ONE HUNDRED NINTH LEGISLATURE - FIRST SESSION - 2025
COMMITTEE STATEMENT
LB512

Hearing Date: Thursday February 13, 2025
Committee On: Health and Human Services
Introducer: Holdcroft
One Liner: Adopt the Chemical Abortion Safety Protocol Act

Roll Call Vote - Final Committee Action:
Advanced to General File with amendment(s)

Vote Results:

Aye:	4	Senators Hardin, Ballard, Hansen, Meyer
Nay:	2	Senators Fredrickson, Riepe
Absent:		
Present Not Voting:	1	Senator Quick

Testimony:

Proponents:	**Representing:**
Senator Rick Holdcroft	Opening Presenter
Dr. Timothy Tesmer	Chief Medical Officer, NE Dept of Health and Human Services
Dr. Richard Wurtz	self
Judith Mansisidor	self
Matt Heffron	Thomas More Society
Marion Miner	NE Catholic Conference
Sandy Danek	NE Right to Life
Adam Schwend	Susan B. Anthony Pro Life America
Elizabeth Nunnally	Nebraska Family Alliance

Opponents:	**Representing:**
Dr. Elizabeth Constance	NMA Nebraska Medical Association
Adelle Burk	Planned Parenthood North Central States
Dr. Emily Patel	self
Taylor Givens-Dunn	I Be Black Girl
Mary Kinyoun	NE Section of the American College of Obstetricians
Sheri St. Clair	League of Women Voters
Joy Kathurima	ACLU of Nebraska
Bailey Joy Aanenson	self
Julia Keown, RN	NNA Nebraska Nurses Association

Neutral:	**Representing:**
Teresa Foundren	Abolish Abortion Nebraska
Jeff Spahr	Abolish Abortion Nebraska
Jarod Ridge	End Abortion Nebraska

Summary of purpose and/or changes:
LB 512 sets out requirements for physicians before they can provide an abortion-inducing drug. Also, physicians are required to schedule a follow-up visit with the woman who was provided this drug. In addition, physicians are required to file a report with DHHS regarding the follow-up visit. Definitions and a severability clause are provided.

Sec. 1: Cites the Chemical Abortion Safety Protocol Act.

Sec. 2: Definitions provided:

Abortion-inducing is defined as a drug or other substance, including a regimen of 2 or more drugs or substances, that is provided to a woman known to be pregnant, with the specific intent of terminating the life of her preborn child. This drug shall not include a drug, medicine, or other substance that may be known to cause an abortion that is provided for other medical reasons.

Adverse event is defined as any harmful event or outcome arising out of the provision of an abortion-inducing drug, including: shock heavy or prolonged bleeding, hemorrhage, allergic response, infection, sepsis, pelvic inflammatory disease, incomplete abortion, failure to terminate pregnancy, missed ectopic pregnancy, death, or any other adverse event defined by the FDA as reported by MedWatch.

Department is defined as DHHS.

Provide is defined, when used with regard to an abortion-including drug, as any act of giving, selling, dispensing, administering, transferring possession of, or prescribing an abortion-inducing drug.

Sec. 3: Before a physician provides an abortion-inducing drug, the physician is required to: examine the woman in person; independently verify that the woman is pregnant; determine whether the woman has an ectopic pregnancy; document in the medical record the gestational age and location of the pregnancy; determine the woman's blood type, and if a woman is Rh negative, offer to administer Rh immunoglobin to prevent Rh incompatibility complications, or miscarriage in future pregnancies; and document in the medical record whether or not the woman received treatment for Rh negativity.

Sec. 4: A physician who provides an abortion-inducing drug, or the physician's agent, shall schedule a follow-up visit between the physician and the woman. Such follow-up visit shall occur no earlier than the 3rd day and no later than the 14th day after this drug was provided. At the follow-up visit, the physician shall: confirm that the woman's pregnancy is completely terminated; assess the woman for adverse events; and document any adverse events in the woman's medical record.

Sec. 5: A physician who provides an abortion-inducing drug shall file a report with DHHS within 30 days after the end of the calendar month in which this drug was provided. Such report shall include, in addition to any information required by DHHS rules/regulations: name of the physician; name of the abortion-inducing drug provided and the date each drug was provided to the woman; the date the woman returned for a follow-up visit, if applicable; documentation of any adverse events that occurred after provision of this drug; any follow-up treatment provided by the physician; and if the woman was referred to another health care provider, the purpose of such referral.

DHHS shall produce a standard form for filing such report.

The report shall not include any personally identifying information for a woman to whom this drug was provided.

Sec. 7: Violation of the Chemical Abortion Safety Protocol Act is included as unprofessional conduct.
Sec. 8: Severability clause is provided.
Sec. 9: Repealer

Explanation of amendments:
AM 519 changes language in Section 2(1). In the introduced copy of LB 512, an abortion-inducing drug shall not include include a drug, medicine, or other substance that may be known to cause an abortion, but is provided for other medical reasons. AM 519 changes this language to a drug, medicine, or other substance that is capable of terminating the life of a preborn child, but is provided for another medical purpose, including, but not limited to, management of miscarriage or removal of an ectopic pregnancy, is not an abortion-inducing drug.

AM 519 changes language in Section 2(2). In the introduced copy of LB 512, an adverse event includes heavy or prolonged bleeding and hemorrhage. AM 519 changes this language to hemorrhage requiring surgical management or blood transfusion.

AM 519 strikes the original language in Section 3, subsections 5 and 6 regarding the woman's blood type being Rh negative.

AM 519 changes language in Section 4. The follow up visit between the physician (or agent) shall occur no earlier than the 3rd day and no later than the 28th day, instead of the 14th day, after the abortion-inducing drug was provided.

Brian Hardin, Chairperson