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Floor Debate
May 14, 2009

[LB16 LB16A LB36 LB155 LB218 LB358 LB370 LB392 LB503 LB671 LB675 LB679
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PRESIDENT SHEEHY PRESIDING

PRESIDENT SHEEHY: Good morning, ladies and gentlemen. Welcome to the George W. Norris Legislative Chamber for the seventy-ninth day of the One Hundred First Legislature, First Session. Our chaplain for today is Pastor Doyle Karst from the St. John's Lutheran Church in Sterling, Nebraska, Senator Heidemann's district. Would you all please rise.

PASTOR KARST: (Prayer offered.)

PRESIDENT SHEEHY: Thank you, Pastor Karst. I call to order the seventy-ninth day of the One Hundred First Legislature, First Session. Senators, please record your presence. Please record, Mr. Clerk.

CLERK: I have a quorum present, Mr. President.

PRESIDENT SHEEHY: Are there corrections for the Journal?

CLERK: I have no corrections, Mr. President.

PRESIDENT SHEEHY: Messages, reports, or announcements?

CLERK: Senator Campbell, I'm sorry, Senator Wightman offers LR148 and LR149, study resolutions. Senator Campbell offers LR150 also study resolution. All three will be referred to the Executive Board. Mr. President, I have a report of registered lobbyists for this week to be inserted in the Journal. I have a report received in the Clerk's Office from the Department of Roads. That will be available for member review, and Senator Adams has an amendment to LB392 to be printed. That's all that I have, Mr. President. (Legislative Journal pages 1487-1490.) [LR148 LR149 LR150 LB392]

PRESIDENT SHEEHY: Thank you, Mr. Clerk. (Visitors introduced.) We will now move to the item under General File 2009, Senator priority bills, LB675. [LB675]

CLERK: Mr. President, LB675, a bill by Senator Fulton. (Read title.) Introduced on January 21 of this year, at that time referred to the Judiciary Committee. The bill was advanced to General File. There are Judiciary Committee amendments pending. (AM994, Legislative Journal page 1067.) [LB675]

PRESIDENT SHEEHY: (Gavel) Thank you, Mr. Clerk. Senator Fulton, you're recognized to open on LB675. [LB675]

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SENATOR FULTON: Thank you, Mr. President, members of the body. Good morning. First, I would like to start by thanking Senator Rogert and the Judiciary Committee for their work in constructing an amenable agreement in the form of the committee amendment that's going to follow, AM994. Senator Rogert and I spent a great deal of time and energy on this bill and Senator Rogert and the committee have provided the fruits of that work in the form of this upcoming amendment and it's appropriate that I thank them. While we find no reliable data to measure the phenomenon, it seems unexceptionable to conclude some women come to regret their choice to abort the infant life they once created and sustained. These were the words of Justice Kennedy in the Stenberg-Carhart decision. In Nebraska, as throughout the country, the vast majority of abortions are performed in clinics that solely provide abortions, often 20 to 40 in a day. Women who seek abortions at these facilities typically neither have a prior doctor-patient relationship with the abortionist nor continue a doctor-patient relationship following the abortion. In most instances, the woman's only actual contact with the physician occurs simultaneously with the abortion procedure, with little opportunity to receive personal counselling by the physician concerning her decision. Because of this, certain safeguards are necessary to protect a woman's right to know and provide women with a reasonable framework for making a decision that has such profound and lasting meaning. This reasonable framework begins with our informed consent statute. Because abortion is irreversible with results that can produce a long-lasting, negative impact for both the life that is lost and the life that is fundamentally changed, it is incumbent upon this body to assert its legitimate interest in ensuring that so grave a choice is well informed. In pertinent part, LB675 as amended by the committee amendment which will follow, AM994, ensures that such a grave choice is well informed by providing mothers with the ability to view a displayed ultrasound image of the unborn child at least one hour prior to performance of the abortion, when, as is the case of nearly all abortion facilities, an ultrasound is already used by the abortion provider. The ubiquitous use of ultrasound technology has prompted at least 16 states to enact legislation providing for its use in the abortion context with more than a dozen additional states proposing similar legislation just this year. LB675 likewise seeks the utilization of ultrasound technology to inform a mother of the existence, development, and condition of her unborn child in a matter akin to the use and display of an ultrasound when carrying an unborn child to term. This means that the image is displayed in such a manner that the mother may choose to view the image or not. The Supreme Court has emphasized from Roe to Casey to Gonzales that the doctor-patient relationship in the context of abortion is entitled to the same solicitude it receives in other contexts. Generally, this is not the case when it comes to abortion procedures. The typical doctor-patient relationship also does not manifest itself with regard to use of ultrasound technology. Although most abortion providers use ultrasounds, the contexts of its use is vastly different. In the abortion context, the ultrasound is used in the course of performing the abortion to locate the unborn child and determine its gestational age. If the mother is offered an opportunity to view the ultrasound, it may be done while the

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mother is in a state of sedation and while she is under...or while she is undergoing the abortion itself. With LB675, we are allowing the mother to have an opportunity to view an image prior to proceeding with the abortion. As a legislative body, affording a mother this opportunity is indeed our proper purview. In the interest recognized by the court, the Supreme Court, in Casey and Gonzales in promoting respect for human life at all stages of pregnancy, I urge the body to adopt the committee amendment and advance LB675 to Select File. Thank you, Mr. President. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Fulton. You have heard the opening to LB675. As was stated, we do have a Judiciary Committee amendment, AM994. Senator Ashford, you're recognized to open on AM994. [LB675]

SENATOR ASHFORD: Thank you, Mr. President and members of the body. As Senator Fulton suggests, the state has taken a firm stand in favor of the preservation of human life and as it relates to many issues, including abortion. And as we saw last year in the debate involving stem cell research, this is an issue that obviously resonates with Nebraskans, and that as a result of that, in this body, we debate it. I would...I do appreciate Senator Fulton's efforts and his willingness to discuss this issue with our committee in a very open way and an open manner where we really got, as we did in...especially Senator Lathrop when we dealt with the stem cell research issue last year, we had thorough, frank discussions about how does this work. We're not about just passing a law because someone wants us to pass it. We're about making good law that will get at the issues that concern our constituents and Nebraskans generally. So with that, the committee amendments are very straightforward. They strike some language in regards to various conditions, psychological and physical conditions that were in the original bill that would be required to be discussed with the woman, and limits those conditions as in the committee amendments and fairly straightforward. I might say also, why is a bill like this in the Judiciary Committee? As was the case with the stem cell issue last year, there is a...in this case a civil cause of action in the bill created for a violation of state statute, civil cause of action for professional negligence is in the bill. And as a result of that, this committee, the Judiciary Committee has jurisdiction over these matters. The committee amendments simply underline the desire that the list of providers of ultrasound be a comprehensive list, that it be compiled by Health and Human Services, that the location of free services for ultrasound services be made available to the woman. The amendment would require that...and obviously, there was quite a bit of discussion about how is this ultrasound screened, how should it be placed, where should it be placed, what should the woman be required or not required to do. And as Senator Fulton suggested in his opening, the committee amendment simply...not simply, because I think, and I again, Senator Rogert and Senator Fulton spent a lot of time on this issue to carve out exactly the right language to get at the intent of the introducer and of the committee to make sure that the...that the woman be given the opportunity to view the ultrasound and that the ultrasound screen be placed in a...some...within the view of the woman. There is no requirement that the woman view

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the ultrasound. There is no provision about averting or not averting one's eyes. Some of the discussion when this bill was introduced was, well, what is this really...what are we really requiring someone to do and is it necessary to meet the intent of the introducer and more importantly, does it make good sense and common sense? Those really are the committee amendments. Again, I believe that they are reflective of the intent of the introducers. These amendments are offered in the spirit of trying to put forth to this body a piece of legislation that has...where there are many of the concerns that were voiced have been dealt with. And again, thank you to the introducer and to Senator Rogert and to the committee for spending the kind of time that we did spend on this issue and it was quite a bit of time. The committee amendments have just a few word changes. It's not a massive new rewrite of the bill, but every word that is utilized in constructing a statute where we're talking about negligence, professional negligence, the transcendent issue of the preservation of human life in our state, these are critical words that we use. And we don't use these words willy-nilly. We don't just throw them in there for effect or to, to...but we do it in a thoughtful way, hopefully. And I think this, Senator Rogert...I know Senator Rogert and Senator Fulton have had those thoughts in mind as they have constructed these committee amendments and Senator Fulton in drafting the original bill. With that, Mr. Lt. Governor, I would urge the adoption of AM994. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Ashford. You have heard the opening of the Judiciary Committee AM994 to LB675. Mr. Clerk, you have an amendment to committee amendment on your desk. [LB675]

CLERK: Senator Nantkes would move to amend with AM1060. (Legislative Journal page 1490.) [LB675]

PRESIDENT SHEEHY: Senator Nantkes, you're recognized to open on your amendment to committee amendment AM1060. [LB675]

SENATOR NANTKES: Thank you, Mr. President. Good morning, colleagues. What a bright, shining, sunny May morning that we have in front of us and I know we only have a short time before our evacuation begins and our drill in that regard, but at least we'll get a chance to start the dialogue and start the debate in regards to this important issue that is before us. If you'll look on your computers, my amendment has been filed. It should be available for your review and it's very straightforward and very simple. And it's a very serious amendment which addresses significant liability and logistical concerns in relation to the committee amendment and LB675. It has to deal with the licensing of crisis pregnancy centers and crisis resource centers, whatever auspice they may go under, because I'm going to spend a great deal of time this morning talking not so much on the components involved within the ultrasound aspects of the bill, but rather to talk about on page 5 and page 8 of the committee amendment. This legislation asks the Department of Health and Human Services to compile a comprehensive list of centers that would provide free ultrasound services to Nebraskans. And to be clear, colleagues,

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crisis pregnancy centers and crisis resource centers have every right to exist and no one challenges that. The problem that does arrive from this in a public policy sense and from a legal standpoint, is the state promotion, entanglement, and referral to such centers. That being said, please take a moment to look at the amendment. And I think actually the debate that we've had very recently on Senator Campbell's bill in regards to the scope of practice and qualifications for dental assistants actually has a lot of parallels in regards to this issue. We spent a great deal of time and energy talking about consumer and client safety in the healthcare realm and how that legislation impacted such. Unfortunately, colleagues, the crisis pregnancy centers that this legislation seeks to subsidize and promote go unregulated. And that prevents serious concerns for patient safety, particularly for vulnerable women who are seeking out their services. If Senator McCoy would yield to a question. [LB675]

PRESIDENT SHEEHY: Senator McCoy, would you yield to Senator Nantkes? [LB675]

SENATOR McCOY: I would. [LB675]

SENATOR NANTKES: Senator McCoy, to be clear this is your priority bill for this session, is that correct? [LB675]

SENATOR McCOY: That's correct. [LB675]

SENATOR NANTKES: And are you aware of any such organizations in Nebraska that provide ultrasounds free of charge? [LB675]

SENATOR McCOY: Not by specifically by name. [LB675]

SENATOR NANTKES: Okay. For example, do you know if any such centers...for example, could an individual woman go in and receive a free ultrasound at a hospital in Nebraska? [LB675]

SENATOR McCOY: I'm not familiar with the particulars of that particular issue, no. [LB675]

SENATOR NANTKES: Okay. Would...to the best of your knowledge, would...and I understand that you felt so passionately about this issue to make it your priority bill that you probably conducted extensive research in this regard, but could a woman go into a doctor's office and receive a free ultrasound? [LB675]

SENATOR McCOY: Again, I would have to check into the exact particulars of that, the situation that you describe, Senator Nantkes. [LB675]

SENATOR NANTKES: Under your understanding, could a woman go into a public

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health clinic in Nebraska and receive a free ultrasound? [LB675]

SENATOR McCOY: Again, I'd probably defer that question to Senator Fulton. [LB675]

SENATOR NANTKES: Okay. Well, Senator McCoy, I think it would probably be accurate to say, and thank you for your time, that in fact hospitals, doctor's office, and qualified public health clinics do not provide ultrasounds free of charge. And in fact the only organizations that do in Nebraska, are the so-called crisis pregnancy crisis centers or crisis pregnancy resources centers. And I think that we...it's a serious and legitimate point of debate to talk about patient and client safety and regulation and licensure. And that is all this amendment seeks to do. I think it would probably be fair to say that most of these centers are run by religious or antichoice groups. And again, no one challenges their ability or authority to exist but again the problem comes with the entanglement, subsidization, referral, and promotion by the Department of Health and Human Services in this regard. Just from a logistical standpoint, I think without this amendment, we are providing great headaches for the Department of Health and Human Services and for our citizenry. For example, if these clinics that provide free ultrasounds are not regulated or licensed by the state, how can we even expect HHS to come up with a comprehensive listing thereof? Were the clinics supposed to submit something to the department to get on the list? That's not clear in the bill or the amendment. What sort of liability situation might this present to HHS or to the state of Nebraska if essentially we're making a state referral or giving an implicit stamp of approval to facilities that are not licensed or regulated by the state, but who hold themselves out as providing psychiatric services and medical services whether they be pregnancy tests, STD tests, or ultrasounds? What would the actual fiscal cost be associated with compiling this list, because there's no fiscal note on the bill currently, colleagues? And I have in my hand here, you can find it easily on the Web. Nebraska's current informed consent statute does provide a great deal of information for Nebraska citizenry and it is put out by the Nebraska Department of Health and Human Services. And this is the black and white copy but the actual pamphlet is a 36-page full color pamphlet that is printed and distributed by the Department of Health and Human Services. And I think it provides a lot of good information, but if we're going to widely distribute and supplement and update a 36-page document quite frequently, there's going to be fiscal costs incurred in that regard. If for example, colleagues, a citizen would have a complaint about the services or treatment they received at an unlicensed clinic, who would they make a complaint to? Without regulation and licensure, we actually have no sort of recourse in ensuring our citizens are treated safely and fairly. Additionally, unlicensed facilities, which in the most part those providing free ultrasounds are run by churches or other antichoice groups, could deny service based on any number of discriminatory factors, such as religion or race, considering that they're not currently sanctioned under or operating under existing rules and regulations or medical ethical codes or scope of practice concerns or rules and regulations in that regard. And so, colleagues, I think that's probably a good overview of the very serious amendment that AM1060 does in

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fact represent. I tried to bring these concerns forward in the course of the Judiciary Committee's negotiations, and I appreciate the good work that Senator Rogert and Senator Fulton did to try and make the bill a better and more workable and more sound piece of public policy, but this is a patient safety issue. This is a liability issue for the state of Nebraska. And I think that we at least need to have a dialogue and get some better understanding of (a) what this legislation asks the Department of Health and Human Services to do. And it clearly, colleagues, without having a licensing component, does not provide a framework for the Department of Health and Human Services to even carry out the increased duties that this legislation represents. So I think logistically that is problematic as well. I'm sure that we'll have a wide ranging discussion this morning, colleagues, and later I think that we can get into more dialogue about the ultrasound components of this bill. But to be clear, this is a very serious, very straightforward, very common sense, very simple technical amendment that I would urge you to adopt. If we do not have regulation and licensure in place for these type of clinics, who would normally staff these organizations? Senator McCoy, would you yield to a question? [LB675]

PRESIDENT SHEEHY: Senator McCoy, would you yield to Senator Nantkes? One minute. [LB675]

SENATOR McCOY: I would. [LB675]

SENATOR NANTKES: Senator McCoy, are you aware, do these crisis pregnancy centers, are they required to have people trained in psychiatric care or even medical care on staff? [LB675]

SENATOR McCOY: I don't know that off the top of my head, Senator Nantkes. We can certainly check into that for you. [LB675]

SENATOR NANTKES: Okay. Thank you, Senator McCoy. And I think that proves the point, colleagues, that we have really no understanding of what type of individuals are, in fact, servicing these organizations. I'm not saying they're bad people. I'm just saying they're not licensed in terms of providing appropriate and scientifically and medically based accurate information for some of our most vulnerable citizens. And that's why I think that this amendment deserves your consideration and support. Thank you, Mr. President. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Nantkes. You have heard the opening of amendment to committee amendment AM1060 to AM994. (Visitors and doctor of the day introduced.) Members requesting to speak on AM1060 to AM994, we have Senator Dierks, followed by Senator McCoy, Senator McGill, Senator Harms, Senator Nantkes, Senator Price, and others. Senator Dierks, you're recognized. [LB675]

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SENATOR DIERKS: Thank you, Mr. President and members of the Legislature. I just thought it might be well for us to have a little review of some of the medical developments of embryos. I think probably, I may be the only one here who has had a course in embryology. I would be willing to stand corrected if that's not right, but I think I am. In the embryology course that I took was also the same course that medical doctors took before they went into medicine. This was prerequisites for veterinarian medicine and for medicine. I had probably one of the finest embryology teachers in the nation. He did an outstanding job of presentation. You just never lost interest in the subject. It was extremely interesting. The course that I took was in summer school and we had an hour's worth of lecture every day, then we had three hours of lab three afternoons a week. And we just didn't have time to forget because it was just one continuous story and he drew a picture on the blackboard every day using different colored chalk to tell where the arteries were, the veins were, and the nerves were. And the thing that I think that's, that is...we tend to get into these discussions and we talk about the safety of the mother and this is what I think Senator Nantkes' amendment does. I prefer to talk about the safety of the child, the child that's alive in that womb. And we know that life begins at conception. There's no argument there. That is fact. That's fact from every embryology instructor, that's fact from all the teachers of biology. So I just think that...as I view ultrasound on my heifers for instance, we do a pregnancy exam with an ultrasound. They do the ultrasound exam 30 days after insemination. They inseminate the heifers and 30 days later we do the ultrasound. You can tell at that point whether those calves in that mother's uterus are male or female. You can tell by the measurements on the screen how old it is and approximately when it's going to be able to calve. This is an amazing process we have today. And I think that for the safety of that child, the things we're talking about today should be zeroed in on that, because we have there a living human being and we're not about to destroy these living human beings. Thank you, Mr. President. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Dierks. Senator McCoy, you're recognized. [LB675]

SENATOR McCOY: Thank you, Mr. President and members of the body. First, like to thank both Senator Fulton for introducing this legislation and the Judiciary Committee and Chairman Ashford for their commitment to finding a workable solution that is found in the committee amendment, AM994. I stand in strong support of AM994 and the underlying bill, LB675, a bill which I chose as my priority bill fundamentally because I firmly believe that we have a responsibility to protect the life of the unborn. While I'm pro-life and believe in the dignity of all human life from conception to natural death, my support for AM994 and LB675 is not only derived from my own personal convictions, but also from the U.S. Supreme Court decisions as Senator Fulton made mention of in his opening. And with that, I would yield the balance of my time to Senator Fulton if he would so choose. [LB675]

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PRESIDENT SHEEHY: Senator Fulton, you're yielded 4 minutes. [LB675]

SENATOR FULTON: Thank you, Mr. President. Thank you, Senator McCoy. I should also point out, I have thanks to...I should give thanks to Senator McCoy. He's made this his priority bill. Perhaps that's why he's being questioned as heavily as he is. I stand opposed to AM1060. I'd like to point out that presently there...within UCC there is nothing spoken with regard to ultrasounds, period. And so those elements that are being suggested exist for those performing ultrasounds in crisis pregnancy centers, neither do they exist for those performing ultrasounds in an abortion clinic. In fact, during the deliberation on the amendment here that we're discerning, AM994, not AM1060, it was suggested that any person, any agent of the physician within the abortion clinic be able to perform the ultrasound. Nothing in there talks about licensing or regulation of those individuals performing ultrasound. So let's have an even application of UCC. I do know that within the crisis pregnancy centers those who perform the ultrasounds are R.N.s and in that regard there is an element of regulation and licensure and interest on the part of the state. But I stand opposed to AM1060. I did not receive notice from Senator Nantkes that she was going to run this amendment. I just learned about it with you here on the floor. I can only suppose, therefore, that this would be, oh, an amendment that Senator Nantkes was not interested in getting my support on. And indeed it does not have that support, so I'd ask you to vote against AM1060. Thank you, Mr. President. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Fulton. Senator McGill, you're recognized. [LB675]

SENATOR MCGILL: Mr. President, members of the body, as a member of the Judiciary Committee I sat through the hearings on this bill as well as LB676 that Senator Fulton introduced. And, well, I chose to just not vote on the advancement of this bill. And, you know, I put a lot of thought into what I want to say here in terms of that. And I'm going to try to stick as closely as possible to the bill itself and not get into all the other issues revolving around abortion. But the reason that I didn't vote to advance this bill and also didn't vote no, was that I don't feel this bill does anything. As Senator Fulton admits, the point is to try to decrease the number of abortions, but as he stated, 16 states have already adopted a law like this and it hasn't reduced abortions in any of those states. This has proven to not work as effectively as Senator Fulton would make it sound. It also really does virtually nothing for the woman that's in that room making the decision about whether or not to have an abortion. A woman...the bill itself says, if an ultrasound is performed, then she has the right to be notified that she can look at it. If an abortion is being...or if an ultrasound is being performed now, she has the right to look at it. This bill doesn't change that or add anything extra to that. As far as I'm concerned, this is a feel-good piece of legislation for people who want to say they're doing something to fight abortions when it's proven in other states that this does not do anything to change the situation for women and change the decisions that they are making. Now, I know we've

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had some bills already in the Legislature here that I would consider feel good that probably aren't going to have a dramatic impact on the lives around us. But with a bill like this, it's used in addition...I mean, and I don't question, you know, the beliefs of Senator Fulton or Senator McCoy or Senator Dierks, but we know on the outside that bills like this are used for very political purposes. I had a constituent in my office who is very passionately pro-life and I get that and I respect that and I welcome debates about that issue. But in the end when he wasn't able to win me over, what he said to me was, you know, you're up for reelection next year. I know everybody in our district knows who Senator Fulton is and they're going to, we're going to fight this and fight you over this issue. And when he couldn't convince me, it became a threat to me, which is proof in my mind that this issue, since obviously we have the results of the 16 other states where it hasn't been effective, so why are we bringing a bill like this? To make constituents think that we're doing something to reduce abortion, where as if we were serious about that, we would be looking at how to prevent pregnancies in the first place when they aren't welcomed or planned. We would be looking at bills like Senator Nantkes' bill to encourage family planning. That is the way to both decrease the number of abortions and decrease the amount of unwanted births for women who then end up on Medicaid and other government services in order to help pay to make sure that child is getting the treatment they need. We should be focusing our attention and our love on preventing unplanned pregnancies in the first place, and not be spending so much time on a bill that will not have any impact on the number of abortions in Nebraska. And with that, I'm going to yield some time to Senator White so he can talk about AM1060. [LB675]

PRESIDENT SHEEHY: Senator White, you're yielded 1 minute 20 seconds. [LB675]

SENATOR WHITE: Thank you. Members of the body, I rise both in favor of LB675 but also Senator Nantkes' amendment. And let me explain why. Doing what I do, where I've been a lawyer, I have been in the courtroom. You see the... [LB675]

PRESIDENT SHEEHY: One minute. [LB675]

