many better alternatives that we can provide women that truly empower them. Furthermore, we would hate to see because there are so many different types of abortion at different types of pregnancy with so many different interactions with the mother's ongoing health, we would hate to see anyone who doesn't have four years of medical school and an additional four years of residency training completing these complex procedures and not being able to deal with any of the possible side effects and consequences that can come about from this procedure. So for all of these reasons, we ask you to please table this legislation. And I welcome any questions that you might have. Thank you.

ARCH: Thank you. Are there any questions? Seeing none, thank you for your testimony.

JOHN QUINN: Thank you.

ARCH: Next opponent for LB716.

LEE TODD: My name is Lee Todd, T-o-d-d. I live in Lincoln, Nebraska. I've been a resident for about 20 years here. As a premed student in chemistry and biology and math, one of the first things that we learned in those classes, particularly biology, of course, is life begins at conception. There was never any dispute about that. There was never any doubt about that. That was always the, the number one go-to when, when does life and that is when you have a full complement of DNA. As citizens, we wonder why so many school shootings have been taking place, and we wring her hands supposedly wondering without really wondering at all, why is this possible? And I would submit that we've really started to cheapen life to the point where all lives are really expendable. It has now become maybe the, the, the, the, the statute of the day or the, the norm of the day. Well, OK, if something is wrong, how do we fix it and we can terminate the life. And for too long we've been killing babies inside the womb with-- under the guise of somehow they are not alive, they're not human, and they're not worthy of our consideration. I would submit that they are, and it is mind-boggling to me how a so-called civilized society can commit such atrocities and do so for decades. Furthermore, I'd like to point out that abortion is probably the supreme example of racism that I have ever seen. Six-- black babies are aborted at a rate of six times the, the average. Are we targeting black mothers for abortion because they only comprise about six and a half percent of the society? Yet, 36 percent of the abortions, and this is from the CDC statistics, are performed on black babies. And it's stunning how liberals claim to say that they have the best interests of minorities at heart, but actually

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they are racially profiling them and targeting them for destruction. So I'm really wondering how anybody can dare support this hideous practice of abortion, let alone look for ways to expand it. Maybe we're going to have drive-through windows and we can pull up and have your abortion there. I mean, that's-- that may be joking in a way, but how serious are we going to take this? And it's boldly time, I think, to proclaim the truth. And the truth is we have cheapened human life to the point where it is now a mere convenience for certain individuals. And unfortunately, those individuals that it is a mere inconvenience for have no say whatsoever in the process, have no legal action that someone can intervene on their behalf, supposedly, and it just seems to me we ought to be standing up for people who cannot possibly stand up for themselves. So I find this whole monstrosity of abortion and then we see a bill that comes along that makes it even more convenient. And the only thing that I think needs to be killed is this hideous bill, not innocent unborn human beings. So please make sure LB716 does not go out of committee. And I thank you for your time.

ARCH: Thank you. Are there any questions? Senator Murman.

MURMAN: Thank you, Chairman Arch. And thank you for testifying. The latest medical research I've seen shows that life begins actually at fertilization. You mentioned early that in your testimony life begins at conception, could you--

LEE TODD: I, I--

MURMAN: --define that?

LEE TODD: Yeah, well, the way we-- to be more specific, when you have the union of the sperm and the egg, you have the full complement of DNA. You have the package now. It is set, it is ready to go. It's not that it's predestined to be what it is going to be because, as we know, the environment does have an impact on how that individual's going to develop and you can look at identical twins. But from a genetic standpoint, it is set. It is predetermined insofar as that's the software that the body has to operate upon. And I think a lot of arguments can be built on that foundation. I think that a lot of arguments you look at, well, are we a man or a woman? Again, that is set. I mean, you have the societal things that happen, the interplay there, but a lot of what we are and how we're going to affect our lives and if I'm going to have cancer, which I probably will. Generally our family, we don't have heart disease, but boy cancer is something that is on our radar screen and we watch it. We can know

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certain things about who we are and likely where we're predestined to, to, to head. And so I, I like to use those kinds of scientific principles, those ideas to at least minimize my risk. And so in this situation, I would, I would say, I hope I answered the question to, to your satisfaction. But yeah, when you have the, the complement of the DNA, the both halves, the mother and the father, you have now a being that's going to be-- they're going to be-- the software has been imprinted and that's where they're going to be headed for. I mean, there's a lot that you can't do about it. So you're, you're set there.