SENATOR WHITE: ...failures of problems that occur. If we advertise something as a crisis pregnancy service, especially a free one, there are a lot of folks who could come there in distress. They're not...and I don't mean psychological distress. I mean they are having premature labor pains. They are spotting. They are having other problems and expect healthcare. And if...especially if we're successful at advertising it, I want them regulated. I want that it is a place that can help a person in medical distress or at minimum, I want them labeled in a way that says there are no medically licensed personnel here who can help you, because I don't want someone dying on their doorstep. That, to me, is one of the main things that's important in Senator Nantkes' bill. But beyond that, I support the underlying bill for a number of reasons. I am pro-life. And I do believe the more a person understands about pregnancy, the less likely they are to have an abortion. [LB675]

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PRESIDENT SHEEHY: Time, Senator. Thank you, Senator White. Thank you, Senator McGill. (Visitors introduced.) Continuing floor discussion on the amendment to committee amendment, AM1060, we have Senator Harms, followed by Senator Nantkes, Senator Price, Senator Gloor, Senator White, and others. Senator Harms, you're recognized. [LB675]

SENATOR HARMS: Thank you, Mr. President and colleagues. I rise in support of LB675 and AM994. I don't understand enough about AM1060 yet. I'm going to wait before I make judgment on that portion of the amendment. Maybe Senator Nantkes will continue to discuss that so that we have a...I have a little bit better understanding. You know, abortion is a...it's an irreversible decision that's just loaded with future emotional and psychological scars for a woman. And some mothers have lamented of that if she would have had the opportunity to maybe have an ultrasound, to maybe have a chance to see the baby that she was carrying, that she most likely would not have had the abortion, and that it now haunts her because of the decision that she has made. These are future mothers or young...could be young women who are in a crisis in their life and they are really struggling to make the right decision or what's the right thing to do. And so I support LB675 and AM994. LB675 places the burden where I think it belongs on the abortionist to display the ultrasound image. In other state laws, the burden is on the mother who is in a vulnerable position to basically ask to see the ultrasound. I don't think she should have to do that. However, I think that LB675 would ensure that the mother is shown the screen, but it doesn't require her to look at that. And I think that's important for me, I think it's important for mothers who are carrying a child. I believe that we should do everything we can to give the mother the option to keep that child. It does not mean that if she has this child, she has to keep the child. But I think the child has the right and should have the right to live. I think the child should have the right to grow up and experience grade school, experience high school, experience graduation, experience college, have a career, get married, have the family. But if we allow this...if we don't address this issue and we don't encourage future mothers to do and deal with this kind of issue, then those children will lose that opportunity. They don't have the opportunity to live and to experience the things that you and I enjoy and as colleagues enjoy in this room. They'll never have that experience. So I would urge you to think about this carefully. And we're talking about life versus death here. And I would ask you to support AM994 and LB675 and I would be in hopes that maybe Senator Nantkes would help us out a little more on AM1060. I'd like a...to maybe better understand that, Senator Nantkes, and would you yield for just a moment, Senator Nantkes, and maybe help me better... [LB675]

PRESIDENT SHEEHY: Senator Nantkes, would you yield to Senator Harms? [LB675]

SENATOR NANTKES: Yes, absolutely. [LB675]

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SENATOR HARMS: First, Mr. President, how much time do we have? [LB675]

PRESIDENT SHEEHY: One minute 10 seconds. [LB675]

SENATOR HARMS: Oh, we got 1 minute and a few seconds. Could you kind of maybe help me out with that, what your amendment actually does, have a better understanding, please? [LB675]

SENATOR NANTKES: Yes, thank you, Senator Harms, for the question and for your eloquent words in regards to this issue. My amendment is quite simple. On page 5 and page 8 of the bill as amended by the committee amendment it says the Department of Health and Human Services has to provide a comprehensive list of those facilities providing free ultrasounds in our state. Research indicates and is quite clear that the only organizations providing those free ultrasound services are unregulated crisis pregnancy or crisis resource centers. And so, I guess, I have no...again, as I said in my statement, no problem with their ability to exist and carry out their mission, but if we're going to add a state stamp of approval to it and they're going to hold themselves out as providing counseling and medical services, at the very least they should be licensed to ensure patient safety and also just so HHS knows how to compile that list. So there's, I think, basic policy issues and basic logistical issues encompassed in my amendment. [LB675]

SENATOR HARMS: Senator, could you help me a little bit... [LB675]

PRESIDENT SHEEHY: Time, Senator. [LB675]

SENATOR HARMS: Well, thank you, Mr. President and colleagues. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Harms. Senator Nantkes, you're recognized. [LB675]

SENATOR NANTKES: Senator Harms, I'd be happy to continue that dialogue with you off the mike, but I'm sorry, my time is very limited on this and I think that we have a lot of ground to cover. And the good news is, colleagues, I think that we get a chance this morning and over the course of the next day or so to have real honest conversations about our state policies and how those impact vulnerable women, and how we can do a better job to ensure that there are healthy families all across this great state of Nebraska. I know Senator Harms and I have been talking a lot about a bill I put in earlier this year that really seeks to expand critical healthcare services for women and focus on prevention and utilize what science and common sense tells us, that if we can all find some common ground in terms of reducing the need for abortions, I think that that is really when we can shine at our brightest on behalf of our citizenry. But in regards to why I have concerns with the organizations and clinics that are offering so-called

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ultrasounds or medical services or counseling options, and as subsidized through this legislation, a couple of things come up in terms of the research. According to the FDA, ultrasound is a form of energy and even at low levels, laboratory tissues have shown it can produce physical effects in tissues such as jarring vibrations and a rise in temperature. Additionally, the FDA in 2004 has warned against nonmedical uses for fetal ultrasound, calling it risky business. Expectant women and their families need to know that the long-term effects of repeated ultrasound exposures on the fetus are not fully known. In light of all that remains unknown, having prenatal ultrasound for nonmedical reason is not a good idea. Again, according to the U.S. Food and Drug Administration. So if we're going to have a vulnerable woman seek out services at one of these centers, maybe she'll seek multiple free ultrasounds across the state and then later decide that she wanted to choose a loving choice of adoption or to keep that baby herself. The repeated unregulated use of ultrasounds in that context at these unregulated centers puts her and her baby at risk. These are the issues that I am talking about in a very, very serious way. And I think that people, as Senator White noted earlier, can have full support of the public policies outlined in the committee amendment and in Senator Fulton's bill. But, again, this is about patient safety and this is about ensuring that the Department of Health and Human Services can carry out the duties we're asking them to carry out in this regard. The reasons additionally to have concerns about these centers, and again no one says that they don't have a right to exist. They do, and they serve a purpose within our communities and I think we can all be grateful for that. But in July of 2006, the United States House of Representatives committee on government reform did an investigation of crisis pregnancy centers across the United States. And the results are shocking, colleagues. They found that 87 percent of these crisis pregnancy centers provided false or misleading information about the health effects of pregnancy and abortion. That's disturbing. We're sending vulnerable citizens into the arms of these crisis pregnancy centers who hold them out as...who hold themselves out as a legitimate counseling or medical service. And the U.S. House of Representatives has found that 87 percent of the information that they provide is medically inaccurate. That should cause a pause for concern. And so, I... [LB675]

PRESIDENT SHEEHY: One minute. [LB675]

SENATOR NANTKES: ...after looking at that information, I thought, okay, well, that's a national study even though it was quite comprehensive, what's going on in Nebraska? And I had a chance to find some information from Nebraska specifically. For example, the city of Norfolk runs a crisis pregnancy center and they have programs like, no excuses, etcetera, to encourage visitors to save sex for marriage. And in addition to providing services as a crisis pregnancy center, in the resources section of their Web site they refer visitors to focus on the family and encourage them to cooperate with the Holy Spirit in sharing the gospel of Jesus Christ with as many people as possible, nurturing and defending God ordained institution of family and promoting Biblical truth. That's fine. That's absolutely fine for that organization to promote their religious

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viewpoints and to try and bring people to that understanding. But there's a problem when people are holding themselves out as valid counseling and medical options and they provide neither. [LB675]

PRESIDENT SHEEHY: Time, Senator. [LB675]

SENATOR NANTKES: Thank you. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Nantkes. Senator Price, you're recognized. [LB675]

SENATOR PRICE: Thank you, Mr. President and members of the body. I rise in support of LB675, AM994, and as Senator Harms says, AM1060 is in the queue. I'd like to share with you a couple of things that I've seen and heard since I've been here in the Legislature this year. Just this past week it was reported by the Swedish health authorities and that they ruled gender-based abortion is not illegal. So they choose who lives. Early in the session, Dr. Shonkoff presented us an early...thing about, presentation on childhood development and learning. And in his presentation the science of early childhood development, we were informed how a child's brain is developing at a rate of 700 synapse per second. We were exhorted how important it is to be there early on for the well-being of that child. And that education and learning, understanding all the various nuances of language, were affected early on in life. So I wonder, do we say that the brain only develops after birth? On the question of people changing their minds. Do surrogate mothers ever change their minds on surrendering that newborn child? Again, in review, in Sweden you can abort a life based on gender. And to me this seems that a mother has assigned a value to the unborn child, valued one life over another. Science, a baby brain is developing at a rapid rate of 700 synapse a second. Science. It doesn't just happen after birth. It's happening all the way along. And we heard from Dr. Dierks of the science. And again, do people ever change their minds? How do you measure that they change their minds? What are you going to do? You're trying to say that you didn't give them a survey on the way out. People change their minds based on new information all the time. I would submit that people within this body change their minds when they're given new information, when they consider things in an aggregate manner. And remember, we are talking here about the most vulnerable. That unborn child is the most vulnerable. Thank you, Mr. President. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Price. Speaker Flood, you're recognized for an announcement. [LB675]

SPEAKER FLOOD: Thank you, Mr. President. Good morning, members. A reminder that at 10:00 or in 4 minutes, there will be an evacuation drill of the State Capitol. Staff in their offices and in the Chamber will follow the evacuation guidelines provided to them in advance by their evacuation floor captains. Senators in this Chamber, we will be

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escorted by the Sergeant at Arms and Nebraska State Patrol troopers to leave via the front doors of the Chamber. Those are the doors close to Mr. President and Mr. Clerk. And we will exit following the trooper and the Sergeant at Arms out the west doors of the State Capitol. After we are out of the building, we will be escorted across the street to the parking lot behind the Executive Building. Again, this is for the Senators in the Chamber. Staff in the Chamber need to follow the evacuation plan provided to them by their evacuation floor captains. Capitol security and the State Patrol anticipate the drill will take anywhere from 20 to 30 minutes. Again, this is going to happen in about 3 minutes. For that reason, the Legislature will stand at ease until the evacuation drill has been completed. Thank you, once again.

PRESIDENT SHEEHY: Thank you, Speaker Flood. Mr. Clerk, do you have an announcements or items for the record?

CLERK: Mr. President, I do. Study resolutions LR151 and LR152. LR151, Senator Avery. LR152, Senator Fischer. LR153 and LR154, Senator Janssen. And I have noted, those are all study resolutions. And notice of hearing from, confirmation hearing from the Transportation Committee. That's all that I have, Mr. President. (Legislative Journal page 1491-1493.) [LR151 LR152 LR153 LR154]

PRESIDENT SHEEHY: Thank you, Mr. Clerk.

EASE

PRESIDENT SHEEHY: Members, we're returning to floor discussion on the amendment to committee amendment, AM1060 to AM994 to LB675. Members requesting to speak: Senator Gloor, followed by Senator White, Senator Fulton, Senator Haar, Senator Janssen, and others. Senator Gloor, you're recognized. [LB675]

SENATOR GLOOR: Thank you, Mr. President. I'm sorry, I was busy taking off my fire retardant suit, as part of our drill. I wonder if Senator Nantkes would yield for a question, please. [LB675]

PRESIDENT SHEEHY: Senator Nantkes, would you yield to Senator Gloor? [LB675]

SENATOR NANTKES: Yes, of course. [LB675]

SENATOR GLOOR: Senator Nantkes, have you had any conversations with anybody from the Department of Health and Human Services that...and those individuals have expressed any concerns or misgivings about the use of ultrasound, exposure to ultrasound waves, any dialogue along those lines in your research to this? [LB675]

SENATOR NANTKES: Thank you for the question, Senator Gloor. I have not had the

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opportunity to have that dialogue with anybody within the Nebraska Department of Health and Human Services and the research that I've relied on thus far comes from the Food and Drug Administration of the United States government. But I would be interested to know if they were consulted at all on this legislation as a whole and what their thoughts are. [LB675]

SENATOR GLOOR: Thank you, Senator Nantkes. I'm going to...and I am a supporter of LB675 and cosigner. But I do want to talk a little bit about technology because it's an area where I feel comfortable as relates to this particular issue. Ultrasound as a technology is a sophisticated piece of technology that has, and this is my term, a very unsophisticated application. It is not ionizing radiation. These aren't x-rays that you get exposed to that you have to wear the lead shields around. These are sound waves and they're sound waves that are amplified to the extent that there can be feedback receivers that ultimately pick up these waves as they bounce back from different body parts, body organs. And that can be translated into images. It's a wonderful piece of technology. It has limited applications. It can't be used for a lot of things but it certainly is used a lot with orthopedic, it's used a lot with OB, it's used a lot with cardiology. This is not a public health issue. There are ultrasound machines all over this state. The department, as far as I know, does not license, does not regulate not only the machines but people who use the machines. You would be hard-pressed to find a doctor's office in the state where they deliver babies where they don't have an ultrasound machine. The same is probably true with orthopedic clinics, cardiology clinics. Ultrasound is a very, as I said, sophisticated piece of equipment that has an unsophisticated application. This is not a public health issue. And when we talk about unregulated centers, I am still trying to get my mind around what that means specifically. But I will tell you from a standpoint of the technology, this is not a technology issue, this is not a patient safety issue, this is not a public health issue when we talk about this piece of equipment and its application. Thank you, Mr. President. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Gloor. Senator White, you're recognized. [LB675]

SENATOR WHITE: Thank you, Mr. President. I really listened with interest to Senator Gloor's observations on what is really a benign but useful piece of equipment, an ultrasound. However, the information gathered from an ultrasound may not necessarily be so benign. One of the things that I'm concerned about and one of the reasons I support Senator Nantkes' amendment is that if a person, and I'm thinking my district where many people are poor and they do not have healthcare coverage, they find themselves pregnant. They go to one of these centers. They have an ultrasound. They think they're at a clinic. And the person says, you know, that's a great looking baby. Keep that baby, which is fine, because I would tell them too. But if the person operating it isn't licensed, isn't properly trained, cannot recognize, for example, a dangerous pregnancy that poses an immediate threat to the woman, or an abnormality in the

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development of the fetus that can be corrected by in utero surgery or by a change in diet or by the application of certain medicines or a dietary change, then what we have done is lulled somebody into thinking everything is okay with a pregnancy when you're going to have a disaster and you can actually discourage people from going out and getting the prenatal care they need. So my concern is not that there are people out there that want to stop abortions. I fully support them. What I also want to make sure though is, they're licensed and able, if they're representing themselves as a clinic or an emergency pregnancy center of some kind, that they don't lull into sleep the less sophisticated patient into thinking that they have been physically examined by a competent practitioner when they haven't. And they haven't gotten the right information to save the life of the fetus in many cases. So that's why I think what Senator Nantkes is talking about makes good public health sense. I don't see it in any way as hostile to the operation of these facilities, just the opposite. I would hope that the fee be free, that they be able to staff themselves with volunteers, that there be more of these, not less. And that they actually, if we do the right thing and if you're truly pro-life, we actually start giving them funding to help treat pregnant women to give them an adequate prenatal care, to make sure they understand fetal development, to make sure they understand the importance of not using alcohol, to make sure they understand the importance of eating a proper diet, to recognize danger signs. That it is more than just, okay, you know, this is a real person, which it is. And you need to take care of this child but you actually support them. I have been on the record before saying that if you're truly pro-life, if you're truly pro-life your worst enemy is ignorance. Ignorance will cause more unwanted pregnancies, it will cause more fetal deaths through alcohol abuse, through dietary abuse, through drug abuse, through not getting proper treatment. Our enemy, if we love life, is ignorance because ignorance leads to death. And what Senator Nantkes is saying here, and Senator Fulton, by the way, I like his bill, is we won't tolerate ignorance in matters of life and death. And that's the right thing to do. The thing that's sad about Senator Fulton's bill is, it is not the standard of care for another operation. If for example, I, as a patient, came in with a tumor in my stomach as a man, the standard of what I'm supposed to be told is only what other doctors would tell me, not what a reasonable person in my shoes would want to know. I think what Senator Fulton has put in here is absolutely what should apply to every surgical procedure. [LB675]

PRESIDENT SHEEHY: One minute. [LB675]

SENATOR WHITE: That is, look, make the basic information about what's going on in the patient's body available to the patient, tell them it's available, and that they have a right to look at it. It seems to me that is wholly consistent with what an ordinary patient's expectations are, it is wholly positive on a pro-life stance. And I think Senator Nantkes' bill will help save lives. It will help save lives by making sure we don't have inadvertent deaths because people go into these clinics or these centers thinking they're seeing medical professionals who are looking out for the health of their fetus and them, when they're not equipped to do that or required to pass that information on. Therefore, I think

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this is a great bill and I think Senator Nantkes' amendment makes it even better. Thank you. [LB675]

PRESIDENT SHEEHY: Thank you, Senator White. Senator Fulton, you're recognized. [LB675]

SENATOR FULTON: Thank you, Mr. President. Again, I rise in opposition to AM1060, that which we are on now. This is a...I take a step back and take a look at the amendment and what the amendment actually seeks to do. I believe that what the AM1060 does is outside the scope of what has been considered within the Judiciary Committee and within the auspices of this bill. Now, the specific subsection (e) that's being referenced here simply says that she, the woman, has the right to request a comprehensive list compiled by the Department of Health and Human Services. This is an existing list, okay. This exists in statute and, let's see, we dug it up, it's Section 28-327.01. "The Department of Health and Human Services shall cause to be published" within 60 days after September 9, 1993, "the following easily comprehensible printed materials." There are a number here. I'll just read a sentence into it. "Geographically indexed materials designed to inform the woman of public and private agencies and services available to assist a woman through pregnancy, upon childbirth, and while the child is dependent, including adoption agencies and agencies and services for prevention of unintended pregnancies," and then it goes on and on and on. This is an existing list. Subsection (e) of AM994 says that the woman has a right to request said list. AM1060 interjects...the language is Uniform Credentialing Act. That, I would think, would fall under the purview of the Health and Human Services Committee. What we're saying in the amendment here is that one can resist a list that has been compiled. This amendment interjects the notion that those on this list have to be credentialed in a certain way. Okay. So I'm opposed to AM1060. Perhaps there's merit within AM1060. I hear some points that are brought up by Senator Nantkes and Senator White which stand to reason on their face. But I haven't had the opportunity to reflect on them. I haven't had the opportunity to look at the studies that are being referenced by Senator Nantkes because what we were doing was saying that the woman has a right to request a list, a list which already exists by statutory authority. So I submit that to you for your reflection. AM1060 is different subject matter and it ought to have been through the Department of Health and Human Services. That's one reason I stand opposed to it. There are others, but that's the primary reason. I was able to learn that there was a crisis pregnancy center, which incidentally crisis pregnancy centers aren't called out by name here. Anyone can offer a free ultrasound including the clinics or the abortion clinics. There was a crisis pregnancy center in Omaha who evidently made a request of the Department of Health and Human Services as to whether or not they ought to be licensed and the letter back from the Department of Health and Human Services, and this was the AAA New Life Clinic, I believe there in Omaha, said a review of the services, information regarding your clinic shows that your facility does not provide any of the care and treatment that specifically requires a health clinic license. So this has at

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least been envisioned by the Department of Health and Human Services, but therein again, we talk about the proper purview over this amendment and the consideration under this amendment, Health and Human Services. This bill was before the Judiciary Committee... [LB675]

PRESIDENT SHEEHY: One minute. [LB675]

SENATOR FULTON: ...and that was the committee through which I worked in order to get the compromise amendment, AM994. So I ask that you oppose AM1060. Thank you, Mr. President. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Fulton. Senator Haar, you're recognized. [LB675]

SENATOR HAAR: Mr. President and members of the body, I rise in opposition to LB675 and in support of AM1060. Beyond that, I think the bill really does nothing. I believe the amendment does, but the bill itself does nothing new. And so what I'd like to take my times today is to talk about what I think is a common-sense and effective way to actually reduce abortions, because that's what...that's the claim here. So I'd like to start by just sort of outlining what I'm going to be talking about. First of all, abortion as a constitutionally protected decision, and the reason I'm talking today about this is, I got a lot of experience from this on the campaign trail. As you probably know, I was sort of painted as the devil himself because at the time my wife worked for Planned Parenthood. So I had to do a lot of research and I've brought that to bear today and I'd like to talk about it. What I'd like to talk about is some common ground and I think that common ground for all of us in the body here is that we would like to see as few abortions as possible. Now, there's some people who say there should be no abortions. I'm going to say, I would like to see an end to abortions to the extent possible. And I would like to talk about it a means that's effective, an effective way to take care of abortions, and that's through prevention. Nearly half of all the pregnancies among American women are unintended pregnancies and four out of ten of these are terminated by abortion. Again, nearly half of all the pregnancies among American women are unintended, four out of ten of these are terminated by abortion. So what I'd like to talk to you about today is about a way that I think is effective, is definitely effective. We heard earlier that, you know, this bill may or may not have an effect on abortion but what I'm talking about would, and that's preventing unintended pregnancies. So I'd like to start down this road and I'm sure I'm going to be up here more than once, so I'd like to start by talking about the law to begin with. First of all, we have to realize that the law, it is legal to have an abortion. In 1973 Roe v. Wade decision, the Supreme Court that ruled that women in consultation with their physicians have a constitutionally protected right to have an abortion in the early stages of pregnancy, free from government interference. Now, you may not agree with the Supreme's, but that's the rule. Then in 1992, the court reaffirmed the right to abortion in

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Planned Parenthood v. Casey. However, what they said was that the states could have the right to enact restrictions that do not create an undue burden for women seeking abortions. Thirty-five states currently enforce parental consent or notification laws for minors seeking an abortion and the Supreme Court ruled that that is fine. We do that. And Congress has banned the use of federal Medicaid funds to pay for abortions except when the woman's life would be endangered by a full-term pregnancy or in cases of rape or incest. Seventeen states use public... [LB675]

PRESIDENT SHEEHY: One minute. [LB675]

SENATOR HAAR: Thank you...use public funds to pay for abortions for some poor women but only four do so voluntarily. So abortion is legal and that's a starting point. But then the question becomes, how do we prevent abortions and that's where I'll take up in my next time on the light. Thank you. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Haar. (Visitors introduced.) Continuing with floor discussion on the Nantkes amendment to committee amendment, AM1060, members requesting to speak are Senator Janssen, followed by Senator Howard, Senator Christensen, Senator Council, Senator Carlson, Senator Coash, and others. Senator Janssen, you're recognized. [LB675]