MURMAN: And that all happens at fertilization, correct?

LEE TODD: Yes.

MURMAN: Thank you.

LEE TODD: Yes.

ARCH: Thank you. Are there other questions? Seeing none, thank you.

LEE TODD: Thank you. You're very welcome and thanks for the time.

ARCH: Next opponent for LB716. Seeing none, is there anyone like to testify in a neutral capacity for LB716?

JUDY KING: Hello. Thank you, Senators. My name's Judy King, J-u-d-y K-i-n-g, and I'm here as a neutral person, but I'm just going to state a fact, women won't be stopped. We have, we have fought too long for equality and, and any of your religion and your party will not stop us. We will not have a religion tell us what we can do with our own bodies, and we will not go back to the knuckle-dragging days that you must cherish so much. We will not have abortion-- we will have abortions like we did before they were legal and you cannot stop us. You can, however, probably make it life-threatening. But with the help of the NMA, maybe they can make it a little easier for us to have abortions in their testimony. But there will always be some of us that can figure out a work-around. And I am from a time where hangers in back alley abortions and doctors were used on women. We will always have abortions. We will always help others that need abortions. It will be a kind-- it would be a-- it would be kind if you left it up to the doctor and the patient. But seeing-- scratch that, sorry. Your religion will not determine the fate of women that need abortions. Your party will not determine the fate of women that need abortions. Men will not determine the fate of women that need abortions. The friends helping women will not be stopped. It will make them fight back even harder. Women will still have abortions. Women will still

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have abortions. And you will only make it harder. And that's my neutral comment.

ARCH: Thank you. Is there anyone else that would like to testify in a neutral capacity? Seeing none, Senator Hunt, you're welcome to close. While you're coming up, I would mention that we received 22 letters as proponents, 46 letters as opponents, and none in a neutral capacity.

HUNT: Thank you, Chairman Arch. I'm happy to work with anyone on technical aspects of the bill. My goal with this bill is basically to bring Nebraska up to the current standard of care that we have in the medical field around abortion. This law was originally passed in 1977, saying that it has to be an MD attending the abortion. At that time, as, as Danielle Conrad mentioned in her testimony, the type of medical care that we had around this procedure was very different. And today, you know, most abortions are medication abortions. You don't need to be an MD to give somebody two pills to take. We know that this can be done via telemedicine like they do in Iowa and in over 25 other states. What I'm asking Nebraska to catch up and do is what's done already in 17 other states, including Illinois, Colorado, Montana, many, many states. And there are no adverse complications for the patient. I'll also point out that concerns about safety of the procedure are just really unfounded. I support anybody's right to be anti-abortion. That is fine. I understand. I understand the diversity of philosophical views and religious views and experiences that cause people to come to these conclusions. And this is all I want for people. I, I want for women what men want for themselves, which is to use their own judgment in consultation with their family and their doctor, in their faith, and their own introspection to do what's right for them. And sometimes we are not able to continue a pregnancy, and it's not necessarily a morally bad reason or a morally good reason. It's just a medical reason. And I trust women and their families to make these deeply personal decisions. So I'm, you know, we're talking about the safety, this is to say nothing about something like abortion reversal, which we passed in 2019, which was LB209, where the Legislature put into statute a completely untested, a completely unscientifically valid procedure, saying, you know, if a woman gets a medication abortion and she changes her mind, she needs to be shot up with a load of progesterone of varying amounts, like, there's no medical guidance around this at all. And we put that in statute. And so if you're going to talk about safety, abortion is safe. Medication abortion is safe. I trust our medical providers in Nebraska to provide this service safely. What's not safe is untested procedures like abortion reversal, which this body has already approved of. So if you're against abortion, just say that. Say, I don't support your

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bill, Meg, because I don't like abortion. I get it. That's fine. But don't say it's unsafe because it's literally not unsafe. That's not the issue. I'm going to save my powder for the floor, but I'm happy to take any other questions about this bill.

ARCH: Thank you. Are there any questions?

HUNT: Thank you.

ARCH: Seeing none, thank you. This will close the hearing for LB716 and the hearings for the day for the committee.