SENATOR JANSSEN: Thank you, Mr. President, members of the body. There's nothing I'm really going to say here today that probably hasn't been said or is not going to be said again and again today. I rise in support of LB675. I'm hoping I can possibly put a different twist on it, but probably not. I've got some talking points of why I support LB675 and I'll cover those. I believe that information is the key. The more information a person has before a medical procedure, it's for the better. Ultrasounds are already being taken by abortion providers for their testimony at the hearing. Why would they not want to share it with their patient? The doctor-patient relationship is extremely important. Withholding information is counter, in my opinion, to an open relationship between a doctor and a patient. The waiting period ensures adequate consultation time between the doctor and a patient before this very serious procedure. And abortion is a major medical procedure and deep reflection and contemplation are in order, in my opinion. Those are the reasons I support LB675. I have received, like you, many, many, many e-mails and calls, more e-mails than calls on both for and against this LB675. And I'm just going to read two of them from my clients, one for, one...or from my constituents, one's for, one's against, just to kind of get them on the record. And this came from Elizabeth from Fremont. "As someone who believes that medical decisions are best made by doctors and patients, I ask you to oppose LB675. I find this measure ridiculous. LB675 goes too far by allowing lawmakers to intrude on the doctor-patient relationship. Doctors, not lawmakers, should decide the best way to practice medicine. As your constituent, I urge you to oppose LB675 and allow doctors to focus on practicing medicine, not red tape." Additionally, on the other side, I received this from

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Mary from Hooper, Nebraska, of course. "Dear Senator Janssen, I'm writing you to thank you for your support of LB675 and to encourage your support of these kinds of bills. We need to protect and defend life in this culture. Thank you for cosponsoring this bill." I just wanted to read that for the record. I do support LB675 and thank Senator Fulton for bringing it and Senator McCoy for prioritizing it. With that, I yield the balance of my time to the Chair. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Janssen. Senator Howard, you're recognized. [LB675]

SENATOR HOWARD: Thank you, Mr. President and members of the body. For a long time I've been very concerned that there are clinics and facilities that operate without the benefit of having a professionally trained staff. For individuals going through any sort of a difficult situation, especially in a situation with some serious emotional components, it's critically important to have professionally trained social workers. That would mean social workers with the MSW credential available to those individuals to give them the support, the information, and frankly, just the backing that they need to deal with a very difficult situation. Having said that, I will offer the remainder of my time to Senator Nantkes. [LB675]

PRESIDENT SHEEHY: Senator Nantkes, you're yielded 4:10 seconds. [LB675]

SENATOR NANTKES: Thank you, Senator Howard. Thank you, Mr. President. I was hoping Senator McCoy would yield to some questions, please. [LB675]

PRESIDENT SHEEHY: Senator McCoy, would you yield to Senator Nantkes? [LB675]

SENATOR McCOY: Yes. [LB675]

SENATOR NANTKES: Senator McCoy, we had a chance to talk briefly off the mike but maybe you've had a chance to find some answers since that point in time. How do you really envision this bill working? How would HHS be expected to put together a comprehensive list of those organizations that do provide these services if they're not licensed or regulated? Is there a form that you envision or how would it work, logistically? [LB675]

SENATOR McCOY: Well, there's certainly...that's a good question and something we can certainly continue to discuss about. And I believe that Senator Gay in a minute will probably...when he gets up on the queue, will discuss through the...how the logistics of that would work. [LB675]

SENATOR NANTKES: Okay. And, Senator McCoy, just to be clear because I think I've received some questions about this as well, this amendment does not require all crisis

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pregnancy centers to be licensed. It requires those that are going to be on a comprehensive list as distributed by the Department of Health and Human Services with a stamp of state approval to be licensed or regulated. Senator McCoy, since this is your priority bill, I'll just go ahead and continue with some questions here. Do you think that pregnant women deserve less protection than say, for example, a person seeking a tattoo in this state? [LB675]

SENATOR McCOY: I'm not sure the relevance of what you're describing, Senator Nantkes. [LB675]

SENATOR NANTKES: Well, I mean, I think if you have a chance, colleagues, to review the Uniform Credentialing Act you can see that Nebraska actually requires regulation and licensure for people who are conducting tattoos or my nail people that are out there in nail salons. And so I guess, wouldn't it be safe to say that if this is about informed choice and patient safety and women's safety that we wouldn't expect anything less from those clinics that are out there operating and that you're seeking the state stamp of approval for? [LB675]

SENATOR McCOY: What would be your question as part of that again, Senator Nantkes? [LB675]

SENATOR NANTKES: Do you think that pregnant women who visit these centers deserve less protection than citizens who visit a tattoo parlor or a nail salon? [LB675]

SENATOR McCOY: Is there less protection, no. [LB675]

SENATOR NANTKES: Okay. So then I'm guessing that you probably will be supportive of this amendment because the protection that comes with tattoo parlors and nail salons is afforded according to the Uniform Credentialing Act. That provides basic patient safety for our citizenry. And I agree with Senator McCoy, I want these vulnerable women who are seeking these services to have a safe place to go with medically and scientifically accurate information. If a crisis pregnancy center chooses not to be licensed or chooses not to have medical or psychiatric care or caregivers on staff, then they simply could not be included on the comprehensive list. That's all it says. This doesn't force them to become licensed. This just says if you're going to get on the comprehensive list as providing medical and counseling services... [LB675]

PRESIDENT SHEEHY: One minute. [LB675]

SENATOR NANTKES: ...you should the very least be licensed to be clear. Some other examples of the misleading information. Again, United States Congress found over 87 percent of the information providing at these...provided at these centers is medically inaccurate. Women have described being harassed, intimidated, and given blatantly

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false information, or being forced to pray with the crisis pregnancy center staff. They've also complained that confidential information has been used against them. In some cases they were followed home. Mail and phone numbers, mail and phone calls have been intruded to their home after a visit to these centers. So I think that these are really the issues that cause concern for our citizenry and why something as simple as saying if you're going to receive the stamp of state approval to get your name on the comprehensive list, which again, colleagues, as Senator Fulton noted and as I noted in my opening, is a 36-page pamphlet on informed consent. If we're going to continually... [LB675]

PRESIDENT SHEEHY: Time, Senator. [LB675]

SENATOR NANTKES: Thank you, Mr. President. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Nantkes. Thank you, Senator Howard. Senator Christensen, you're recognized. [LB675]

SENATOR CHRISTENSEN: Thank you, Mr. President. I'd like to address a little bit. Here's an example of AAA New Life Clinic. This is correspondence with the Nebraska Health and Human Services. Response and request for clarification whether your clinic requires a health clinic license as a public health clinic or if it meets the definition of healthcare practitioner facility which does not require licensing by Nebraska statute. And the letter goes on through what the requirements are. It says review of the services information regarding your clinic shows that your facility does not provide any of the care and treatment that specifically requires a healthcare license as described above, such as ambulatory, surgical care services, hemodialysis, or labor/delivery services. The question is whether your clinic meets the definition of public health clinic. It is private, not-for-profit clinic, providing some of the services that generally fall under the services of family planning clinic such as pregnancy diagnosis and preventive health services for STD screenings. However, if the main focus of your clinic is not to provide access to contraceptive supplies or information regarding family planning, then it is not to be considered a family planning clinic. If your clinic is not a family planning clinic, then it would not meet the definition of public health clinic but would be considered as a healthcare practitioner facility since medical professions involved are credentialed under the Uniform Licensing Act. So basically, they're saying they don't need to be under these rules. That's from the Nebraska Department of Health. I really believe that if Senator Nantkes believes this should be done, she should bring it as a bill. She should take it into a public hearing and take it forth through the Health and Human Services. It is a policy issue and she is trying to add it on here as a way to temporarily slow down, like New Life Clinic or crisis pregnancy centers until they get licensed. And the fact is, there's others that have applied for this and our own rules have told them not to. So what this is really, if she wants a policy change, she needs to bring a bill to do this so it is looked at by Health and Human Services, by the Health Committee, and be done this

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way. I do not think this is the appropriate way to do this. I'm going to attack this a little bit, little bit differently. And Senator Nantkes, would she yield to a question, please? [LB675]

PRESIDENT SHEEHY: Senator Nantkes, would you yield to Senator Christensen? [LB675]

SENATOR NANTKES: Yes, of course. And Senator Christensen, I have to apologize. I was engaged in conversation so I didn't hear your question if you already said it. [LB675]

SENATOR CHRISTENSEN: I have not asked. [LB675]

SENATOR NANTKES: Okay. Okay. [LB675]

SENATOR CHRISTENSEN: What is the minimum requirements does Planned Parenthood require to be a sonographer? [LB675]

SENATOR NANTKES: What are the requirements at Planned Parenthood for a sonographer? [LB675]

SENATOR CHRISTENSEN: Sonographer, yes, sorry. [LB675]

SENATOR NANTKES: That was the question? [LB675]

SENATOR CHRISTENSEN: Yes. [LB675]

SENATOR NANTKES: I don't know. I don't work at Planned Parenthood and I know that they're a health clinic that is licensed by the State Department of Health and Human Services and so I know that they're asked to comply with a variety of rules and regulations. But it's my understanding, Senator Christensen, to be fair that under state law and federal law at this point in time, there is not a licensure process for sonographers. I think that's correct. [LB675]

SENATOR CHRISTENSEN: Thank you. [LB675]

PRESIDENT SHEEHY: One minute. [LB675]

SENATOR CHRISTENSEN: Basically, the requirement required is none. And they don't have any. When the original abortion bill was written, it was in the language to require a registered nurse to perform the sonograph, to be a sonographer. And that was stripped out for Planned Parenthood, but the crisis pregnancy centers all use a registered nurse to do this. You know, I would rather have the person taking care of me have the

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licensing than the business itself. You know, I think that's the direction...and that's why I'd encourage Senator Nantkes to lift this amendment, take it up as a bill, do it through the proper channels. I support LB675, AM994, and oppose AM1060. Thank you. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Christensen. Senator Council, you're recognized. [LB675]

SENATOR COUNCIL: Thank you, Mr. President. I rise as the member of the Judiciary Committee who unequivocally voted in opposition of the advancement of LB675 and AM994. And my opposition to this bill boils down to the simple fact that the purpose of this bill is not to advance the interests of women who are vulnerable who are making a difficult decision with regard to having an abortion. In fact, if you read the bill and listen to the debate that has occurred thus far that the purpose of this bill is to advance the interests of those groups and clinics and organizations that want to deny women the right to choose how they use their bodies. I'm going to take my comments out of order only because of something that Senator Christensen just said and something that Senator Fulton said. Both of them want to represent to this body that Senator Nantkes' amendment, which I wouldn't vote for anything associated with this bill, but with regard to her amendment that it is not appropriate for her to advance an amendment that addresses a subsection of a bill that came before the Judiciary Committee without going to Health and Human Services. This bill, this subsection places a new obligation on the Department of Health and Human Services. That new obligation is to compile a list of providers, facilities, and clinics that offer to perform ultrasounds free of charge. They do not have such a list presently. So if it's inappropriate for an amendment to this section directing the Department of Health and Human Services how to compile that list is inappropriate, then I submit to you that this entire subsection is inappropriate because this entire subsection came before the Judiciary Committee, not Health and Human Services. And so if it's inappropriate to amend this bill that we impose by introducing it a new obligation on the Department of Health and Human Services that didn't go through the Department of Health and Human Services, I don't know how we can stand here in honesty and say that Senator Nantkes is somehow doing something inappropriate. She's amending a bill that came through a committee, a subsection that imposes an obligation that quite frankly, folks, if you really read this obligation, it makes no sense. Senator Fulton in his opening said the overwhelming majority, if not all, abortion providers utilize ultrasounds during the process at some point in time. Admit it. Now if you read the bill it says, if an ultrasound is used prior to performance of an abortion, that the physician must do it at least one hour prior to the performance of the abortion. My question, if Senator Fulton is available to yield, and if not, I'll pose it rhetorically, is if we're requiring the physician to perform an ultrasound at least one hour prior to performing the abortion, what is the purpose of... [LB675]

PRESIDENT SHEEHY: One minute. [LB675]

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SENATOR COUNCIL: ...compiling a list and requiring the physician to provide such a list to the patient prior to the abortion? What? Do we imagine that these women are going to get up off the table and drive to a clinic, have the ultrasound? That's not what's going to happen. Because what this is intended to do is to impose a requirement that would direct women to these pregnancy crisis prevention centers, because it makes no sense. If you're requiring the physician to perform the ultrasound at least one hour prior to the procedure, why do you need to give them a list of where they can get free ultrasounds? It makes no sense. And then if you look at the...we going to require that the physician to be licensed, we're going to require the... [LB675]

PRESIDENT SHEEHY: Time, Senator. [LB675]

SENATOR COUNCIL: ...physician's assistant to be licensed, but not the person performing the ultrasound. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Council. Senator Carlson, you're recognized. [LB675]

SENATOR CARLSON: Mr. President and members of the Legislature, I do rise in support of LB675 and AM994. Sometimes I sit and listen and I think if I had the power of the Speaker, which I don't have, I would like to ask three questions right now and have us vote red or green. Be interesting on the outcome. First question would be, do we have too many abortions in Nebraska? If that question were asked, everyone voted, I think the answer would be green. Second question: Do we want more abortions in Nebraska? If everybody voted, I think the answer would be red. Third question: Do we want fewer abortions in Nebraska? Everybody voted, I think the answer would be green. Will this bill actually reduce abortions in Nebraska? Will the bill have a negative impact on the revenue generated by the huge abortion industry in Nebraska? I hope so. Will it reduce abortions? I hope so. I'm going to go into my personal beliefs because I have the right to do that. I think that the moment a woman becomes pregnant, she becomes a mother. At the same moment, the man becomes a father. Life is created. The woman and the man are parents at conception. During pregnancy, they are parents at one month, three months, five, six, seven, eight, and nine months. Protection of the living unborn is fundamental to our society. They are living babies. They are innocent. They are defenseless. They are helpless. In an abortion clinic, the baby is facing the guillotine with no protection. That's a pretty serious matter. LB675 is a first step in maybe reducing abortions in Nebraska. I hope I live long enough to see the day when all babies in Nebraska have a chance to live, when they're all protected under the law, when they are all valued as human beings, when they experience their human rights just as grown women and men do. Thank you, Mr. President. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Carlson. Members requesting to speak on

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AM1060 are Senator Coash, followed by Senator McGill, Senator Dubas, Senator Pirsch, Senator Gay, Senator Rogert, and others. Senator Coash, you're recognized. [LB675]

SENATOR COASH: Thank you, Mr. President. I yield the balance of my time to Senator Fulton. [LB675]

PRESIDENT SHEEHY: Senator Fulton, you're yielded 4:50. [LB675]

SENATOR FULTON: Thank you, Mr. President. We are engaged in some talks now so I was not tuned into all of the debate, but Senator Council raised, I believe, a legitimate point, a legitimate concern that these materials, I believe these...actually, would Senator Council yield to a question? We'll just get accurate here. [LB675]

PRESIDENT SHEEHY: Senator Council, would you yield to Senator Fulton? [LB675]

SENATOR COUNCIL: Certainly. [LB675]

SENATOR FULTON: Senator, is it your understanding that with regard to subsection (e) of AM994, let's see, on page 5, your understanding that those printed materials are made available one hour before? [LB675]

SENATOR COUNCIL: No. The point that I was making, Senator Fulton, is subsection (e) states that at least 24 hours before the procedure that she has to be told that she has a right to request a list. Then the last sentence says, "If requested by the woman, the physician who is to perform the abortion, the referring physician, or his or her agent shall provide such a list as compiled by the department." The scenario I was painting is an hour before the procedure, your bill, as written, already requires the physician to perform the ultrasound. If the woman waits until a hour and a half before the procedure and requests the list, what is the purpose? The ultrasound is going to be conducted according to subsection...according to Section 3(a), has to be done at least, at least 1 hour prior to, so it could be 23 hours prior to. And so my question remains, what is the purpose to be served by requiring in subsection (e) the Department of Health and Human Services to compile a list of free...a place where you can get free ultrasound services where, number one, according to your opening statement, the overwhelming majority of physicians performing abortions utilize ultrasound? And in fact, in the very next section you require them to use an ultrasound. [LB675]

SENATOR FULTON: Senator, I guess I don't know how to answer your question other than we're providing information to a mother, to a woman who's contemplating an abortion. This subsection (e) does not create the list. You stated that this subsection creates a list. This does not create a list. This says that she has the right to request a comprehensive list. She will be made aware of that right. [LB675]

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SENATOR COUNCIL: And it says... [LB675]

SENATOR FULTON: That's why this subsection (e) exists. [LB675]

SENATOR COUNCIL: The next statement is "compiled by the Department of Health and Human Services, of health care providers, facilities, and clinics that offer to perform ultrasounds free of charge." Does the Department of Health and Human Services... [LB675]

SENATOR FULTON: Now, Senator, that's not... [LB675]

SENATOR COUNCIL: ...currently have a list? [LB675]

SENATOR FULTON: Senator, that's not what it says: "Including and specifying those that offer to perform ultrasounds free of charge." So it's not necessarily that we're focusing on those that provide ultrasounds free of charge. It is including those. This is a list that is envisioned under existing statute, so we're making the woman aware that this list exists and that she has a right to request that list. And so that's what the intention here is. Thank you, Senator Council. These are legitimate questions and we'll try to get the questions answered, but I hope that the questions that are being asked and the ensuing amendments that...we are working on amendment, by the way, Senator Nantkes and myself and Senator White. Let us address the concerns and questions that exist within AM994 and the bill. [LB675]

PRESIDENT SHEEHY: One minute. [LB675]

SENATOR FULTON: That is what I hope. I'm in favor of LB675. Those that are standing are opposed to LB675, those who are asking the questions, and the questions are legitimate to be asked, okay, and I'll try to answer them. But let them be pertinent to the bill. Let them be pertinent to the amendment. If you're opposed to the amendment, opposed to the bill, say so. If we are trying to amend these amendments such that we can't move the bill forward, that's...it's your prerogative not to say so, but recognize that that potentiality, that potentiality is something that I am watching also. So I'm willing to work in good faith toward moving this bill forward, and I hope others in the body are working in that regard also. Thank you, Mr. President. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Fulton. Senator McGill, you're recognized. [LB675]

SENATOR MCGILL: Mr. President, members of the body, this may very well be the last time I actually talk on this bill. I am glad to hear that Senator Fulton is working on this current amendment, which I do support. But since I last spoke, no one has still

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addressed the fact that 16 other states have a law like this and it's not proven to lower the number of abortions. In my mind, it's not good enough to say I hope that the number of abortions will go down with this, when there's no evidence to prove they will, and every person that I asked about that in the committee, including the Catholic Conference, you know, I asked, is there any evidence to show that these...the number of abortions go down, and they said, no, there isn't any evidence to show that. It's not good enough to say I hope. And no one has brought any evidence saying that women can't currently look at the ultrasound if they want to. No one has brought forth a single case saying a woman wanted to see it and she wasn't allowed to. So I don't see how this is anything but a feel-good piece of legislation. It's like saying, I hope abstinence-only education stops all unplanned pregnancies. We still have unplanned pregnancies even though the majority of you support that as a plan. I understand the political realities here that this bill is going to get 40 votes, and that's fine. But to stand up and just spout off, you know, life begins at conception, and I'm not going to argue that with folks, but to just say, you know, I'm a strong pro-lifer and so I'm going to support any of these bills isn't good enough, because there is no evidence that this works. I mean I think...I know people who have gotten pregnant and had abortions and those who haven't. I know a teenager who was forced to have an abortion by her folks because her folks didn't want her going through that. If she were then to be forced to watch the ultrasound, it would probably cause more psychological damage to that teenage girl. This is why I'm not going to speak anymore on this, because I'm getting really frustrated because nobody is showing what the real problem is and if this bill is really going to have an impact. I feel like it's all wishful thinking when we should just be looking at preventing unplanned pregnancies in the first place. Those are the programs that work. We need to be thinking about the women and why they're getting...accidentally getting pregnant in the first place and how we can help prevent that. I believe it's largely self-esteem issues and women not feeling like they have a particular future and big enough goals that are worth not getting pregnant too early in life. That is where the heart of this is. That's why I spend time at Girls Inc. and going to schools and talking to young women to show them that they can be something in their twenties and it's worth waiting and not inadvertently getting pregnant. That is the way to deal with this issue, not some wishful thinking legislation. And I yield any time I have left to Senator Nantkes. [LB675]

PRESIDENT SHEEHY: Senator Nantkes, you're yielded 1:50. [LB675]

SENATOR NANTKES: Thank you, Senator McGill, for the time and for your impassioned words in regards to this legislation. And, colleagues, I didn't...I don't serve as a member of the Judiciary Committee so I didn't have an opportunity to listen firsthand to the testimony that was provided, so I asked for a transcript from the Clerk's Office to see exactly what information was provided at the committee level and I think it's...Senator McGill is exactly right. If you look throughout the committee transcript, proponents of this legislation admit over and over again, whether they're from Focus on

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the Family or from the Nebraska Catholic Conference, who again have every right to be engaged in this issue, but they admit on the record over and over again that this bill, this legislation... [LB675]

PRESIDENT SHEEHY: One minute. [LB675]

SENATOR NANTKES: ...empirically does nothing to prevent or reduce the number of abortions in this state or any other. That being said, I guess that there is at least a hope that it may help to reduce the number of abortions or otherwise, but it's very clear on the record that proponents of this legislation cannot point to a single study or any empirical data that demonstrates that this type of intrusive legislation actually reduces or prevents abortions in Nebraska or any other state. And I think that that's really unfortunate because there's so much common ground that we could focus on in terms of prevention and education that would reduce the need for abortion in this great state and in others. And we have empirical data which shows us how to do that, and common sense tells us as well, and it's through education and it's through prevention and it's through recognizing... [LB675]

PRESIDENT SHEEHY: Time, Senator. [LB675]

SENATOR NANTKES: Thank you, Mr. President. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Nantkes. Thank you, Senator McGill. Senator Dubas, you're recognized. [LB675]

SENATOR DUBAS: Thank you, Mr. President, members of the body. First off, I think every pro-life person, and especially every pro-life woman, should accept the challenge that Senator McGill just laid out to us. It behooves us to support young women and give them the confidence to make the decisions that will ensure them a bright and promising future. So I know, for one personally, I will accept her challenge on that. Because as much as we would like to paint abortion as a black-and-white issue, it is not. This is a traumatic physical and mental decision for most women. They don't deserve our judgment. They deserve our support and our compassion. In many cases, women in this position don't even feel like they have a choice. If our desire is to prevent abortion, then we must look at the underlying issues that are contributing to their decision and ultimately contributing to why they are in that position in the first place. If we want these babies to be born, then we must ensure that women have the supports in place to raise that child. Can she financially support the baby? Does she have access to quality and affordable day care and healthcare, jobs, educations, all the things that a parent needs to be a good parent? We're talking about saving innocent babies, and it's important and we should. They don't have a voice. But we cannot ignore the impact on the mother in this situation. As a woman, as a mother, and as a grandmother, I know the joy and the awesomeness of being a part of creating a life, but I also know the fear. And when you

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find out for the first time or each time thereafter that you are going to become a parent, it's exciting but it's also scary because you're understanding the reality of the responsibility of...for that new life. But I had an incredible support system in place. I have a loving husband and extended family who are there to help me nurture and raise that children, and not every woman has that in place. We need to be supporting and encouraging adoption services and foster parents and training for foster parents so that should these women decide that they will carry their baby to term but give it up for adoption, that we have families ready to take these babies into their homes. Safe haven highlighted the glaring deficiencies in our behavioral health services for children and their families. That's a part of this discussion too. We can't talk about these issues in isolation. I am equivocally and unapologetically pro-life. From my very heart and soul, I believe in the sanctity of life from conception to natural death. But I challenge the pro-life community today to become engaged in ways that we can ensure all children who are born into our state and our nation to be cherished and nurtured through their birth families or through their families of adoption. That is what we should be talking about today. It's not simply do we or don't we want women to have abortions. It's so much bigger than that. It's so much bigger than any one bill can encompass. This is making a statement. This is highlighting a position. But the issues that we are trying to grapple with through this single piece of legislation are so much bigger and it's a challenge to each one of us. It's easy to get up and make statements. It's so much harder to follow through with it in action. [LB675]

PRESIDENT SHEEHY: One minute. [LB675]

SENATOR DUBAS: And I guess as a little bit of aside from this, you know, Senator Nantkes has been told maybe that she needs to pull this amendment and it needs to go back to hearing and it needs to have, you know, be a separate bill. It's our right, our prerogative, and our duty as senators to introduce amendments. It's our right, duty, and prerogative to scrutinize bills, to see the areas of concern that we have and to raise those concerns on the floor through the amendment process. You don't have to agree with it. You can stand up and you can make your comments. But if we've done our homework and if we're ready to put an amendment out there that we can support and get others to get on board with us, that is what we are to do. And so Senator Nantkes is only exercising her senatorial prerogatives. Thank you. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Dubas. Senator Pirsch, you're recognized. [LB675]

SENATOR PIRSCH: Thank you, Mr. President, members of the body. I just wanted to say I appreciate Senator Gloor's comments earlier. I can tell you as a recent parent of twins, you know, we used a battery of sonography and ultrasound throughout the pregnancy and, you know, I can tell you, you know, that was...it was something we asked and it is based on sound waves and the ob-gyns and the pediatrician all assured

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us it was safe. And I can tell you we sure went through a number of them, and so I think I'd just like to weigh in and say I think the actual process itself doesn't pose any sort of a threat upon...in terms of health or safety. Having said that, I would yield the balance of my time to Senator Fulton, should he desire to accept it. [LB675]

PRESIDENT SHEEHY: Senator Fulton, you're yielded 4:10. [LB675]

SENATOR FULTON: Thank you, Mr. President. Thank you, Senator Pirsch. With respect to Senators McGill and Nantkes, appreciate their arguments. When I started this morning, I opened with a quote and it was a quote of one of the...Justice Kennedy on the court and his quote started off with, while we find no reliable data to measure the phenomenon, and then he goes on, I'm going to quote this a little bit later, think about this for a moment. First of all, to state that there was no evidence that the viewing of an ultrasound is not persuasive such that the mother may choose life for her child, it just...it defies reason. Second, there was a young lady who came and testified in the committee hearing that the viewing of her child through the ultrasound did influence her position, her decision to have the child. So within the committee hearing itself, we had someone who provided personal testimony. Beyond that, beyond that, think about this. How would you go about conducting a study to ask whether or not an ultrasound cause...was the cause, was the proximate cause by which you chose to give life to your unborn child? How could you conduct that study? You'd have to approach all women who have had children and ask each of them, did the ultrasound do it for you? Was it the ultrasound? How are you going to conduct a study like that? Now I'm sure that there will be studies conducted like this, as ultrasound technology continues to proliferate, chronologically, but the fact of the matter is ultrasounds have not been used within the context of abortion for very many years. So, number one, there's the difficulty in how do you identify all of the women who have had children which ones the ultrasound was the most persuasive on? This becomes a question of epistemology. How do you garner that knowledge which is necessary to make this study available to people? Okay? And then the second point that I brought up, just touching on here, is the chronology of it. If you believe that making an ultrasound image available to a mom, to a woman who is contemplating abortion, if you believe that that will have no impact on her decision whether or not to have her abortion or to continue to carry the pregnancy to its fruition, I don't know what else to say to you. Then I suppose you'll vote against the bill. And the irony is, you'd vote against the bill because the bill doesn't go far enough. So those...what I'm hearing is that I'm opposed to LB675 because it doesn't go far enough in persuading a mother. That's not what we are able to do within the powers of our...within our legislative powers. If you go back and read the Supreme Court cases, we are not to enact legislation which presents an undue burden by way of persuasion on the mother. An ultrasound, in my opinion, it's a beautiful thing for an engineer. It is objective and dispassionate. It does not speak. It does not question. It is what it is. You see what you see. It is the truth by way of vision. It is sensual perception of that which is occurring in the womb. That is not persuasion... [LB675]

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PRESIDENT SHEEHY: One minute. [LB675]

SENATOR FULTON: ...in and of itself. Okay? The mother can choose to look or not look, okay? But if the contention is that LB675 doesn't go far enough to prevent abortions, then I ask for an amendment to help us go further and I'll consider that. But AM994 is what we, through the Judiciary Committee...through the committee process, specifically the Judiciary Committee, have come up with, utilizing existing technology within what we know are the confines put forward by the courts of true informed consent. Thank you, Mr. President. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Fulton. Thank you, Senator Pirsch. Members requesting to speak on AM1060: Senator Gay, followed by Senator Nantkes, Senator Dierks, Senator Campbell, Senator Friend, and others. Senator Gay, you're recognized. [LB675]

SENATOR GAY: Thank you, Mr. President. I just wanted to speak on the actual amendment. I've heard the discussion and, just like anything, agree with some things and don't with others. I am against this amendment and for the overall bill. I was just checking out the status of the bill and scrolling through all of the names that are on here. It's interesting that the discussion goes on and on because I think there's 35 people that are cosponsors of this bill. But on the part...Senator Council makes a point, and I brought up this point during the budget about the different things you keep...we keep wanting the Department of Health and Human Services to do; 116 pages of small type right now currently we're doing. Now this wouldn't be a huge deal but I'd be remiss if I didn't bring up when we asked them to do things. This probably checking, I don't think it's a big deal to compile the list, but it would be something they would have to do. So that's not a big deal. The portion of the credentialing, what we're talking to, the Uniform Credentialing Act, credentials those people doing the individuals. The uniform facilities act would be clinics and hospitals and things like that. So I'm not so sure this amendment is proper. Now if she wanted to completely delete facilities and clinics, then it probably is proper. That would be wrong under this bill because what we're asking is some of the counselors, they're not holding themselves out as...they're not performing medical duties. They are doing some counseling and you need to be credentialed for that, but I don't think they're holding themselves out as counselors. I don't know all the situations but there are people that follow that. So...but compiling the list, I don't think would be a big deal. What they're saying is give informed consent of here's what you want to do, here's some people who can give you an ultrasound. I don't think this is a public safety issue, as it's been said. And Senator Gloor, I was listening to his comments a little bit. It sounds like the machine is very complex but the process and how it works is not. So I don't think we're...trying to make this a public safety issue I think is wrong. It is what it is. I think it's an amendment to make this a little harder to implement and I'm not for that. I do think that the merits should be...should this be done

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for a young woman or any woman that has to...that they have this informed consent. They can say, no, the way I understand it on here, and they don't want that. So as we look at that, I just wanted to kind of say I'm not an expert on the credentialing, but we have people and they tell us it wouldn't be that big of a problem to compile this list. So with that being said, I did want to not...I did want to take the time to just say the more we ask them to do, and then I hear the criticisms constantly of what they're doing, sometimes we need to be cognizant of that. In this particular case, it's not that big a deal, but sooner or later, you keep saying a little more, a little more, a little more, and you have a real problem on your hands. So...but with that being said, I, like I say, I'm against this amendment. I think...I don't think it's necessary. And Senator Nantkes I know is right behind me. I do support it and looking at many of you, I know you support the overall bill as well. So...but that being said, support the bill and oppose this amendment and we'll move on. Thank you, Mr. President. [LB675]

PRESIDENT SHEEHY: Thank you, Senator, Senator Gay. Senator Nantkes, you're recognized. This is your third time. [LB675]

SENATOR NANTKES: Oh, thank you, Mr. President. And, colleagues, thank you for this illuminating discussion today. Just...I didn't get a chance to complete my comments last time I was up and to dovetail on Senator McGill's comments about whether or not this public policy would actually be effective in preventing or reducing the number of abortions in our state. And, you know, I always think it's good to go right to the source and so we don't have to fight over credibility of sources. I'm quoting out of "Defending Life 2007: Proven Strategies for a Pro-Life America" that's provided to all legislators by Americans United for Life. And, for example, if you look at page...and 2007 is the most recent version I have available so if these statistics are wrong, I'd be happy to be corrected in that regard. But if you look at their chapter on informed consent and protecting a so-called woman's right to know in regards to ultrasound and you look at the map and you look at the states that have had ultrasound bills on the book for longer and in a more stringent version than Senator Fulton has presented, for example, you look at Arkansas and Oklahoma. Well, okay, let's look at that. And then if you look at the number of teen birth rates in the United States in January 2009, Arkansas ranks 47th in terms of having the most teen birth rates, and Oklahoma ranks 45th. I'm proud to report Nebraska is towards the top at number 14. So I think that's just additional information that I wanted to make clear for the record in regards to the underlying bill and in regards to the effectiveness issues that Senator Fulton and Senator McGill have been talking about. I think that's important to note. And to be clear, colleagues, I want to give credit to Senator White and Senator Fulton who are trying to work with me to ensure that if we are going to have the state give its stamp of approval to unlicensed, unregulated centers who are holding themselves out as credible counseling or medical centers, that at the very least we hold them to the same standard and ask that a physician or a medical professional be on staff at all times to conduct those kinds of activities. And I think that that's a great step forward. And to be clear, Senator Fulton, in bringing this

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amendment, it is about patient safety, in my opinion, and it's about liability for the state, and it's about logistics with the Department of Health and Human Services, which I was hoping Senator McCoy, as since this was his priority bill, could provide some information on but apparently he hadn't thought through that, and that's what debate is for. So I'm interested to work with him and see how he anticipates that this will actually be carried out as we move forward. But I think, to be clear, colleagues, that it's important that we do have standards and we're not sending vulnerable people to places that independent research has demonstrated over 87 percent of the time are giving inaccurate medical information to those who walk through their doors. That means they're getting it right less than 20 percent of the time in terms of what science says, and I guess that I would be terrified as a parent to know that somebody...my child was going to be seeking information that was overwhelmingly inaccurate from a medical standpoint, and I think that's disturbing. And that's why I think it's important to have this debate and dialogue. And to be clear, I am completely in opposition to LB675 and as amended through the committee amendment. I don't think that's probably a surprise to anybody, but Senator Fulton wanted to make sure that we were clear about that and to be clear. But I think that we have an obligation as senators to make a bad bill better and that is what this amendment seeks to do. It tries to take a hastily, poorly crafted piece of legislation... [LB675]

PRESIDENT SHEEHY: One minute. [LB675]

SENATOR NANTKES: ...and make it more workable in practice and more responsive to sound public policy and legal concerns. That is absolutely part of our senatorial purview and absolutely something that we should all be interested in doing and part of the process. So I think that we'll have plenty of time later on to talk about the merits of LB675 as a whole. But I do think that this is a serious amendment, colleagues, and I am eager to continue to work with Senator Fulton and Senator White to at least provide some parity in terms of the licensure and regulation that's required, not only at public health facilities, family planning clinics, and those who offer comprehensive reproductive health services, but also those who hold themselves out to you and truly don't. That's the concern. It's about safety. It's about medically and scientifically accurate information, and it's about ensuring... [LB675]

PRESIDENT SHEEHY: Time, Senator. [LB675]

SENATOR NANTKES: ...that our citizens have that. That's our job. Thank you, Senate. Thank you, Mr. President. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Nantkes. (Visitors introduced.) Continuing with floor discussion on the amendment to committee amendment, AM1060, members requesting to speak: Senator Dierks, followed by Senator Campbell, Senator Haar, Senator Fulton, Senator Price, and others. Senator Dierks, you're recognized. [LB675]

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SENATOR DIERKS: Thank you, Mr. President. I was thinking about what I told you before and I think that part of the story I didn't tell you with regard to gestation periods. We know the gestation period, the length of time that a female carries their infant until it's born, is roughly nine months in humans and it is roughly nine months in the bovine as well. That is why I think it makes sense to use a comparison of what the ultrasound shows when you look at the picture of this developing baby and whether it's the uterus of a bovine or the uterus of a woman. Gestation periods are funny things. They vary a lot from animal to animal. Actually, the sow's gestation period is three months, three weeks, and three days. The dog's and cat's gestation period is roughly 62 days, a horse is 11 months. The elephant, I think, is a year and 10 months, it's amazing. I pity the poor momma elephant. But my concern really is for that infant. I think it's just such an amazing picture when you watch that ultrasound come up and you see this living being in that mother's womb, in that uterus of that mother, whether it's the mother of a calf or the mother of a human being. It's almost like a miracle that you can see this. And the thought that we would purposely destroy that living being is beyond me. I can't accept that. That's just something that does not comport with my beliefs. And I would urge that the rest of you feel somewhat that same way. I think that the bill that Senator Fulton brought is, of course, a viable piece of legislation, and I understand there's an amendment coming that both sides of the issue are working on that we'll probably be able to support that will take the place of the one that Senator Nantkes has. At this point, I would sure support AM994 and LB675 and urge the rest of you to do the same thing. Thank you, Mr. President. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Dierks. Senator Campbell, you're recognized. [LB675]

SENATOR CAMPBELL: Thank you, Mr. President. I know that at the point when each one of us are called upon to make a decision on this issue and most of us have made that decision whether it was recently and, for me, a great number of years ago, in which my decision was to support the rights of women, when we look at this issue I obviously do not support LB675. But I would like to take a little different step in saying that once I made that decision many, many, many years ago I then decided that I would spend the rest of the time I had working for and advocating for children. As a part of that, I would urge each one of us to think about the ways that we can prevent pregnancies that cause abortions. Do we support good education in our home, in our churches, and in our schools? Are we willing to put good health practices in place for women by supporting a medical home for them, which Senator Gloor has talked about on this floor? Are we willing to put more money and to support public health centers across the state of Nebraska? And are we willing to look at a Medicaid waiver which would bring into this state family planning services for low-income women? If we truly believe, no matter what side of this issue, the importance of good health practices for women and prevention, we need to begin looking at these services. For the rest of my time, Mr.

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President, I would yield to Senator McGill. [LB675]

PRESIDENT SHEEHY: Senator McGill, you're yielded 3 minutes. [LB675]

SENATOR MCGILL: Thank you, Senator Campbell. Well, I did decide to come back to chat a little bit longer about this issue in light of some things that Senator Fulton said. He talked about a woman who came and testified before the committee, saying that she was influenced by seeing the ultrasound. I have not for a second, you know, questioned the fact that seeing an ultrasound may impact a woman's choice to have an abortion or not, but she can already see the ultrasound if she wants to. That's an example of the fact that a woman who is questioning her decision can take a look at it without needing this law. Like he made my point with that example. She had a right to see it. Like the only e-mails that I did receive, two e-mails from women who one it was...both of them were decades ago and they regretted their decision since then, and policies were different 20 years ago and so the problems that existed then and roadblocking them from making a good choice no longer exist today under our current laws. He then argued that folks like me are claiming that this doesn't go far enough. That's not what I'm saying. I'm saying this is the wrong approach. In fact, Senator Nantkes has a bill on family planning that I think is the right approach and there is data to support that family planning works in preventing unplanned pregnancies. So that's an example with data, a bill that was introduced to this Legislature and is an alternative to what Senator Fulton is trying to do and, you know, what...he was making the claim that it's hard to determine if this data exists. But you know, Tony, being an engineer, is always the first person to bring up statistics when they can be proven in his favor and in this case, you know, it's convenient that he can just explain away that those statistics aren't there. It also bothers me that many folks are justifying this bill because it is just more information for a woman, it is just more information, but I would say at least half of you wouldn't support contraceptive education for young women and those are also plans that are shown to work, at least shown to work... [LB675]

PRESIDENT SHEEHY: One minute. [LB675]

SENATOR MCGILL: ...in combination with the self-esteem and future planning building skills that I was talking about in my last speech, to give them the information not just about contraceptives, because I don't really think that that is the heart of it as much as the self-esteem and the goals of the future are a part of whether a woman gets careless with her birth control or not. And I also wonder how many people out here have actually studied unplanned pregnancies and what the contributors...contributing factors are. I've spent a great deal of time looking at this, which is why I believe it's largely a self-esteem issue. Actually, the number of teen pregnancies are going down and it's my generation in the twenties that the unplanned pregnancies are actually going up. But how many people in this body actually knew that piece of information? You know, it bothers me when so many people are arguing so strongly for this bill but, yet, their information level,

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when it comes to unplanned pregnancies or even ultrasounds in general... [LB675]

PRESIDENT SHEEHY: Time, Senator. [LB675]

SENATOR MCGILL: ...is very low. Thank you, Mr. President. [LB675]

PRESIDENT SHEEHY: Thank you, Senator McGill. Thank you, Senator Campbell. Senator Haar, you're recognized. [LB675]

SENATOR HAAR: Mr. President, members of the body, I just want to sort of follow up on what Senator McGill has been saying, that, you know, this...the current bill, LB675, there's a hope it's going to reduce abortions and we all hope that abortion should be rare. What I want to continue to talk about, because I can prove with scientific studies and so on, that prevention does work, and I'm going to talk about two kinds of prevention of unintended pregnancies: education and access to critical reproductive healthcare service. I would first like to talk a little bit about the whole idea that...the statement I made that nearly half of pregnancies among American women are unintended and four in ten of these are terminated by abortion. Here are some statistics: 40 percent of pregnancies among white women, 69 percent among blacks, and 54 percent among Hispanics are unintended pregnancies. At least half of American women will experience an unintended pregnancy by age 45 and, at current rates, about one-third of these will have an abortion. And the other thing is that unintended pregnancies and, therefore, abortions affect all different types of women, but lower income women are even more affected. More statistics: 50 percent of U.S. women obtain abortions are younger than 25; women age 20 through 24 obtain 33 percent of all abortions, and teenagers obtain 17 percent; 37 percent of abortions occur to black women, 34 to non-Hispanic white women, 22 percent to Hispanic women, and 8 percent to women of other races; 43 percent of women obtaining abortions identify themselves as Protestant and 27 percent as Catholic. Women who have never married obtain two-thirds of all abortions and about 60 percent of abortions are obtained by women who have one or more children already. The abortion rate among women living below the federal poverty rate, which is \$9,570 for a single woman with no child, is more than four times that of a woman above 300 percent of the poverty level. The next statistics I want to give you show that consistent use of contraceptives--it goes to my concept now that education and access do have results, you can predict it, it's predictable, it will make a difference--consistent use of contraceptives is critical for reducing unintended pregnancies, which demonstrates the need for education and access. Fifty-four percent of women who have abortions had used a contraceptive method, usually the condom or the pill, during the month they became pregnant. Among these women, 76 percent of pill users and 49 percent of condom users report having used their method inconsistently--education and access. Forty-six percent of women who have abortions had not used a contraceptive method during the month they became pregnant. Of these women, 33 percent had perceived themselves to be at low risk of pregnancy, 32 had

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had concerns about contraceptive, 26 had had unexpected sex, and 1 percent of those had been forced to have sex--again, education and access. About half of unintended pregnancies occur among the 11 percent of women who are at risk for unintended pregnancy but are not using contraceptives, half of all unintended pregnancies by...among the 11 percent of women... [LB675]

PRESIDENT SHEEHY: One minute. [LB675]

SENATOR HAAR: ...who are at risk for unintended pregnancies but not using contraceptives. Eight percent of women who have abortions have never used a method of birth control and the nonuse is greatest among those who are young, poor, black, Hispanic, or less educated. In other words, we're talking about abortion and I'm going back to this fact that nearly half of pregnancies among women are...American women are unintended, and four in ten of these are terminated by abortion. And next I will be talking about how we can use education and access to prevent unintended pregnancies and, therefore, the great share of abortions. Thank you. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Haar. Senator Fulton, you're recognized. [LB675]

SENATOR FULTON: Thank you, Mr. President, members of the body. You may be...I will share with you what...I'm working with Senator Nantkes on an amendment, with the help of Senator White--Senator White has been helpful, too--on an amendment which should assuage the concerns of Senator Nantkes with regard to AM1060. We need to see the language of that amendment and so that's being worked on now. Well, I'll just...it's my interest in moving this bill forward but I would, if there are those who want to continue to have debate, that's fine. Debate is appropriate because this is a very weighty issue. To that end, I'm hopeful that this is not a filibuster. I can read that into the record. If indeed this is a filibuster, then I and others who support this bill will engage in whatever parliamentary procedures we have to engage in, in order to break up that filibuster. I don't think that's what's going on. Senator Nantkes has indicated to me that this is not a filibuster, that it's important to have debate on this important issue, and I agree with that. So to that end, I just...I will share with you that we're working on an amendment which we will share when it gets drafted. That amendment basically is to talk about who would be included on this list requested by the Department of Health and Human Services. I'll leave it to Senator Nantkes as to whether or not she would like to take up a vote on this. But at the very least, I'm willing to work on that. So where I...you may be able to discern in my language that we're in a moment of decision making here on the floor as a body as to how we should proceed forward. I do believe that there is ample support for this bill. I'm thankful for that. But if we need to have a protracted debate on the merits of the bill, so be it, to an extent. Thank you, Mr. President. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Fulton. Members requesting to speak on

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AM1060 to AM994, we have Senator Council, followed by Senator Gloor, Senator Coash, Senator Christensen, Senator Wallman, and others. Senator Council, you're recognized. [LB675]

SENATOR COUNCIL: Thank you very much. Senator Gloor, would you yield to a question? [LB675]

PRESIDENT SHEEHY: Senator Gloor, would you yield to Senator Council? [LB675]

SENATOR GLOOR: Yes, I would. [LB675]

SENATOR COUNCIL: Yes, Senator Gloor, during your comments you gave descriptions regarding ultrasound, their technology, their use. Can you tell me, can I, without a medical license, go out and purchase an ultrasound? [LB675]

SENATOR GLOOR: I believe you can, yes. [LB675]

SENATOR COUNCIL: Okay. So what does it mean when the FDA says that ultrasound equipment is considered a prescription medical device? [LB675]

SENATOR GLOOR: I could not answer that question for you, Senator Council. [LB675]

SENATOR COUNCIL: Okay. Would it be fair to assume that a prescription medical device requires...I mean that a prescription means what it generally means in medical parlance? [LB675]

SENATOR GLOOR: I believe what it means is that in, at least as I would interpret a component of that, would be that if you're going to charge somebody for doing an ultrasound on them, it needs to be a prescription written by a licensed individual, and I don't believe there's any insurer that would reimburse you did you not have some degree of official capacity for providing that service, whether you're a physician, whether you're a licensed hospital or a physician's clinic. But if you wanted to buy that machine and do it on yourself, I don't believe there is any rule or regulation that would deny you that opportunity to do that. [LB675]

SENATOR COUNCIL: But if I wanted to charge someone for performing one, then that's where the issue... [LB675]

SENATOR GLOOR: I believe... [LB675]

SENATOR COUNCIL: ...of whether I'm licensed or credentialed to do that. [LB675]

SENATOR GLOOR: Yeah. I believe then you're getting into a whole host of licensure

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and scope of practice issues, yes. [LB675]

SENATOR COUNCIL: Okay. Thank you very much--which kind of goes to explain some of the language of the bill. The second point I want to make is with regard to the discussion of this piece of legislation at the Judiciary Committee hearing. We need to know that there was absolutely no evidence presented to suggest that abortion providers are not performing ultrasounds at some point during the process. In fact, it is my understanding that in order to perform an abortion, you must conduct an ultrasound. The ultrasound determines the gestation, position, a number of issues. And I don't mean to misstate or misquote my colleague, but I believe Senator Fulton has essentially conceded the fact that ultrasounds are performed by medical providers who perform abortions. So it's not a question of whether the ultrasound is being performed. So then you have to look to see, is there a question regarding the woman's right or ability to view the ultrasound? Here again there was absolutely no evidence presented during the hearing. There was not even an anecdotal instance of a woman being denied the opportunity to view the image on the ultrasound, no evidence of that. And in fact, I've heard no discussion around the suggestion that people are requesting...women are requesting to see the image and being denied or women being discouraged from requesting to see the image. That's not the issue. And indeed, if that's not the issue, then the purpose to be served by this legislation I don't understand. Again, the bill says... [LB675]

PRESIDENT SHEEHY: One minute. [LB675]

SENATOR COUNCIL: ...an ultrasound shall be performed within an hour, at least an hour prior to. So at some point during the process, it's going to occur. And with regard to the amendment itself, I would suggest that we read the section of the bill that says that if the woman requests the abortion provider about information about the displayed ultrasound image, the abortion provider shall answer her questions. And if she requests a detailed, simultaneous medical description of the ultrasound image, one shall be provided that includes the dimensions of the unborn child; the presence of cardiac activity, if present and viewable;... [LB675]

PRESIDENT SHEEHY: Time, Senator. [LB675]

SENATOR COUNCIL: ...and the presence... [LB675]

PRESIDENT SHEEHY: Thank you, Senator Council. Senator Gloor, you're recognized. [LB675]

SENATOR GLOOR: Thank you, Mr. President. I want to make it clear that I have my beliefs. I am pro-life because of choices I have made. I do not have any specific religious beliefs or theology that can give me comfort or guilt as relates to this issue. I

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have come to my own conclusion and I will tell you that I was, in my younger years, more pro-choice. But as I, in my career, faced a lot of life and death issues, developed what I consider to be an ethical palate that made me very, very strongly pro-life. So I have thought and analyzed myself about this issue over the years to arrive at where I'm at. When I am faced with some of these decisions, I also go back to what I'm comfortable with. And I have to tell you that, as relates to this specific bill, there was the hospital administrator in me that had...that said, extra ultrasounds are going to be extra expense and gobble up extra resources; we're going to have to train people to get involved in doing some of these procedures and I'm not so sure that this is going to make a difference, and then realized that what we are talking about here is a standard of care. I was reminded of that when I was at a physician's office earlier this week and the first thing they did when they came in the office was flip open a laptop and show diagnostic images to me. And I thought, in fact, that happens just about every time you go into a physician's office and you have tests, whether they're x-rays, images, or whether they're lab tests. The physician sits down with you and says, here's what your knee looks like, or here's what the lab results look like. You have a compression fracture on your family member and the physician from the emergency room shares the x-rays of their skull so you can see the compression fracture. You have an ultrasound of your abdomen and there is a tumor growing on a uterus and you see that and the doctor talks to you about that. But when that growth in the uterus is a fetus, we don't do that. This is the exception to the rule. It's the 800-pound gorilla. We're going to do an abortion. There is a growth in your uterus. It happens to be a fetus. We're not going to show you that particular image. We'll show you your knee, we'll show you your head, we'll show you your pancreas, but we're not going to show your uterus with a fetus in it, and that is an exception to the rule. The standard of care is that we show patients what it is we're going to be doing, we tell them what we're going to be doing, we show them x-rays, we show them lab tests so they understand it, and we do that in every other area of healthcare that I can think of except when it comes to doing an abortion, and this bill would correct that. Whether it reduces the number of abortions or not obviously seems to be a question out there, but it's certainly the standard of care that we expect for everything else that we do to the human body and it seems appropriate to me that we use that same standard of care. In fact, I think we have an ethical obligation to use that same standard of care when it comes to this important issue. Thank you. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Gloor. Senator Coash, you're recognized. [LB675]

SENATOR COASH: Thank you, Mr. President. I would yield the balance of my time to Senator Fulton. [LB675]

PRESIDENT SHEEHY: Senator Fulton, you're yielded 4:50. [LB675]

SENATOR FULTON: Thank you, Mr. President. Thank you, Senator Coash. I think it

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was Senator Council who brought up that there was no evidence presented that these ultrasounds are not made available to the mothers. When that was brought up, a copy of a case that was in the District Court of Lancaster County was brought to my attention and I'm going to read part of that case. This actually occurred in my legislative district. There is an abortion facility in my legislative district in which a young mother went to receive an abortion and her uterus was perforated. She almost bled to death, and there was a lawsuit that was filed against Planned Parenthood following. This is being read from a brief in that lawsuit: Plaintiff, accompanied by a friend, went to the center at 9:00 a.m. on August 17, 2007. The plaintiff first completed some paperwork and then met with a counselor, who told her that later she would be summoned to a room for the abortion procedure. It was explained to plaintiff that when the abortion was about to be performed, she would be given a shot to deaden her cervix and that she would then hear some suctioning from a machine. Later, plaintiff was taken to a room with an ultrasound machine. An ultrasound of plaintiff's abdomen was performed but the Planned Parenthood attendant had trouble visualizing the area. Defendant Severson was summoned to the room to look at the ultrasound and plaintiff overheard Severson say to the attendant that plaintiff had a tilted uterus. Plaintiff was not offered the opportunity to look at the ultrasound. I'll repeat that: Plaintiff was not offered the opportunity to look at the ultrasound. Ergo, LB675. Had LB675 existed prior to this date in 2007, plaintiff would have been offered the opportunity to look at the ultrasound. I still stand opposed to AM1060, though I am working on a compromise amendment with Senator White and Senator Nantkes. You've heard that. I have...I understand there will be other amendments that will be filed and we can take those up as they come. But when points are brought up, I'll try to bring the counterpoints. Indeed, here is a specific case in which a horrific outcome occurred in which the ultrasound was not made available to the person requesting an abortion. LB675 is needed, it is necessary, it's good policy because it follows informed consent. With the strictures that have been put in place from previous Supreme Court rulings, it is made available to the mother. She is not forced to look. We would not put an undue burden on a mother in that way. So this is a good bill and I hope we'll continue to support it. I'd like to yield the remainder of my time, if I could, to Senator Carlson, if he could take it. [LB675]

PRESIDENT SHEEHY: No, Senator Fulton, this was not your time. [LB675]

SENATOR FULTON: Okay. [LB675]

PRESIDENT SHEEHY: You cannot... [LB675]

SENATOR FULTON: In that case, thank you, Mr. President. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Fulton. Senator Christensen, you're recognized. [LB675]

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SENATOR CHRISTENSEN: Thank you, Mr. President. First, I want to say on this bill, this is an informed consent bill. It's not to provide information. Second, the abortion clinics are not required to report those statistics so there is very little empirical evidence to show the effects of this bill until they are required. But there is some evidence and...but even with this...even if this would only save but one life from destruction, this is enough, for how can we know who that child will grow up to be? What will that child accomplish? Requiring evidence of effectiveness of the bill is a smoke screen. You know, I was going to read some of the same stuff that Senator Fulton just did about the court case, CI07, and you know, I'm going to hit on a little bit more, again, the plaintiff was not offered the opportunity to see the ultrasound, very clear in court of law. Then it goes on, it talks about she felt an injection in her cervix, the shot of pain. She cried out. She told the attendants of the painful nature of the injection. Shortly thereafter, plaintiff heard a suction sound and felt pressure in her uterus. Plaintiff immediately complained of excruciating pain and told the defendants, and defendant Severson, the doctor, that something was terribly wrong, to stop the procedure. Defendants refused. And, you know, we can go on through here, I don't know what time this originally...oh, yeah, at 3:40 the plaintiff's friends backed into the recovery area; at 4:10 there's still problems; at 4:38 they finally call Lincoln Fire and Rescue. They arrive at 4:42. And you go on through this case and I just want to mention what happened. We keep talking on this bill how this is for the protection of the mother and how it is registering so it is for the health of the mother and that they're well taken care of and we're concerned about the mother having the abortion or the woman having the abortion. Here's the neglect that the court found. In failing to properly perform the abortion procedure, inflicting multiple perforations and wounds to the uterus and surrounding tissue; (b) in failing to provide the plaintiff with proper pain control during the procedure. How simple a thing is that to do? This is not caring for the woman at all. Failure to stop the plaintiff's request...to stop when the plaintiff requested them to stop due to the extensive pain she was experiencing; (d) in holding the plaintiff down against her will; (e) in failure to recognize the signs of the uterine perforation, hemorrhaging, hemorrhagic shock, hypertension, and physical distress in the plaintiff; (f) in failing to properly monitor the condition of the plaintiff; (g) in failing to provide the plaintiff with timely medical care and treatment after the procedure; and (h) in failing to call emergency medical help for the plaintiff in a timely fashion. This is what the court found... [LB675]

PRESIDENT SHEEHY: One minute. [LB675]

SENATOR CHRISTENSEN: ...as neglect. If we're going to talk about taking care of the woman, then maybe we need to evaluate what Planned Parenthood is doing in these abortions. You know, it's right here in the court case. They weren't allowed to see it. I've been told by a lady herself that the screen was covered and she couldn't see it. So that's why this bill is coming and if we really care about the woman, then let's really dive into this issue and work on it, court case CI07. Thank you. [LB675]

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PRESIDENT SHEEHY: Thank you, Senator Christensen. Senator Wallman, you're recognized. [LB675]

SENATOR WALLMAN: Thank you, Mr. President, members of the body. This is an emotional issue. LB675 with AM994 I think is a good bill. Some people say it doesn't go far enough. Planned Parenthood uses some of the cities' money probably. I don't know. I think we have to blame some of it on us, the men. We should take responsibility also. Most of these doctors who perform abortions are men, Senator Gloor. And I can't give you the figures, but so are they concerned about this bill? I don't know. But is this feel-good legislation? It should be, if we help women out in any way at all. Is this a small step or a giant step or a step backwards? I think we, as men, should think it's a step forward for us. But I appreciate what the women are saying, Senator McGill, Senator Nantkes, Senator Council, and they're doing a good job and really it affects their gender. So I would yield the rest of my time to Senator Council. [LB675]

PRESIDENT SHEEHY: Senator Council, you're yielded 3:55. [LB675]

SENATOR COUNCIL: Yes, thank you very much, Mr. President. Thank you, Senator Wallman, because I really need to address the issue that was just presented by Senators Christensen and Fulton. And I have no doubt that the transcript of today's debate will bear this to be true. My statement was, and I repeat, there was absolutely no evidence presented during the hearing before the Judiciary Committee that abortion service providers are refusing the patient's request to view the image. The case that Senator Christensen just cited, Senator Christensen sat through the hearing before the Judiciary Committee and never read the case, never referenced the case, so the statement I made is true. Senator Fulton, during any testimony on it, didn't state the case and this is the first time the case has been at least presented to either the Judiciary Committee or this body. So the statement I made was true. That case was not recited or related and there was no testimony presented that abortion providers were refusing to allow patients to see the ultrasound. Now the case that was cited was the question of offering and whether or not that patient was offered the opportunity to see the ultrasound. And I hear what the court found. I take no issue with that. But again, my statement was there was no evidence that some patient who was having an abortion performed, requested to see the ultrasound image and was denied. And in this bill there is no reference, there's no requirement--because, quite frankly, that would be an absolute intrusion on the patient-doctor relationship for this Legislature to require it--the bill says provide them with an opportunity to view. So again, I maintain that there was no evidentiary basis for the language that is in this piece of legislation other than...and it wasn't offered then, now the point of offering now, yes, that's been presented. It wasn't presented during the hearing and I stand on that. And the point that's being made here with regard to the amendment, I don't know what the terms of the amendment are that are being addressed... [LB675]

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PRESIDENT SHEEHY: One minute. [LB675]

SENATOR COUNCIL: ...but before my time ended last time, I was reading the requirement that's placed upon the abortion provider with regard to questions asked about the ultrasound. Yet we don't apparently expect one of these clinics who provide this service to be held to that same standard. And it specifically says a medical description of the ultrasound image. Presumably, that would need to be provided by someone who is licensed or credentialed to provide that kind of information. The dimensions, the presence of cardiac activity and the presence of external members and internal organs, that's a medical description. Yet there's an objection to requiring that the person who's going to perform that, if it's not the abortion provider, doesn't have to have some credentialing that places them at the same... [LB675]

PRESIDENT SHEEHY: Time, Senator. [LB675]

SENATOR COUNCIL: ...standard as the abortion provider. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Council. Mr. Clerk, do you have items for the record? [LB675]

CLERK: I have a few, Mr. President. Thank you. Enrollment and Review reports LB358, LB503, LB671 as correctly engrossed. I have a Reference report regarding certain gubernatorial appointees; hearing notice from the Agriculture Committee; and an appointment letter from the Governor, Mr. President, to the Nebraska Accountability and Disclosure Commission. That's all that I have. Thank you. (Legislative Journal pages 1494-1495.) [LB358 LB503 LB671]

PRESIDENT SHEEHY: Thank you, Mr. Clerk. Continuing with floor discussion on amendment to committee amendment, AM1060 to AM994. Members requesting to speak: Senator White, followed by Senator McCoy, Senator Carlson, Senator McGill, Senator Haar, and others. Senator White, you're recognized. Senator White. [LB675]

SENATOR WHITE: Thank you, Mr. President. And I want to thank a lot of people in the body, particularly the courtesy of Senator Nantkes, Senator Fulton, Senator McCoy, and Senator Council. Let me describe, first of all, to get on an emotional issue like this that involves a deeply personal decision for any agreement for people who are committed to one or the other side of this issue, it's extraordinary. And I think we have some people of great good faith that see one basic problem. They do not want women and their fetus to go into a situation thinking they are seeing a qualified medical person while they're not. That becomes particularly acute if the state provides a list of services where free ultrasounds will be provided. A lot of people are not very sophisticated about what is their medical care or not, and they see a piece of medical equipment and they assume somebody behind it is trained to properly use it and interpret it. And what seems to be

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coming out of this is that if an RN who uniformly now staff the emergency pregnancy centers or a person under a physician's supervision, which is how Planned Parenthood operates, technicians being supervised by a physician, that one of those two kinds of folks must, must administer the ultrasound in order for the center of either one to get on the list. In other words, we will reduce substantially the risk of a woman coming in, thinking she's seeing a qualified medical professional, and not getting at least a qualified person administering and then a responsible medical profession examining or looking or talking to her. And I want to thank everybody for that and I am encouraged that there really is a commitment to women's health on both sides, at least on that issue, and I appreciate it. So I'd yield the rest of my time to Senator Nantkes. [LB675]

PRESIDENT SHEEHY: Senator Nantkes, you're yielded 2:40. [LB675]

SENATOR NANTKES: Thank you, Mr. President. And thank you, Senator White. Senator White is exactly right, colleagues. I think we, throughout the course of debate this morning, which is exactly what debate and this process is supposed to be for, we've been able to try and talk about common ground and common-sense solutions in making this a better bill, and I think we're very close in principle to getting an agreement in regards to these issues so that we can be protective of women's health and we can ensure the same basic level of parity for full-service reproductive health clinics and what's happening in so-called crisis pregnancy centers. But I wanted to go back again to the record, colleagues. This is from the committee hearing on this bill and this is from Deborah Tenopir, who is a registered nurse and who works at the Lincoln Crisis Pregnancy Center. And she goes on in her testimony to talk about how at crisis pregnancy centers, for example, they don't even offer an ultrasound to everyone who comes into their door seeking such. So I think that, again, we have to be really clear about what we're talking about. This bill does not ensure that every woman who wants to secure an ultrasound is even going to have that option. It may encourage more women to have that option available. But this is from proponents of this bill who said, at Lincoln Crisis Pregnancy Center, they don't necessarily offer an ultrasound for everyone because, she goes on later on page 15 to say, you can't... [LB675]

PRESIDENT SHEEHY: One minute. [LB675]

SENATOR NANTKES: ...diagnose anything from these at this clinic. And as a registered nurse, I think that she's probably accurate in that regard, and there's the danger, colleagues. And I really wish that people could focus on women's health and they could focus on consumer safety, and I think we are moving that direction in principle. But I think that after having an evacuation, which is kind of special circumstances and took some of our time for important reasons this morning, this is a serious policy debate and I think it's great if we're going to talk about women's health and building strong families today or into the future. That's a positive thing to have an honest dialogue about. And so to rush forward and say, well, we're just going to, you

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know, call the question, of course, that's an individual senator's right to do that and, if they think that's the best thing to do, that's fine. But we've really been on this for less than about two hours at this point in time and I don't think that's asking a lot. [LB675]

PRESIDENT SHEEHY: Time, Senator. [LB675]

SENATOR NANTKES: Thank you, Mr. President. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Nantkes. Thank you, Senator White. Senator Carlson, you're recognized. [LB675]

SENATOR CARLSON: Mr. President and members of the Legislature, I want to refer to something Senator McGill said earlier, and it's difficult to get up and speak quickly because so many people are on the queue to speak, but she said that LB675 is a feel-good bill that does nothing. And she also indicated she doesn't see the problem. Well, I think there is a problem. There's a big problem. The Nebraska Department of Health and Human Services has reported abortions in Nebraska and, of what I'm looking at here, in the last 21 years reported from 1987 through 2007, 21 years, during that 21 years three criminals were executed in the state of Nebraska on death row. These people are the worst of the worst. They deserve to die. They probably didn't deserve to live. Three people, 21 years. According to HHS statistics during that same 21 years there were 99,698 abortions in the state of Nebraska. We've killed 99,698 babies in the last 21 years. Now that trend has gone down. In the last five years, from 2003 to 2007, the recorded years, the number of abortions decreased from 3,990 in 2003 and gone down every year to 2,481 in 2007. There's a trend down. That's good. What's the problem? There's still 16,155 babies killed in Nebraska over that period of time. That's 16,155 babies too many. Women deserve, as Senator Gloor testified so well, a high standard of care. Babies deserve life. Thank you, Mr. President. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Carlson. Members requesting to speak on AM1060 to AM994: Senator McGill, followed by Senator Haar, Senator Council, and Senator Sullivan. Senator McGill, this is your third time. [LB675]

SENATOR MCGILL: Mr. President, members of the body, I am flat-out offended that Senator Carlson just insinuated that I don't have a problem with abortion. What I was saying was that right now, under the current laws, women who want to see the ultrasounds have the...can say, I want to see the ultrasound image. I am offended that he claimed that, that I don't care at all about the number of abortions in this state. But who in here would deny that the best way to stop abortions is to stop unplanned pregnancies from happening in the first place? I'd love to see a show of hands on who thinks that that isn't the best way to stop abortions. And yet, I haven't heard any of you ask us for any more information about what are the circumstances that lead to women getting pregnant, what are the ages. No one has questioned or asked any follow-up

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questions of Senator Haar, who's been trying to give us very valuable information about the circumstances women are in when they're getting pregnant. And that's not to say I value the women's lives more than these children, these future children. It's saying I'm trying to figure out how to stop the problem from the git-go. I am so livid right now. We all care about life. I know women who have made the decisions on both sides of these and I want to raise strong and confident women who either are careful enough not to get pregnant or who make the right decision and have the children, like several of my family members have. And I'm glad they had those children, but I am also not going to lay judge on some of the people I know who have made very, very difficult decisions based on their health and other horrible circumstances in their lives. That is for God to determine, as far as I'm concerned. So please don't take my words out of context. That's the exact sort of politicizing of this issue that I was talking about in my first speech. Thank you, Mr. President. [LB675]

PRESIDENT SHEEHY: Thank you, Senator McGill. Senator Haar, you're recognized. This is your third time. [LB675]

SENATOR HAAR: Mr. President, members of the body, I'm not filibustering. I want Senator Fulton to know that. But I really want to talk about things that can prevent thousands of abortions, and that's prevention. None of us like abortion. Abortion should be rare. My friend Senator Wallman, I think, implied, because he used my name, that somehow talking as a man wasn't fair about this. Well, to be very clear, this issue is gender-neutral. It's not just for women. According to my statistics, 5 percent of those who have abortions had been forced to have sex by a man. This is not gender-neutral. Some of those, I'm sure, were their husbands. So I want to continue to talk about prevention because prevention, as we said, nearly half of pregnancies among American women are unintended and four in ten of these are terminated by abortion. I want to talk about prevention of unintended pregnancies. So I'm going to go on to talk about two things--education and access to critical reproductive healthcare services. And by the way, when we talk about unintended pregnancies, there's another health issue involved and that's STDs, sexually transmitted diseases, which is another issue that goes hand in glove with talking about preventing pregnancies...about preventing unintended pregnancies. I would like to start by talking about what doesn't work and then what does work, and just to say briefly before I get into it in detail, what does work is medically accurate, age-appropriate education, and I'll go into much more detail to define what's meant by that. First of all, I'd like to talk about what doesn't work. What doesn't work is abstinence-only until marriage programs. Abstinence-only until marriage programs have been pushed by the federal government since 1981. Since 1987, \$1.5 billion has been spent in abstinence-only until marriage, and there are three funding streams for this. One is called the Adolescent Family Life Act, the other is called Title V, and the other is Community-Based abstinence education. Now there's been an exhaustive study of...I'm sorry. Let me rephrase that. There's been a study of some of these programs and I'd like to talk in particular about a common trend that's called virginity pledges, and a study

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was done of these that's been published in the American Journal of Sociology and the Journal of Adolescent Health, and here are the key points. When young people have sex without receiving comprehensive education, and I would stress comprehensive education is one of the keys to preventing unintended pregnancies, it tends to be unsafe sex that results. For example, with virginity pledges, research on virginity pledges found that for a select group of young people, pledges did delay the onset of sexual intercourse for an average of 18 months. However, the same study found that young people who took a pledge of virginity were one-third less likely to use contraception when they did become sexually active. They had one-third...they were... [LB675]

PRESIDENT SHEEHY: One minute. [LB675]

SENATOR HAAR: Thank you. They were one-third less likely to use contraceptives when they did become sexually active than their peers who had not pledged. In other words, pledging can create harm by undermining contraceptive use when young people who take them become sexually active. The second thing they found is that pledgers have the same rate of STDs as their peers. In fact, not only were pledgers less likely to use condoms to prevent STDs; they were less likely to seek medical testing and treatment, thereby increasing the possibility of transmission. Abstinence-only programs...another point about abstinence-only programs is that they often make false statements about reproductive health, as well as promote gender stereotypes as facts, use fear and shame to motivate, and discourage condom use. And when I next get up to speak, I would like to talk about this. [LB675]

PRESIDENT SHEEHY: Time, Senator. [LB675]

SENATOR HAAR: Thank you. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Haar. Senator Council, you're recognized. [LB675]

SENATOR COUNCIL: Thank you, Mr. President. I just want to take this opportunity to thank Senator McGill for getting angry. We needed you to get angry because it is painful to engage in this debate, because if you stand in the defense of the right of a woman to choose, you're automatically labeled as being against life and that's not the case. I would...it would be my hope that there would never be an abortion performed in this country. I agree with you that the only way that is ever going to happen is if we address and eliminate unplanned pregnancies. Because as long as there's unplanned pregnancies, there will be women who are in positions where they see no other way out but to pursue a route that I would never take, pursue a route that I would never encourage one of my family members to take. But I, like you, Senator McGill, have had girlfriends who have had to make that horrible, horrible choice. And for some of the men who have discussed this issue, you give the impression that you think it's an easy

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choice, that women make these decisions blithely. They don't. They do not. And even those who don't come decades later and tell you how it's weighed on them, it continues and always weighs on them. So this isn't an easy issue. And we...it's not pitting the rights of the unborn child against the rights of the women, but I can tell you, if you listen to the debate, more often than not you're willing to dismiss the rights of the woman--I'm not talking elevate; dismiss the rights of the woman. And I know we're on Senator Nantkes' amendment, and Senator Nantkes, I respect the lengths to which you're willing to go to try to improve this bill, but this bill can't be improved. You know, and I will discuss it further, but just to start because I know I'm going to run out time, on page 3 of the bill we have a new section that says the woman has to be informed--"That she cannot be forced or required by anyone to have an abortion." No one disagrees with that. But it goes on to say, "...and is free to withhold or withdraw her consent for an abortion without affecting her right to future care or treatment and without the loss of any state or federal benefits to which she might otherwise be entitled." By having this in it, there's a suggestion that that's what women are being told; that women are being told you can't withdraw...you can't change your mind; you better go forward with this abortion because if you don't you'll lose some federal or state benefits that you're entitled to. Ladies and gentlemen, be assured, if there's any woman who that is the controlling factor in her decision, fears associated with whether or not she can raise her child properly, it's not the abortion providers that are instilling that fear; it's bodies like this who don't make sure that we're providing all children with proper medical care, who don't make sure that all children are being fed properly. We're not willing to make that kind of investment in children. That's where that fear comes from. And again, there was no testimony during the hearing... [LB675]

PRESIDENT SHEEHY: One minute. [LB675]

SENATOR COUNCIL: ...that there are abortion providers who are out there or, for that matter, family planning clinics who are out there saying you better not have that child because there will be no benefits for you. But read the next provision of this section. This is in the informed consent section, and it says that the person who provides this information must have training. Who gives training to a nurse on Medicare provisions? Who gives training to a doctor on ADC eligibility? Who gives training to a doctor on WIC? We're imposing a duty on people to be trained to give information that they have absolutely no training in and, quite frankly, would have no reason to have any training in. If you looked at the informed consent provisions as it currently stands,... [LB675]

PRESIDENT SHEEHY: Time, Senator. [LB675]

SENATOR COUNCIL: ...it's medical informed consent and that's what it ought to be. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Council. Senator Sullivan, you're

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recognized. [LB675]

SENATOR SULLIVAN: Thank you, Mr. President and members of the body. This certainly isn't a lovefest today, but it is, I think, one of the reasons that I will come to love this Legislature, because this has been a remarkable discussion and it's what we're all about, is, as Senator Nantkes has said, that the debate is constructive, informational, and needed, and I certainly have appreciated the discussion that we've had. I've learned a lot and it's helped me a lot, because as so many people have mentioned, this is a very emotional issue and I've often prided myself in trying very hard to listen to both sides and I continue to in this discussion. But this is also, to a certain extent, a very personal decision and situation for me. I reflect about three years ago when our oldest daughter called us from California to inform us that she was pregnant, a single woman, old enough in that category that Senator McGill mentioned earlier--almost 30. And the dialogue that ensued over several weeks was certainly quite emotional. And in the process that our daughter followed, she was there, all alone, without what in my first estimation was not very much of a support system. She went to doctors in L.A. who remarkably gave her support. They gave her information. They gave her options. And they gave her an ultrasound. So when Senator Gloor said that that wasn't one of the normal things that happens with a pregnant woman here in the state, maybe that should give us pause to think about that. That ultrasound sits on the counter in her apartment today every time I go visit her and our grandson. I suspect that probably did make a difference in her decision. But in addition to that, was all the support, all the education, I'd like to think some of her upbringing also, that led her to making the decision that she made ultimately. So I think when we talk about this one particular situation we can never lose sight of, in this imperfect world that we have, how important it is to provide the information, to provide the education, and the support from families, from communities, from the medical community, from educational institutions, all across the board so the young women can make informed decisions before they get pregnant, when they are pregnant, and making those decisions along the way. I've appreciated this discussion. I thank Senator Nantkes for apparently working...again, this is the remarkable thing about this institution--the compromise and the discussion that takes place on the floor. I will continue to listen attentively, quite frankly emotionally, and thank the body for this discussion. Thank you. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Sullivan. Seeing no additional requests to speak, Senator Nantkes, you're recognized to close. [LB675]

SENATOR NANTKES: Thank you, Mr. President. Thank you, colleagues. And Mr. President, just as a point of information, how long do I have in a closing? [LB675]

PRESIDENT SHEEHY: Five minutes. [LB675]

SENATOR NANTKES: Five minutes. Okay, thank you. I just wanted to make sure that

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was clear. As many senators have noted, we've all received frequent communications about this issue over the course of this session since its introduction up to the present day. And I think that most of those are, if not all of those, are heartfelt and sincere in expressing our constituent's opinion in regards to this issue. And I ask, colleagues, that you look at this amendment with a serious and discerning eye, and I think we've had a great dialogue about it this morning and I do plan to move forward with a vote on it. If the amendment fails, we'll continue to work with Senator Fulton. If the amendment passes I'll continue to work, Senator Fulton, to try and get a more level playing field in terms of regulation and licensure during the Select File component of this debate. But I want to be clear, and this is an e-mail that I received from Greg Schleppebach with the Nebraska Catholic Conference, I believe yesterday, Wednesday, May 13. It says this bill is not about whether abortion should be legal or not. It is about ensuring that women have full access to critical and relevant information. I couldn't agree more and that is the intent behind this amendment. It's to ensure that the state is not subsidizing or promoting referrals to clinics that are unlicensed and unregulated that hold themselves out to provide medical services and counseling yet do not have authorized counselors or registered nurses or doctors or otherwise on staff, by law. They may occasionally have some volunteers that do, in fact, have medical credentials but that's not part of the licensure or requirements that they're asked to operate under. And so in knowing what we know, anecdotally and through actual empirical evidence, it's important that if the state is going to provide referrals to these types of services, that we can ensure there's some level of regulation, that we can ensure that we care as much about vulnerable women's lives and health as we do about nail salons and tattoo parlors, because those have this same kind of level of regulation and licensure to protect our citizens from harmful effects. And it's not saying, colleagues, to be clear, everybody who's out there who's running a crisis pregnancy resource center has to be licensed. It's saying in this amendment, if they're going to be promoted by the state Department of Health and Human Services, then they need to have an equal amount of licensure available. That's quite simple. It's not imposing a burden on the private nonprofit world or religious organizations or antichoice organizations that run these clinics. Not at all. They're free to operate. In fact, I think that...I understand some provide baby clothes and otherwise and have a valid place within society to promote that their religious viewpoint and otherwise, and I think that's great. This bill doesn't stop that good work or promoting their mission. This amendment simply says if the state is going to put its stamp of approval on the services you're offering in your clinic, then they at least should be on the same level as the licensure and regulation that's going on in our full service reproductive health clinics. It's saying that we want to ensure parity, equality, patient's health, women's health, healthy families, and a basic level of just logistical support for the Department of Health and Human Services to know who to put on the list, how to update the list, how to distribute the list, which is not clear in LB675 or the committee amendment. [LB675]

PRESIDENT SHEEHY: One minute. [LB675]

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SENATOR NANTKES: I asked Senator McCoy, this is his priority bill, how he envisioned the process. He has no idea. So hopefully this will help to give the Department of Health and Human Services at least a framework for how to carry out the duties that Senator McCoy and Senator Fulton are asking them to carry out. So besides the public policy, besides the legal concerns, this is also about logistical concerns. This is about implementation. This is about thinking through what our decisions mean in terms of how they play out on the front line, whether it's at the department crisis pregnancy centers or reproductive health clinics. And that's part of the process. I thank you for your time and your consideration. I ask you to push green on this amendment in support of women's health. Thank you. [LB675]

PRESIDENT SHEEHY: Thank you. [LB675]

SENATOR NANTKES: I'd also like a call of the house, please. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Nantkes. You have heard the closing of the amendment to committee amendment AM1060. There has been a request for a call of the house. The question before the body is, shall the house be placed under call? All those in favor vote yea; opposed, nay. Please record, Mr. Clerk. [LB675]

CLERK: 33 ayes, 0 nays to place the house under call, Mr. President. [LB675]

PRESIDENT SHEEHY: The house is placed under call. All unexcused senators please report to the legislative Chamber. All unauthorized personnel please step from the floor. Senators, please record your presence. Senator Avery, Senator Langemeier, the house is under call. Senator Dierks, the house is under call. Senator Nantkes, once all members are present how would you like to proceed? [LB675]

SENATOR NANTKES: Mr. President, I'd like to request a roll call vote in regular order, please. [LB675]

PRESIDENT SHEEHY: Thank you, Senator Nantkes. Senator Dierks, the house is under call. All members are present or accounted for. The question before the body is on the adoption of the amendment to committee amendment AM1060 to AM994. Mr. Clerk, there's been a request for a roll call. [LB675]

CLERK: (Roll call vote taken, Legislative Journal page 1495.) 10 ayes, 27 nays, Mr. President, on the amendment. [LB675]

PRESIDENT SHEEHY: AM1060 is not adopted. The call is raised. Mr. Speaker, Speaker Flood for an announcement. [LB675]

SPEAKER FLOOD: Thank you, Mr. President. Good afternoon, members. It's my

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intention today to adjourn at 3:00 this afternoon. I would ask you to pay close attention toward that time as I intend to make an announcement that might remodel Monday and Tuesday's agendas. Thank you, Mr. President.

PRESIDENT SHEEHY: Thank you, Speaker Flood. Mr. Clerk, you have an amendment to committee amendment on your desk. [LB675]

CLERK: Senator Haar would move to amend with AM1421. (Legislative Journal page 1496.) [LB675]

PRESIDENT SHEEHY: Senator Haar, you are recognized to open on AM1421. [LB675]

SENATOR HAAR: Mr. President, members of the body, how much time do I have on opening? [LB675]

PRESIDENT SHEEHY: Ten minutes. [LB675]

SENATOR HAAR: Ten minutes. The purpose of this amendment is simply to give time to talk about prevention, and I will withdraw the amendment eventually. I came before the body today to talk about how to save...to prevent thousands of abortions and that's through preventing unintended pregnancies because nearly half of all pregnancies among American women are unintended and four in ten of those are terminated by abortion. I want to talk about how we can prevent unintended pregnancies, and there's really two ways and I'm going to be talking about these: education and access to proper reproductive healthcare services. The first thing I started talking about was education that does not work, and I was talking about abstinence only until marriage programs. We talked about a study that showed that young people who took a pledge of virginity were one third less likely to use contraception when they did become sexually active than their peers who did not. Yet pledges had the same rate of STDs, sexually transmitted diseases, as their peers. The next point I'd like to bring up is that abstinence only programs often make false statements about reproductive health as well as promote gender stereotypes as facts, use fear and shame to motivate and discourage condom use. I would like to tell you some of the things that the abstinence only textbooks say. Here's one: AIDS can be transmitted by skin-to-skin contact. This is from a book called Reasonable Reasons to Wait, the teacher's guide, unit 5, page 19. In truth, in medically accurate truth, HIV, the virus that causes AIDS, can be transmitted only through direct exchange of bodily fluids such as blood, semen, vaginal secretions, or breast milk. Here's another from another abstinence only manual. It says, "That means the virus may be in your body a long time, from a few months to as long as ten years before it can be detected, either by a test or by physical symptoms." Obviously, the purpose is fear. This comes from a book called Sex Respect student handbook, page 60. In truth, medical truth, 97 percent of HIV cases are detectable by a test within three months of infection. The CDC, the Centers for Disease Control, of the United

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States government hot line confirms that HIV cannot live in one's body undetectable for ten years or longer. Here's another one. "At the least, the chances of getting pregnant with a condom are one out of six." This comes from a book called Me, My World, My Future revised HIV material, page 256. In medical truth, when used consistently and correctly, condoms are 98 percent effective in preventing pregnancy. And by the way, they're also quite effective in preventing STDs, sexually transmitted diseases. Here's another quote. "One thing that sex education and the media fail to communicate is the power of sex. Spies who are trained not to give away government secrets even lose their sensibilities and give in to the power of sex, often because of what a woman is wearing." This comes from a manual called WAIT Training workshop manual, page 86. And I had a mother who told me that her daughter had been in a class for abstinence only education who took a piece of Scotch tape and she put it on her hand and she peeled it off and she put it on her hand and did this a number of times until the Scotch tape didn't stick and then she said, sex is like that Scotch tape. If you use it too much, it won't work well anymore. What doesn't work to prevent unintended pregnancies is abstinence only education. Yet the government has spent \$1.5 billion on this since 1997. I want to talk about what does work to prevent unintended pregnancies and thereby half of all the abortions. What does work is medically accurate and age-appropriate sexuality education. And I want to start this by talking...by using an editorial that appeared in the Lincoln Journal Star Tuesday, March 18, 2008. It's called "Pragmatism Needed to Combat Teen STDs." The main point of this is STDs, but it talks about a study on teen pregnancies. And I'm going to quote: The most controversial policy change that is needed is for the federal government to start promoting an abstinence plus sex education program. Abstinence only programs aren't working. The teen birth rose in 2006 after 14 years of decline. The CDC, the Centers for Disease Control, of the United States Government, also reported last year that after years of decline teen sexuality activity hit a plateau. Going on: An evaluation of 48 programs in a study commissioned by the National Campaign to Prevent Teen and Unplanned Pregnancy showed that the most effective abstinence...the most effective programs emphasized abstinence as the safest approach and also encouraged condom and contraceptive use for those who are sexually active. According to the study author, Doug Kirby, the abstinence plus or comprehensive programs do not increase sexual behavior and often resulted in a delay in sexual initiation. Kirby reported programs that were most successful, "tended to talk explicitly about sex and contraceptive use, identified specific situations that might lead to unwanted sex or sex without contraception, discussed how to avoid or get out of these situations, and practice saying no to sex or insisting on contraceptive use." In Nebraska in recent years, and this is still from the editorial, state officials seem to have become afraid of the word sex, ordering it stricken from several publications. Trying to hide from problems and controversy will only hurt in the long run. State officials need to confront these dangerous trends with pragmatic programs that have been shown to be the most effective. In other words, there is a way to prevent unintended pregnancies, and that's with medically accurate and age-appropriate sexuality education. And I'd like to quote a friend of mine, Senator

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Tom White, and he said this last year, he said it again this morning, Tom White said: I am pro life. If you're seriously opposed to abortion, the most dangerous thing you can do is promote ignorance. What will abate unintended pregnancies and therefore thousands of abortions is medically accurate and age-appropriate sexuality education. I would like to go on. The National Campaign to Prevent Teen and Unplanned Pregnancies commissioned a study released in 2007. I have a copy of that. It's called "Emerging Answers 2007 Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases." It's authored by Douglas Kirby, Ph.D., who is a senior research scientist at a nonprofit corporation designed and dedicated to improve the well-being of individuals, families, and communities through education, training, and research. He has conducted studies of adolescent sexual behavior for 30 years, and here are some of the conclusions of that study. This is the way to prevent unintended pregnancies and thousands of abortions. Two thirds of sex education programs examined that focus on both abstinence... [LB675]

SENATOR FISCHER PRESIDING

SENATOR FISCHER: One minute. [LB675]

SENATOR HAAR: ...both abstinence and contraceptions had a positive effect on teen sexual behavior. For example, they delayed initiation of sex, improved contraceptive use, or did both. Despite the concerns of many adults, none of the programs that included both abstinence and contraception, that discussed both of them hastened the initiation of sex or increased the frequency of sex among teens. Yet those are the effective programs. And I'll take up from here when I get my next chance to talk. Thank you. [LB675]

SENATOR FISCHER: Thank you, Senator Haar. You have heard the opening on AM1421 to AM994. Those senators wishing to speak are Senators Fulton, Christensen, Nantkes, Cook, and Haar. Senator Fulton, you're recognized. [LB675]

SENATOR FULTON: Thank you, Madam President, members of the body. I stand opposed to AM1421. I do believe Senator Haar said he would pull the amendment. I am happy that's the case. This would say that if consent to an abortion is withdrawn by a woman during the abortion, during the abortion, the person or persons performing the abortion shall be immune from civil liability for damages occurring, etcetera. That court case that I just quoted from earlier could very well be a case where that abortionist would be exempt from his liability. Oh, perhaps I have read erroneously. Okay, we're on AM1421. Well, I'm going to be opposed to AM1417 also. Thank you, Senator Haar. My apologies to the body. He's going to pull that amendment anyway. Would Senator Christensen yield to a question? [LB675]

SENATOR CHRISTENSEN: Yes. [LB675]

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SENATOR FISCHER: Senator Christensen, would you yield? [LB675]

SENATOR CHRISTENSEN: Yes. [LB675]

SENATOR FULTON: Senator, we talked a little bit off the microphone and there are some questions you had specific to AM994. And I'd like to get those into the record. [LB675]

SENATOR CHRISTENSEN: Sure. These are some questions that were asked at the committee hearing that I thought was important to get on the record here. Question was, could the ultrasound image be displayed behind the woman? [LB675]

SENATOR FULTON: No, Senator, because they would be out of her view and she would not be able to view them. And part of what we're trying to accomplish here is to allow the mother to view if she so chooses. [LB675]

SENATOR CHRISTENSEN: Okay. Could the ultrasound images be on a monitor in the same room but turned away from the woman unless she says she wants to view them? [LB675]

SENATOR FULTON: No, because they would not then be displayed so that she is able to view them. They would only be available to her if she made an affirmative request, which is not the intent of the bill. The onus of displaying this image is on the abortion provider, not the woman. [LB675]

SENATOR CHRISTENSEN: And then does the ultrasound image have the right or have to be right in front of the woman? [LB675]

SENATOR FULTON: No. They could be...the image could be displayed to her side as long as she could see them by turning her head or situating her body such. This actually is...we're getting into AM994 here and I know it's not necessarily germane to AM1421, but a lot of what we've been talking about isn't necessarily germane, at least to the specific amendment. This was what Senator Rogert and myself and the Judiciary Committee really worked out. We can't place this image and we don't want to place this image in front of the mother, directly in front of the woman because that could construe an undue burden. We want to make this such that it is similar to the way ultrasounds are performed in other medical procedures. For instance, if one is pregnant and one plans to carry the child to term, one receives an ultrasound and my experience or at least my wife's experience and other people's experiences with this ultrasound is that one would have to turn in order to view the ultrasound. So hopefully that clarifies the record. The intention here is to display the image such that the woman can choose to view the ultrasound or not. Thank you, Madam President. [LB675]

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SENATOR FISCHER: Thank you, Senator Fulton, Senator Christensen. Senator Christensen, you are recognized. [LB675]

SENATOR CHRISTENSEN: Thank you, Mrs. President. I stand in opposition to this amendment. If you read it, the line says he wants to strike "unborn human life within her as a result of conception." I understand he's going to pull this, but in inserting "a developing fetus within her" that is just the abortionist's attempt to replace life with fetus so it seems more justified. And that's the reason I object to that. And we're hearing a lot of talk about sex education and how abstinence don't work and things this way. Well, that's not true. And the fact is there's statistics that are skewed by the people that report them in both directions. I don't deny that, but the fact is just reading what comes out of the paper or what you choose to believe doesn't mean that that is accurate. And if you want an effective program to reduce abortions or reduce pregnancies, then you're going to have to get the parents involved again because they're the ones that have backed away from their duties. Because when parents talk about abstinence and you don't just talk about sex and contraceptives and what they can use to prevent it, then you'll have a whole lot better program. You'll have better results. I can go find you studies, I'm not prepared today, but I can go find studies that show after you talk about sex education and use of condom and the pill and these things that activity goes up, disease goes up. The fact is it's the parents' job and the parents need to be teaching this. And it comes down to how is it taught. If it is taught with a slant that abstinence is the choice but kids really aren't going to obey it or is it taught that, you know, this does keep you sexually pure, this does keep you from being pregnant and having disease, how is it taught? It really comes down to how the message is delivered, how it is taught, how you are educated. And no program is 100 percent because people have a choice to accept or not. But, you know, it comes down to really if you want good sex education, it needs to be back into the family. Thank you, Madam President. [LB675]

SENATOR FISCHER: Thank you, Senator Christensen. Senator Nantkes, you are recognized. [LB675]

SENATOR NANTKES: Thank you, Madam President. Is Senator McCoy available to yield to a question? [LB675]

SENATOR FISCHER: Senator McCoy, would you yield to a question? Senator McCoy? I do not see him on the floor, Senator Nantkes. [LB675]

SENATOR NANTKES: Okay. Would Senator Fulton be willing to yield to a question? [LB675]

SENATOR FISCHER: Senator Fulton, would you yield? [LB675]

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SENATOR FULTON: Yes. [LB675]

SENATOR NANTKES: Thank you, Senator Fulton. I guess I just wanted to clarify in that little question/answer session that you and Senator Christensen just engaged in and you were talking about the situation of the ultrasound screen. And you were talking about where the woman would be situated in the health clinic. And I guess I was not clear, and if I'm wrong, please correct me and that's why I wanted to ask you a question. But you said it would be up to the woman to turn her body or her head to choose to view the ultrasound screen or not. Is that...was that correct? [LB675]

SENATOR FULTON: That's, yes, that's what I said and that would be my intention. [LB675]

SENATOR NANTKES: Okay. Thank you, Senator Fulton. Colleagues, unfortunately, here we have more smoke and mirrors. We've heard from proponents of this legislation that this shifts the burden of proof onto the so-called abortionist. This shifts the burden of informed consent to the doctor where it should be. But then Senator Christensen and Senator Fulton actually brought their true motives onto the record, which I'm glad that we had a chance to clarify and make sure that that was exactly what they were talking about when, in fact, this puts the burden on the woman's head. She has to make a choice to turn her head. She has to make a choice to turn her body. Wow, that's a very different statement from what we've heard throughout the committee process and from what we've heard today and probably a lot closer to what the actual intent is behind this very poorly crafted, intrusive legislation. I'm glad that we had a chance to have a vote on my amendment this morning so now we can talk about other things like prevention so now we can talk about things like the committee amendment and the bill itself because I think there's a lot of dialogue to be had in that regard. And I think Senator Christensen and Senator Fulton just made their motives very clear. This is to add more burden to the women who's seeking responsible health choices according to difficult decisions that she has made in accordance with her faith, her doctor, and herself. I trust women to be responsible stewards of their own bodies and to make responsible choices for their lives. That's probably a significant difference between the philosophical approach that I and Senator Fulton and Senator Christensen look at these issues from different lenses. I trust women. I think that they are smart and I think that they are capable and I think that they can make appropriate choices when they're provided appropriate information. And so I think that to be very clear here, colleagues, I know there's hardly anybody left on the floor, but we now clearly have a better understanding about what the true intent of this woefully misguided legislation really is. It's about adding additional burdens to women. It's about adding additional burdens to women who are seeking legal and safe healthcare options that are best for their lives, and I think that's really sad and really disturbing and an affront to women as a whole. I wish, in fact, that proponents of this legislation did have women and maternal health at the forefront of their agenda. And I think sadly they've just tipped their hands to demonstrate that this has nothing to do with

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women's health. This has nothing to do about informed consent. This is about pushing a personal,... [LB675]

SENATOR FISCHER: One minute. [LB675]

SENATOR NANTKES: ...radical, political agenda with religious undertones. And they have every right to hold those beliefs and to promote those beliefs. But they don't have every right to entangle state government into those beliefs. They don't have every right to enshrine them in our law books. That's the difference. I think Senator McGill spoke so eloquently earlier that wouldn't it be great if we could sit down and have an honest dialogue about ways to prevent and reduce unintended pregnancies so that we could reduce and prevent the need for abortion. That would be great. But the people on the other side are not being honest brokers in this body. They're not interested in those common-sense or scientific solutions. They're interested in pushing a radical, personal agenda. That's disturbing. That's not what our constituents sent us here to do. Colleagues, I ask that you listen carefully to this debate because we're going to hear more and more about what the real agenda is. We've heard it briefly just a few minutes ago, and we see an ever-changing scope of smoke and mirrors. [LB675]

SENATOR FISCHER: Time, Senator. [LB675]

SENATOR NANTKES: Thank you, Madam President. [LB675]

SENATOR FISCHER: Thank you, Senator Nantkes. Senator Cook, you are recognized. [LB675]

SENATOR COOK: Thank you, Madam President, members of the body. I would yield my time to Senator Haar if he will take it. [LB675]

SENATOR FISCHER: Senator Haar, 4:50. [LB675]

SENATOR HAAR: Madam President, members of the body, I would just like to begin by saying certainly parents need to be involved in these programs. And many of the successful programs, and it's documented in the book I brought with me, involve parents. They involve parents, and that's a really important part of it. I would like to ask Senator Christensen a question. Is he here anywhere? [LB675]

SENATOR FISCHER: Senator Christensen. I do not see Senator Christensen on the floor. [LB675]

SENATOR HAAR: Okay. Well, I would like to see the study that shows that talking about sex makes people have more sex. Oh, here he comes. Here he comes. [LB675]

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SENATOR FISCHER: Senator Christensen, would you yield to questions from Senator Haar? [LB675]

SENATOR CHRISTENSEN: Sure. [LB675]

SENATOR HAAR: (Laugh) Thank you. You said that you know of studies that show that talking about sex makes teens have more or makes people have more sex. Could you tell me a little bit more about that? [LB675]

SENATOR CHRISTENSEN: I went and talked and not...a lot of classes, not on this subject but when it's addressed I hear kids talk about it. I've had kids come up to me and say, you know what? If I can go out and have sex and use a condom or if I can get her on the pill and I use the condom, we're not going to get pregnant, we might as well be having it. It all comes down to teaching, the method that I said, and it comes down to parents' activity of teaching this. [LB675]

SENATOR HAAR: Now I don't disagree at all about parents being involved, but you actually had some people that...young people that came and said we can have sex if we use condoms and it won't make any difference? [LB675]

SENATOR CHRISTENSEN: Yes. [LB675]

SENATOR HAAR: Okay. Well, obviously, they're not getting a very good education. We would both agree on that. I want to go...I want to continue then with what I...I guess my argument as we go along is that prevention is a way to prevent thousands of abortions, but...and prevention can be done through education and access to certain things. So to go on with that, we were talking about what does work and that's medically accurate and age-appropriate sexuality education. And here are some of the results of that study. Two thirds of sex education programs examined in the report, and this was some 115 studies, that focus on both abstinence and contraception, had a positive effect on teen sexual behavior. Both abstinence and contraception, that's what the Journal Star called abstinence plus education. For example, it had a positive effect. For example, they delayed the initiation of sex, improved contraceptive use, or did both. And despite the concerns of many adults, none of the programs that discussed abstinence and contraception together hastened the initiation of sex or increased the frequency of sex among teens. Another conclusion: "Teen pregnancy and birth rates have declined about one third since the early 1990s, a remarkable success, said Sarah Brown, CEO of the national campaign." Even so, it's still the case that one in three girls in the United States gets pregnant by age 20. One in three girls in the United States gets pregnant by age 20. Given the nation's stubbornly high rate of teen pregnancy, it is most unwelcome news that the menu of proven research-base interventions that help young people make better decisions about sex, pregnancy, and parenthood is extending... [LB675]

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SENATOR FISCHER: One minute. [LB675]

SENATOR HAAR: ...it is welcome news. One minute? Okay, thank you. Another conclusion: "Emerging answers 2007" suggests that the single most important characteristic, however, is that effective criteria repeated clear and consistent messages about sex and contraceptive use. These successful programs tended to talk explicitly about sex and contraceptive use, identified specific situations that might lead to unwanted sex or sex without contraception, discussed how to avoid or get out of such situations, and practiced saying no to sex or insisting on contraceptive use. And I'd like to continue my discussion when my light comes up. Thank you. [LB675]

SENATOR FISCHER: Your light is next, Senator Haar, if you would like to continue. [LB675]

SENATOR HAAR: Good, I would. Thank you very much. Just to follow up the statistic we just read about the large number of young women in this country who will become pregnant before the age of 20. What's really interesting, I have some statistics on teen birth rates and it's called "How Does the United States Compare?" The U.S. teen birth rate was 41.9 births per 1,000 teens ages 15 through 19; 41.9 births per 1,000 teens age 15 through 19. Canada, 13.3 teen births per 1,000. And we get to the Netherlands, and their rate is 3.8. Ours in this country in 2006 was 41.9 births per 1,000 teens between 15 to 19; in the Netherlands, it was 3.8. I guess one of the questions we should ask is what are they doing right in the Netherlands? And it's not that Europeans have more abortions. They don't. In fact, the abortion rate is lower in western Europe than it is in the United States. It's not that European teens don't have sex. The average age of sexual debut in Europe is slightly older than the average age of sexual debut in the United States or it's...I'm sorry, the average age of sexual debut in Europe is only slightly older than the average age of sexual debut in the United States. And so I guess the question is, you know, what do we have to learn from them? And in Europe generally, with those low kinds of statistics, it's because of education. It's because of education and access to medically accurate information. And I totally agree that parents are an important part of this--no question about it. And with that, I will wait and talk about the next section which is access to clinical support systems. Thank you. [LB675]

SENATOR FISCHER: Thank you, Senator Haar. Senator Nantkes, you are recognized. [LB675]

SENATOR NANTKES: Thank you, Madam President. Is Senator McCoy available yet to yield to a question? [LB675]

SENATOR FISCHER: Senator McCoy. [LB675]

SENATOR NANTKES: Okay. Is Senator Fulton available to yield to a question? [LB675]

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SENATOR FISCHER: Senator Fulton, would you yield? [LB675]

SENATOR FULTON: Yes. [LB675]

SENATOR NANTKES: Senator Fulton, I can understand the...I'm not asking you to speak in support of this amendment. You've made your position clear, and I think Senator Haar makes his position clear that this is really a placeholder for dialogue. But I think we've started down an interesting path here in relation to common-sense, common-ground solutions for reducing the number of unintended pregnancies and, thus, the number of abortions in Nebraska and otherwise. And I was just wondering have you introduced any bills over the course of your legislative career to improve sex education or contraceptive access for Nebraskans to accomplish those needs? [LB675]

SENATOR FULTON: I have not. [LB675]

SENATOR NANTKES: Okay. And why have you chosen not to pursue those activities or policies? [LB675]

SENATOR FULTON: With regard to abortion, I prefer to go directly at it the way this bill is brought forward. [LB675]

SENATOR NANTKES: So, Senator Fulton, though, would it be fair to say that if we can reduce the number of unwanted pregnancies we could reduce the number of abortions? Is that true? [LB675]

SENATOR FULTON: You know, I would agree with that. [LB675]

SENATOR NANTKES: Okay, great. [LB675]

SENATOR FULTON: Yes. [LB675]

SENATOR NANTKES: And would you disagree with the statement that education and contraception reduces the number of unwanted pregnancies? [LB675]

SENATOR FULTON: I would disagree with parts of your statement. The reason why...part of the reason why I won't or I haven't brought legislation with regard to comprehensive sex education is because I recognize that it is, how do I say it, it's controversial and that the jury is still out because, frankly, what...ostensibly what you say is that the provision of contraception such that...or providing more contraception would lead to less abortions. I have some studies which indicate otherwise. [LB675]

SENATOR NANTKES: Could you cite those for us, please? [LB675]

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SENATOR FULTON: Not here on the spot because we're talking about a bill... [LB675]

SENATOR NANTKES: Okay. [LB675]

SENATOR FULTON: ...that's not of this...no, I cannot on the spot. [LB675]

SENATOR NANTKES: Okay. But would you say that, I mean in my research, I mean the vast majority of reputable health institutes have demonstrated very clearly that appropriate use of contraception reduces the number of unwanted pregnancies. Is that a fair statement? [LB675]

SENATOR FULTON: Well, I would say that on its face ostensibly that...I can see the rationale in that. [LB675]

SENATOR NANTKES: Okay. [LB675]

SENATOR FULTON: But I have also seen studies which contradict. I've not seen studies which support. But be that as it may, even if I were to choose to bring something in this regard, we can see the debate that we're having on this particular topic, this subject. [LB675]

SENATOR NANTKES: Well, and I understand that and thank you, Senator Fulton. And I just want to get back to my time real quickly here, but I think that's exactly the point is that I wanted to make in this time up is this is not Senator Haar and Senator Nantkes and Senator McGill jumping up to push their agenda. This is in reaction to a radical, personal, political agenda that has been thrust upon this body. And we are standing to make a record in terms of common sense, in terms of science, in terms of medicine, in terms of supporting women and healthy families. And without any alternatives put forward by Senator McCoy or Senator Fulton, who are the primary proponents of this bill, and I see Senator McCoy has rejoined us. It'd be great if he could have been here to field the questions on his priority bill the last few times I've been up, but maybe he'll stick around now to see it through. They have yet to put forward any proposal to reduce the number of unwanted pregnancies. They've chosen instead to additionally burden women who are seeking legal access to important health decisions. They've chose instead to talk about protecting life in an esoteric way rather than doing something constructive... [LB675]

SENATOR FISCHER: One minute. [LB675]

SENATOR NANTKES: ...and policy-based to end or reduce the number of unwanted pregnancies and thus reduce the need for abortion in our state. Senator McCoy, I'd love to hear your thoughts on the issue if you would jump up and be supportive of programs

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and policies that are going to expand comprehensive sex education and programs and policies that are going to ensure that all of our citizens have access to a full panoply of healthcare options, including reproductive health. Because if that's the case and if those are your motives, let's focus on that. Let's focus on the common ground. And then we can get off this controversial stuff and figure out how to fund roads, talk about economic development. That's why we came here. That's what our constituents care about, and we haven't had the time to do that because we're worried about promoting somebody's personal, radical agenda and that's unfortunate. That's not...that's of no help to our constituents who are undergoing very difficult economic conditions, who are looking for jobs, who are losing their healthcare. This doesn't help in that regard. [LB675]

SENATOR FISCHER: Time, Senator. [LB675]

SENATOR NANTKES: Thank you. [LB675]

SENATOR FISCHER: You are next to speak. [LB675]

SENATOR NANTKES: Thank you. Senator McCoy, I see that you're available. Would you yield for a question, please? [LB675]

SENATOR FISCHER: Senator McCoy, would you yield? [LB675]

SENATOR McCOY: Yes. [LB675]

SENATOR NANTKES: Senator McCoy, do you have plans in the future to bring legislation to expand comprehensive sex education for our citizenry? [LB675]

SENATOR McCOY: We always have a deliberative process, Senator Nantkes, on potential legislation. And as a freshman senator within this body, my staff and I review a lot of different topics for potential legislation. But I haven't made any decisions whatsoever on any particular potential legislation. [LB675]

SENATOR NANTKES: Senator McCoy, would you plan down the road to look at ways to increase contraception access for our citizenry to help reduce the number of unwanted pregnancies and abortions in Nebraska? [LB675]

SENATOR McCOY: I'd again repeat what I just said. I look at any and all subjects for potential legislation. [LB675]

SENATOR NANTKES: Okay. So, for example, in...you wouldn't even have to carry it. I've got a bill in, LB370, that, you know tries to expand access to reproductive healthcare for more women in the state and saves the state estimated up to \$15 million a year in that regard. So are you willing to cosponsor that? [LB675 LB370]

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SENATOR McCOY: I'd have to take a closer look at your piece of legislation, Senator Nantkes, before I made any decision as to whether or not to cosponsor it. [LB675]

SENATOR NANTKES: Okay. Well, all it says is that under the Medicaid program we'd garner a 90 percent payment from the federal government, 10 percent payment from the state government to ensure that more women have access to reproductive healthcare. Do you think that's a sound policy in general? [LB675]

SENATOR McCOY: I'd again repeat what I just said, Senator Nantkes. I view a decision-making process to cosponsor or introduce legislation very carefully. [LB675]

SENATOR NANTKES: Um-hum. [LB675]

SENATOR McCOY: I believe that all Nebraskans expect that of us as their legislators. And I would not... [LB675]

SENATOR NANTKES: And, Senator McCoy, in that very vein then, you chose LB675 to be your priority bill. Is that correct? [LB675]

SENATOR McCOY: Yes, it is. [LB675]

SENATOR NANTKES: So you went through that very deliberative process in making that decision. Is that correct? [LB675]

SENATOR McCOY: That is correct. [LB675]

SENATOR NANTKES: Okay. So I'm guessing I'm unsure why you're then unable to engage in dialogue today on this topic or answer some pretty simple logistical questions if you've gone through that arduous, deliberative process in regards to this legislation currently before us. [LB675]

SENATOR McCOY: Is that a question, Senator Nantkes? [LB675]

SENATOR NANTKES: Yes, yes. [LB675]

SENATOR McCOY: What would be the question? [LB675]

SENATOR NANTKES: Why have you failed to be available for questions during the course of this debate or answer simple questions in regards to logistically how your priority bill is going to be implemented? Did you run it through a deliberative process in choosing to make it your priority bill? [LB675]

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SENATOR McCOY: Yes, I did. [LB675]

SENATOR NANTKES: Okay. So, Senator McCoy, okay, let's go back. Do you trust women's ability to make decisions on their own? [LB675]

SENATOR McCOY: What frame of reference would you be putting that question into? [LB675]

SENATOR NANTKES: How about any? Do you trust women generally as a gender? [LB675]

SENATOR McCOY: I would question the relevance as to what you're describing this to, Senator Nantkes. [LB675]

SENATOR NANTKES: Well, the good news is that we're not in front of a jury or in a courtroom so relevancy objections aren't really applicable. It's a simple question. Do you trust women as a gender as a whole? [LB675]

SENATOR McCOY: Well, considering I've been happily married for seven years to my wife and I trust her judgment... [LB675]

SENATOR NANTKES: Excellent. [LB675]

SENATOR McCOY: ...as a matter of principle, yes. [LB675]

SENATOR NANTKES: Okay, great. Do you believe that women, including your wife of a great many years, make responsible decisions on their own behalf? [LB675]

SENATOR McCOY: Yes, I do. [LB675]

SENATOR NANTKES: Okay. And how do you believe this legislation, which Senator Fulton and Senator Christensen just talked about on the mike, shifts the burden onto the woman's head rather than on the abortionist as we originally heard? I mean, how do you really feel that that supports women in making informed choices? [LB675]

SENATOR McCOY: I disagree with your premise that it shifts the onus onto the woman. I believe actually the reverse is true. [LB675]

SENATOR NANTKES: Well, actually if you would have been here, Senator Fulton and Senator Christensen confirmed that fact on the mike about five minutes ago. So taking that as a fact... [LB675]

SENATOR FISCHER: One minute. [LB675]

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SENATOR NANTKES: ...how would you believe this legislation can help women make informed choices while putting additional burdens on their head? [LB675]

SENATOR McCOY: That's actually incorrect, Senator Nantkes. They did not confirm that. [LB675]

SENATOR NANTKES: Oh, I thought Senator Fulton said that that was a correct statement. And if he needs some time later to pull that out, that would be just fine. But... [LB675]

SENATOR McCOY: I'm sure he'd be happy to address that. [LB675]

SENATOR NANTKES: Okay. Senator McCoy, I think it's good to have this debate. I think it's good to have this dialogue. And I know that you hopefully care about women's health and do, in fact, want to talk about ways that we can have healthy families and healthy babies and healthy moms because that's what we all want. I think that we can agree about that. And I'm so excited to know that you're going to be a brave supporter of Medicaid programs down the road and critical human service programs that provide expanded childcare access to these families in need. I'm so excited to know that because you have those deep and personal care feelings for our most vulnerable citizens that we can focus on that common ground. [LB675]

SENATOR FISCHER: Time, Senator. [LB675]

SENATOR NANTKES: I think that's great. Thank you, Madam President. [LB675]

SENATOR FISCHER: Thank you, Senator Nantkes. That was your third time. Senator Haar, this is your third time. You are the last in the queue. Would you like to close? [LB675]

SENATOR HAAR: Yes, please. [LB675]

SENATOR FISCHER: Senator Haar, you are recognized to close. [LB675]

SENATOR HAAR: Oh, thank you, Madam President. And then after I do this, I'd like to withdraw the amendment. Okay. What I've been arguing today is that a much more effective method for reducing abortions than this bill, which we hope might have some effect. There's no evidence for it whatsoever. The thing that we can do as a Legislature in finding common ground is to help prevent unintended pregnancies. Nearly half of all pregnancies among American women are unintended, and four in ten of these result in abortion. What I've talked about is prevention of unintended pregnancies and there are two parts to the prevention. One is education. I talked about what doesn't work, which is

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abstinence only education. What does work is medically accurate, age-appropriate, what the Journal Star called abstinence plus education, which stresses that abstinence only is the most effective way to control an unwanted pregnancy and also STDs, but for people who choose to have sexual relationships that they should be trained on how to use contraceptives. The second part of preventing unintended pregnancies after education is access to critical reproductive healthcare services. And I want to talk about one really important part of that, and it's in terms of Medicaid. Medicaid provides...the role of Medicaid as a source of insurance coverage for family planning services has expanded. Medicaid now accounts for more than seven in ten public dollars spent for family planning in the United States. Additionally, and this is surprising to me as well, Medicaid finances 41 percent of all births in this country. And even though the financing of family planning by Medicaid has grown since 1980, spending decreased or stagnated among one third of the states, and we're one of those. What I'd like to talk to you then is about the need for expanding coverage, Medicaid coverage, to more women, and this is called the Medicaid waiver. Right now, women who are at 100 percent of poverty are Medicaid eligible, and they continue to get free family planning as long as they're Medicaid eligible. Now that doesn't include abortion, but it does include contraception. And here's what that includes, and I think it's important we notice this because we're paying for this. A typical family planning visit, and these are for women who are Medicaid eligible, includes a pelvic exam, screening for breast and reproductive cancers, high blood pressure and diabetes, tests for STDs, sexually transmitted diseases, including HIV, counseling about a woman's plans for pregnancy and if appropriate, a prescription for contraception and referral to other healthcare providers, very important service. [LB675]

SENATOR FISCHER: One minute. [LB675]

SENATOR HAAR: Thank you. I'll just end here, and I would like to withdraw my amendment. [LB675]

SENATOR FISCHER: The amendment is withdrawn. Mr. Clerk. [LB675]

CLERK: Madam President, the next amendment I have to committee amendments, Senator Haar, AM1417. (Legislative Journal pages 1496-1497.) [LB675]

SENATOR FISCHER: Senator Haar, you are recognized to open on AM1417. [LB675]

SENATOR HAAR: Again, this amendment and I think I've been a good student of the Legislature, the purpose of this amendment is to give more time at the mike and I will withdraw it at the end of discussion. What I was talking about is Medicaid waiver, I'm sorry, yeah, Medicaid waiver. But starting with what women who are at 100 percent of poverty Medicare eligible. Now in addition to that, in Nebraska women who are at 185 percent of poverty, most states do this at 200, but we're at 180 (sic), they get Medicaid

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coverage for pregnancy and delivery and birth control for six weeks. With somebody on Medicaid totally 100 percent of poverty, they continue to get contraception, but women who are now at 185 percent of poverty will only get birth control for six weeks. Two to three years ago there was something called the Governor's Medicare Reform Advantage Task Force chaired by Senator Don Pederson from North Platte. Senator Campbell was on that and there were others, and they unanimously recommended that the state of Nebraska apply for the Medicaid waiver for family planning. Now over half the states have it. The CMS published report says it's saving, you know, millions of dollars everywhere it's used. Medicaid waiver simply means that you can apply Medicaid above that 100 percent poverty limit. And this is one of the few programs where for every \$1 the state spends the federal government will give you \$9. Studies have shown that the Medicaid waiver program will save the state \$4 for every \$1 that it invests. And basically what it would do, it would give the women at 185 percent of poverty all those things covered by somebody at 100 percent. In other words, all the family planning and...it would not give abortions, but it would give contraception devices free of service to the women. The Governor is required to apply for Medicaid waiver and that didn't happen. This year there was a bill in committee--Senator Nantkes proposed it--and it's the Medicaid waiver for family planning. And what it would do is what I just described that the task force recommended some years ago, and I don't know if Senator Campbell would want to tell us a little bit about that task force. That could be informative. But it would take women at 185 percent of poverty to get all their family planning covered by Medicaid, including contraception. And that bill didn't get out of committee. I'd like to ask Senator Nantkes some questions. [LB675]

SENATOR FISCHER: Senator Nantkes, will you yield? [LB675]

SENATOR NANTKES: Yes, of course. [LB675]

SENATOR HAAR: Could you tell me about that bill maybe a little more detail and what...because this Medicaid waiver is exactly the sort of thing that's going to prevent unintended pregnancies, in terms of the education and the access to critical reproductive healthcare services. Could you tell me what happened to that bill in committee? [LB675]

SENATOR NANTKES: Sure. Thank you, Senator Haar. And I didn't get a chance to hear all of your openings in regards to the context from which I brought that forward, but I did hear you mention the Medicaid Reform Council and that's absolutely right in terms of where my idea was generated from, the course of Medicaid reform and ideas that other states have implemented, not only to try and find cost savings, but to improve health outcomes for their citizenry. And when I introduced the bill this year that went before the Health Committee, I think at this point in time 27 other states have, in fact, implemented a Medicaid waiver expanding family planning services to more women in their state. And not only have they seen improved health outcomes for women, but

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they've seen dramatic, significant impact in terms of savings to their bottom line. We had a great hearing in front of the Health and Human Services Committee this year. And, Senator Gay, I want to thank him and the rest of the committee members for their kind attention during that dialogue. And I thought we had a lot of really good information come out about how that waiver and how that policy would work in Nebraska and how it would help us to save millions and millions of dollars in our Medicaid system and also ensure that women have the ability to plan their pregnancies, to space their pregnancies, and to build healthy families and have the same sort of resources available in regards to those healthcare options as women of more affluent means do. And I would think that would be something that everybody in this body could get behind, but unfortunately, we just...we haven't been able to move forward on it yet. You may remember during the course of where we are right now, during the course of the budget debate Senator Gay talked about aggressive use of Medicaid waivers to save the state dollars and how they were going to look at that in the interim and down the road. And I plan to continue working with him and the Health Committee to ensure that that vital piece of it is part of that dialogue. I'm done. (Laugh) [LB675]

SENATOR FISCHER: Senator Haar, did you wish to continue with your opening? [LB675]

SENATOR NANTKES: Thank you. [LB675]

SENATOR HAAR: Okay, thank you. Are there any more lights on or am I it? [LB675]

SENATOR FISCHER: There are lights on. [LB675]

SENATOR HAAR: Okay. I would conclude my opening then. [LB675]

SENATOR FISCHER: Thank you, Senator Haar and Senator Nantkes. You have heard the opening on AM1417. Those wishing to speak are Senators Lautenbaugh, Nantkes, and Haar. Senator Lautenbaugh, you are recognized. [LB675]

SENATOR LAUTENBAUGH: Thank you, Madam President and members of the body. I do rise in support of the bill and the committee amendment alone. And I know it's tradition...I think we're taught in orientation to stand up here and say we appreciate the debate. Well, I didn't have orientation the way I came in. But either way, there's parts of this I haven't appreciated today. Apparently, if you prioritize a bill, which we all do, you should have the foresight to request port-a-potties and vending machines be brought into the Chamber. Because if you leave, you're shirking your duties somehow because you should be prepared to answer all questions at all times no matter what at the drop of a hat. That's one of the messages I'm taking from the debate today. And we're told that this bill is pushing forward a radical agenda, a radical agenda. Well, we had a vote on a debate or, excuse me, on an amendment a little while ago and I would say

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scoreboard. Recently there was an article in Newsweek that says we're all socialists now. Well, guess what? At least 30-some of us are all radicals now because we seem to be moving this forward. The radicals have taken over. The committee advanced this bill. Judiciary Committee is known to be dominated by wild-eyed radicals who put this out on the floor. I'm one of them. And to say we weren't sent here for this, this is the kind of thing we shouldn't be spending our time on. We all say that about things we don't want to happen. Everything is a waste of time if we don't want it. This isn't a waste of time and I want it. So I'm not going to say that obviously. I don't accept the argument that if you are concerned about protecting the unborn that you better be prepared to vote for everything everyone says will help the children and will help expectant mothers and will help expectant mothers with additional children and whatever. We all support what we support. We all oppose what we oppose. And I don't believe it is necessarily true or good reasoning to say, well, you better be prepared to support everything else that everyone can think of if you support this. And we've all seen it happen--it's for the children. How can you be against this? How can you be against that? Well, we aren't all for everything and you don't have to be for every possible conceivable program, spending item, whatever if you support this. And what is this? In my mind, this is a very minimal thing, a very minimal thing making the ultrasound viewable, available. And this is described as a radical measure burdening choice, a radical measure burdening choice. Listen to this debate and at the end you may find yourself asking exactly who are the extremists and who are the radicals? Because I say this is pretty minimal and we heard testimony in committee, too, that this was pretty much the end of the republic if this went forward. And that's not the case. And we all get overexcited. I know I've been known to do that a time or two at the mike myself. But I think we can approach this with a little measure and give our colleagues a break if they happen to leave the Chamber from time to time, as I may in a few minutes myself. And I don't think I want to say that if you support this you somehow don't trust women or don't trust men or there's just something wrong with your general world view if you support this. [LB675]

SENATOR FISCHER: One minute. [LB675]

SENATOR LAUTENBAUGH: This is a good bill. It does a modest thing, but I think it does an important thing, and I hope it goes forward. And I think it will go forward and I hope you support it. Thank you. [LB675]

SENATOR FISCHER: Thank you, Senator Lautenbaugh. Senator Haar, you are recognized. [LB675]

SENATOR HAAR: Well, first of all, I don't know if I'm a radical or a liberal or a conservative. It's hard to tell. I've been called all those kinds of things (laugh) since I've been running in my campaign and been in the Legislature. I don't find labels very useful because they almost never describe, you know, accurately. They're just a way of trying to pigeonhole people, and I'm not good at pigeonholing. I haven't done that during this

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debate. During this debate, what I've tried to talk about is that there is a way, there is a way called prevention that we could prevent thousands of abortions in this country. And again, I'm going to go back, nearly half of pregnancies among American women are unintended and four in ten of these are terminated by abortion. I went earlier over some teen statistics. I also have the teen statistics from Nebraska, and we're not too much different than the rest of this country. If any of you are interested in that, I find this also really interesting to read because it shows us the work that we have to do. But what I'm saying is that if we could prevent unintended pregnancies in women, the number of abortions would fall dramatically, and I think that's something we should share in common. I've talked about the prevention of unintended pregnancies in terms of two things: education, which is medically accurate and age appropriate and which the Journal Star has called abstinence plus, where it stresses abstinence but also gives young people medically accurate, age-appropriate information. And the second point of preventing unintended pregnancies is access to critical reproductive healthcare services. And one of the ways we can do this would be with a Medicaid waiver. There's just no question other states have found it immensely successful, not only in terms of preventing unintended pregnancies, but also in terms of saving money for the state, money that has to go into caring for children that aren't wanted. And so with this I will ask to withdraw the amendment. And I'd like you to know that I am proposing solutions, another solution other than this current bill or in addition to. And that next time on Select File, and I will certainly work with the people who introduced this, I would like to amend on the Medicaid waiver which would...which was introduced in committee and discussed in committee, it's had hearings, and would increase the coverage of family planning and for women to 185 percent of poverty. So with that, I'd like to address my amendment and I thank you very much. [LB675]

SENATOR FISCHER: The amendment is withdrawn. (Visitors introduced.) Mr. Clerk. [LB675]

CLERK: Madam President, Senator Council would move to amend the committee amendments with FA43. (Legislative Journal page 1497.) [LB675]

SENATOR FISCHER: Senator Council, you are recognized to open on FA43. [LB675]

SENATOR COUNCIL: Yes, thank you, Madam President. My FA43 addresses a section of LB675 as amended by AM994, which is found on page 3 of the bill. And Senator Lautenbaugh just made a statement regarding any suggestion that a vote one way or the other on LB675 should be viewed as imposing any obligation on any member of this body or the body as a whole to be prepared to take any kind of action one way or another with regard to the support of expectant mothers or their children. Well, that comment was interesting because it kind of strikes at the problem with subsection (d) of Section 1 that's found on page 3. Now page 3 addresses Section 28-327, which everyone knows to be the informed consent provisions of the statute. And that section

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requires that no abortion shall be performed except with the voluntary and informed consent of the woman upon whom the abortion is to be performed. And then it goes on to place an obligation on the physician, the referring physician or the physician's assistant or registered nurse to provide certain information at least 24 hours before the abortion is performed. The first, and it's in current statute, is the particular medical risks associated with the particular abortion procedures. The second is the probable gestational age of the unborn child at the time of the abortion. And the third under existing law is the medical risks associated with carrying her child to term. LB675 as amended by AM994 adds an additional obligation under this informed consent provision, and it begins with that she cannot be forced or required by anyone to have an abortion. I don't think anyone in this body disagrees with that statement. I certainly don't. And that she is free to withhold or withdraw her consent for an abortion. I don't think anyone in this body disagrees with that provision. What I disagree with and which is another example of the flaws in this legislation, it goes on to say without affecting her right to future care or treatment and without the loss of any state or federal benefits to which she might otherwise be entitled. By this language, this body is imposing a duty on a physician to make representations regarding facts over which he or she will have no control. That physician will have no control whatsoever regarding this woman's future care or treatment or whether her future care or treatment is related in any way to the decision she's made with regard to an abortion. This physician will have no power or authority over whether this woman will lose any state or federal benefit to which she might be otherwise entitled. But we're imposing an obligation on someone to make such a representation over matters that they have absolutely no control. This body controls what state benefits are available with regard to expectant mothers or their children. Federal government makes the decision with regard to those benefits, not the doctor performing that procedure. What compounds the problem with that language is found on page 4 because as this third statute currently reads, the person who's providing the information that's specified in subsection (1) of Section 28-327, the person providing the information specified to the person upon whom the abortion is to be performed shall be deemed qualified to so advise and provide such information, and I'm going to stress only if at a minimum he or she has had training in each of the following subjects: sexual and reproductive health--I would assume any licensed physician would have that; abortion technology, I assume the physician would have that; contraceptive technology, assume a physician would have that; short-term counseling skills, now I don't know; community resources and referral, maybe; and informed consent. I would ask someone to point to me in that subdivision where a physician or the referring physician, the physician's assistant, or the registered nurse who is assisting with this abortion procedure has the knowledge or the training to make the representation that's set forth in subsection (d). I discussed my amendment with Senator Fulton, and I shared with him what my concern was. And I asked what's the purpose of this additional language? We have no disagreement that an individual who's making this very difficult decision about an abortion should be told she can't be forced to have one. She can't be required to have one. She should be told she's free to withhold or withdraw her consent. In fact,

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we already have it in statute that says that with regard to this procedure she is to be informed and it can't be performed except with the voluntary and informed consent. Like I said, I find no objection to putting the language that it's free to withhold or withdraw her consent for an abortion. I don't have an objection to it. It's unnecessary. It's redundant because we've already said up above you can't perform one unless her consent is voluntary and informed. But I don't know how this body can impose a duty on a medical professional who during the course of this debate today some of my colleagues have said that probably doesn't have a medical relationship with that woman beyond this procedure, how he or she would know that whatever decision this patient made wouldn't affect her right to future care or treatment or wouldn't affect any loss of any state or federal benefits. And when I asked Senator Fulton about that and I must commend him because he was forthright with me, he said, well, this language is just taken out of a statute from another state. We don't know the relevance...I don't know what the rest of that provision of that other state statute may have said. I don't know that that other state statute contained the subdivision that follows this that this subdivision in our statute imposes an obligation for that person to have specific training with regard to any of this information that we're obligating them to pass on to the patient. But we haven't even amended that subdivision... [LB675]

SENATOR FISCHER: One minute. [LB675]

SENATOR COUNCIL: ...to impose any obligation on them to seek specific training with regard to state benefits or federal benefits that address expectant mothers or their children. And if I've got 30 seconds left, I'd just...with regard to the Lancaster County case that has been read from and cited from, I think this body needs to know what was being read from was the complaint. What that was, was the plaintiff's allegations. That case never went to trial. That case was never decided by a court. The case was settled. And what was read was the patient's allegations. And with that, I would urge the body to advance FA43. [LB675]

SENATOR FISCHER: Thank you, Senator Council. You have heard the opening on FA43. Those wishing to speak are Senator Nantkes. Senator Nantkes, you are recognized. [LB675]

SENATOR NANTKES: Thank you, Madam President. And thank you, Senator Council, for bringing forward, I think, this very important amendment. In looking over the entirety of this legislation, it does seem quite simple at first blush, but as with most bills, once you start to dive in and dissect and digest and understand what other implications can be beyond the committee statement or the introducer's intent or otherwise or even some of the general platitudes in support or otherwise that we've heard here today, we're responsible for everything that is a part of the bill once we put our vote on, yes in support or in opposition. I think that, again, to Senator Fulton, to his credit, he's really been willing to try and work when common-sense proposals have been brought forward.

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And I thought I'd take just a minute to talk a little bit about eligibility for public benefits in Nebraska because that is what this amendment encompasses and the additional duty that this legislation places upon medical professionals' heads to make a guarantee to their patients that they will or will not ever lose eligibility for services. And that's almost impossible to do, particularly from a medical professional's standpoint whose training is in a much, much different realm. But I've had a chance to visit just briefly off the mike with Senator Howard when this was presented, and she has a social work training and background. And even though she worked in the adoption field and didn't have specific experience throughout the course of her career in terms of asset tests and eligibility, I think that she does probably provide a lot of really important insight just about how it's not an exact science and how it's not an easy call whether somebody is going to be eligible for public benefits or not. Different programs, whether they be Medicaid, childcare subsidy, food stamps, or temporary assistance for needy families have different eligibility levels in terms of the family's income. They also exclude or include certain assets that the family might have available to them. It's called a means test to see whether or not they can qualify for those kinds of programs. And the good news is the Department of Health and Human Services is moving to put the application for these public benefits available on-line so more of our citizenry who are eligible for these benefits can access them, which I think is a great move. But even once the application is made, it generally will require some in-person time to sit down and talk with the family about what their assets are, about what their needs are, about what their family size is, about what benefits they're interested in pursuing or otherwise. And so to have this additional burden placed upon medical professionals in the context of this legislation I think is really difficult. I think it's a lot to ask of doctors and nurses and sonographers and anyone else who is going to be involved in this situation to be able to make a guarantee to a patient who's before them whether or not they're going to be eligible for state or federal public benefits because it would be almost impossible to know under the circumstances that are presented or at least envisioned in terms of what Senator Fulton has proposed and Senator McCoy have proposed. And so I'm hopeful that we can have additional dialogue about how maybe Senator McCoy or Senator Fulton envisions that duty being carried out and how they expect medical professionals (a) to be trained in that regard and then, finally, how to make that determination. So with that, I'd be interested to hear from them, and I'd be happy to yield Senator McCoy some time if he needs it. [LB675]

SENATOR FISCHER: Senator McCoy. Senator McCoy waives. Thank you, Senator Nantkes. Senator Council, you are recognized. [LB675]

SENATOR COUNCIL: Thank you, Madam President. Madam President, are there any other lights? [LB675]

SENATOR FISCHER: There is one other light on. [LB675]

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SENATOR COUNCIL: Okay. Because if there were no other lights, I was just going to use that time to close. Senator Nantkes has, you know, rightfully followed up on the issues that are raised here and, again, I offered this amendment as yet another example of the flaws with this legislation. And again, I don't care what your position is on the underlying subject; I think everyone in this body ought to be concerned about advancing bad law. The failure to pass Senator Nantkes' amendment places the position of the physician performing the abortion under a duty that the body is unwilling to place upon the providers of ultrasounds that we're making the Department of Health and Human Services identify and list and to provide but we're not taking the steps to ensure that when those individuals may perform an ultrasound that they are held to the same standard as the individuals performing the ultrasounds as obligated and required and mandated by the statute. Here we're talking about informed consent and this informed consent language is overly broad and, quite frankly, unenforceable. And so you think you may be getting something by placing this...allowing this language to stay in this bill, but it doesn't, because you will have no way to enforce it. I don't even know how someone can comply with it. Because I don't know that WIC or ADC or Medicaid would fall within the category of community resources and referral. There's nothing in the succeeding subdivision that says you must have a course in training on every benefit program available to any expectant mother or mother. That's how you could even get close to making this bill sound and enforceable. So I'm, with that, I'm going to yield the balance of my time and, Madam President, after the concluding speakers, I'll waive my closing. [LB675]

SENATOR FISCHER: Thank you, Senator Council. (Visitors introduced.) Senator Haar, you are recognized to speak. [LB675]

SENATOR HAAR: Madam Chair, I will waive that request, although I would really like it if the Executive Committee would get us each a second monitor so we could see the amendments to the amendments. But I'll waive my right to speak. Thank you. [LB675]

SENATOR FISCHER: Thank you, Senator Haar. Senator White, you are recognized. [LB675]

SENATOR WHITE: Thank you, Mrs. President. I would yield the rest of my time to Senator Nantkes. [LB675]

SENATOR NANTKES: Thank you, Senator. [LB675]

SENATOR FISCHER: Senator Nantkes, you have 4:50. [LB675]

SENATOR NANTKES: Thank you, Madam President. And thank you, Senator White. I just wanted to repeat my offer before we...since Senator Council is not going to have a chance to close on this amendment or is going to forgo that right, if...I'd be happy to

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yield time to Senator Fulton or Senator McCoy, if they could elucidate any sort of information or ideas about exactly how the medical professionals are supposed to determine eligibility in this regard and how they're supposed to be able to make a guarantee in that regard. If you had any questions or any ideas about how that would work, I'd, Senator Fulton, I'd be happy to yield you some time or Senator McCoy. Do you need it, Senator Fulton? [LB675]

SENATOR FISCHER: Senator Fulton, would you like Senator Nantkes' time? [LB675]

SENATOR FULTON: Yeah, I'll take the time. I've been... [LB675]

SENATOR FISCHER: Okay, 4:03. [LB675]

SENATOR FULTON: Okay. I've been talking with Senator Council about this and...well, I'll just...I'm going to go ahead and do this here. I would have rather seen this come to Select File but I'll go ahead and say this now. I think Senator Council has a point and I would be willing to support her amendment. You know, I'm thinking out loud here, which is dangerous. I'd be willing to support the amendment because what she says is reasonable. Okay? So to that effect, I'm going to just...I'm going to go ahead and say this now. I'll support FA43. If others see fit to do so, that's fine. I talked with Senator Ashford, Chairman of the committee, and told him that as I looked through the argumentation that's...or think through the argumentation that Senator Council is bringing forward, it's legitimate. Now I'll say that a case could be made that the question could be asked whether a woman who chooses to withdraw her consent for an abortion could cause her to question whether or not she has access to Medicaid or what have you, other, oh, government-afforded monies. But it also could cause question as to whether or not she waives her right to come back and get that abortion, should she choose to come back to the same abortionist. That's a question that could be envisioned. But as it is, the intention of my bill is to make ultrasounds available, displayed such that they are available if the mother so chooses. So I'm going to support Senator Council's amendment, FA43. Thank you, Madam President. [LB675]

SENATOR FISCHER: Thank you, Senator Fulton. (Visitors introduced.) Senator Council, you did waive closing on your floor amendment. There are no other lights on. [LB675]

SENATOR COUNCIL: Ask for a call of the house. [LB675]

SENATOR FISCHER: There has been a request for the call of the house. Do I see five hands? I do. The question before you is, shall the house go under call? All those in favor vote aye; all those opposed, nay. Senators, the house is under call. Please check in. Record, Mr. Clerk. [LB675]

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CLERK: 28 ayes, 0 nays, Madam President. [LB675]

SENATOR FISCHER: Now the house is under call. Senators, please check in. Senator Heidemann, Senator Karpisek, Senator Langemeier, Senator Lautenbaugh, Senator Cook, the house is under call. Please check in. Senator Langemeier, the house is under call. All senators are present or accounted for. Senator Council has requested a roll call vote. Mr. Clerk. [LB675]

CLERK: (Roll call vote taken, Legislative Journal pages 1497-1498.) 32 ayes, 0 nays, Madam President, on the adoption of Senator Council's amendment. [LB675]

SENATOR FISCHER: The amendment has been adopted. I raise the call. [LB675]

CLERK: I have nothing further pending to the committee amendments at this time, Madam President. [LB675]

SENATOR FISCHER: Thank you, Mr. Clerk. Debate will continue now on AM994, the Judiciary Committee amendment. Are there senators wishing to speak? Seeing none, Senator Ashford, as Chair of the committee, you are recognized to close on the Judiciary Committee amendment. [LB675]

SENATOR ASHFORD: Thank you, Madam President. I would simply urge the adoption of the committee amendments. Senator Council's amendment was appropriate and helps the committee amendments. And with that, I'd urge the adoption. [LB675]

SENATOR FISCHER: Thank you, Senator Ashford. You have heard the closing on the committee amendment, AM994. All those in favor vote aye; all those opposed, nay. Record, Mr. Clerk. [LB675]

CLERK: 37 ayes, 5 nays, Madam President, on the adoption of committee amendments. [LB675]

SENATOR FISCHER: The amendment is adopted. [LB675]

CLERK: At this time, I have nothing further to the bill, Madam President. [LB675]

SENATOR FISCHER: Thank you, Mr. Clerk. Senator Fulton, you are recognized to close on the bill, LB675. [LB675]

SENATOR FULTON: Thank you, Madam President, members of the body. Well, I had a closing that was long and drawn out, but this will be short and not drawn out. I started with a quote from Justice Kennedy and I will repeat that quote now: While we find no reliable data to measure the phenomenon, it seems unexceptionable to conclude some

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women come to regret their choice to abort the infant life they once created and sustained. When we provide informed consent under the form of LB675, I posit to you that we are both advocating with some interest to the unborn life but also addressing the information that will be used to make a decision, a grave choice before a woman. We've had debate which sometimes focuses on the life of the unborn child, sometimes focuses on the woman who is faced with a very difficult decision. I submit to you that LB675, as amended, contemplates both by providing information such that truly informed consent can be given. The other day on a radio program that was talking about LB675, I was moved. I don't know if I'd say I was moved but it definitely got my attention. There was a woman who called in who said, had she seen an abortion, she would not have made the decision that she did make. Brave woman, she came out and said this publicly. I believe that LB675 is pro-life for both mother and child and I respectfully ask your vote to move it forward to Select File. Madam President, I request a record vote. Thank you, Madam President. [LB675]

SENATOR FISCHER: You have heard the closing on LB675 to E&R Initial. There has been a request for a record vote, Mr. Clerk. All those in favor vote aye; all those opposed vote nay. Have all members voted who wish to? Record, Mr. Clerk. [LB675]

CLERK: (Record vote read, Legislative Journal page 1498.) 37 ayes, 5 nays, Madam President, on the advancement of LB675. [LB675]

SENATOR FISCHER: The bill advances. The Chair recognizes the Speaker, Senator Flood. [LB675]

SPEAKER FLOOD: Thank you, Madam President, members. It is my intention to adjourn in just a moment. On Monday morning, we will be taking up some Final Reading of bills that have no General Fund impact and are ready for Final Reading. Additionally, there will be a couple of bills on that list with motions to return to Select File for a specific amendment. At 1:30 p.m. on Monday, we will begin debate of LB36, the bill that deals with lethal injection. Thank you.

SENATOR FISCHER: Thank you, Mr. Speaker. Mr. Clerk, items for the record.

CLERK: Thank you, Madam President. I have amendments to be printed to LB218, LB679, LB16, LB16A, LB155, and LB36. (Legislative Journal pages 1499-1505.) [LB218 LB679 LB16 LB16A LB155 LB36]

Madam President, a priority motion: Senator Heidemann would move to adjourn the body until Monday morning, May 18, at 10:00 a.m.

SENATOR FISCHER: You have heard the motion. All those in favor say aye. All those opposed? We are adjourned until Monday, May 18, 10:00.