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**LATHROP:** My name is Steve Lathrop. I chair the Judiciary Committee, I represent Legislative District 12. And normally we start this out with like my ten-minute recital, but because it's the very last hearing of the year, I don't have to tell you what to do with the next bill before the committee. What I will tell you is we're going to so-- follow social distancing requirements, so please keep a mask on while you're in the hearing room. You can take it off if you're at the-- at the mike so that the transcribers and the senators can clearly hear what you have to say. Those people who have chosen to offer written testimony have already had that opportunity this morning, so I won't go through that. I will tell you that each bill will begin today with the introducer's opening statement, followed by proponents of the bill for no more than 30 minutes and then opponents of the bill for no more than 30 minutes, and, finally, by anyone speaking in the neutral capacity. That, that time limit, is something that we've enforced all session long because of the volume of bills; and to be consistent and not to make exceptions for any particular bill, we're going to keep proponents and opponents to 30 minutes, hopefully. Before we start, we'll-- how many people are proponents? Let's see how many we got: one, two, three, four, OK, five. And how many are opponents that wish to testify? OK.

_____: Six.

**LATHROP:** Hopefully the committee will recognize that we-- we have a number of people that want to testify so the questions will not use up the thirty minutes. We have a three-minute light system, the table. If you're new to this, you'll have three minutes to offer your testimony. The green light will come on when you sit down. The yellow light will come on when you have a minute left. And when the red light comes on, we ask that you wrap up your final thought. A couple other things: Make sure your phone's in the silent mode. One other thing: Senators may be using their laptops. We've gone paperless, so they may be reading the bills and comments and things. They're not horsing around while they're in here. Hopefully they're not on Facebook or anything like that. But it's an opportunity or a way for them to access the bill and amendments and comments from others. And you may notice committee members coming and going, and because not-- the whole committee isn't here right now, sometimes senators have bills to introduce in other places. I guess we're the only ones with a bill, so that won't be the reason. They may have other meetings to attend, so--

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**_____**: That's it.

**LATHROP:** So if they're not here, it's not because they're-- they're-- they don't regard this as an important or consequential bill, but because sometimes we have responsibilities that take us out of the hearing room. And with that, we will have the committee introduce themselves, beginning with Senator DeBoer.

**DeBOER:** Good morning, everyone. My name is Wendy DeBoer. I represent District 10, which is Bennington and parts of northwest Omaha.

**BRANDT:** Good morning. I'm Senator Tom Brandt, District 32, Fillmore, Thayer, Jefferson Saline, and southwestern Lancaster Counties.

**PANSING BROOKS:** Good morning, everyone. Patty Pansing Brooks. I represent District 28 right here in the heart of Lincoln, and I'm Vice Chair of the committee. And there are three of us who will have to leave at some point for Executive Committee in Education, so that's one reason we would leave.

**LATHROP:** OK. Yeah, other people may be--

**PANSING BROOKS:** Yeah.

**LATHROP:** --having Exec Sessions. Senator Morfeld.

**MORFELD:** Adam Morfeld, District 46, northeast Lincoln.

**SLAMA:** Julie Slama, District 2, Otoe, Johnson, Nemaha, Pawnee, and Richardson Counties.

**McKINNEY:** Terrell McKinney, District 11, north Omaha.

**LATHROP:** OK. Assisting the committee today are Laurie Vollertsen. And I'm just going to stop and say Laurie Vollertsen has worked for ever-loving [INAUDIBLE]. [APPLAUSE] Really, you have no idea how much work and how much effort it's taken for her to process not only the-- all the written testimony, but to be prepared for all-day hearings and then be in those hearings all day, so we very much appreciate Laurie's work, as well as our committee counsel. Today we're joined by Josh Henningsen, but both Josh and Neal have spent-- you know, they're in here and then they still have the legal work they have to do to help make sure things are all put together, so we appreciate their efforts

and-- [APPLAUSE] Finally, finally, we have two-- two pages this morning, Evan Tillman and Mason Ellis, both UNL students. They have been here and helped us, helped this committee function smoothly through the process. And for that matter, we also-- oh, well, let's recognize our pages. [APPLAUSE] And I'm going to say this year-- this year we had a number of bills that I would say are in some ways bills where people have strong feelings on either side. We have been fortunate in this committee to have the work of the Sergeants-at-Arms and the Nebraska State Patrol, who has been here when needed on certain bills. And we very much appreciate the work of the Sergeants and the State Patrol. [APPLAUSE] They have made sure with this-- with this 30-minute thing that in some cases we had to clear the room in between bills, and I very-- I want to express my profound appreciation to the committee members, the staff, the pages, the State Patrol and the Sergeants-at-Arms for how smoothly we have been able to process and hear over 150 bills and 4 gubernatorial appointments in the time allotted. So with that bit of intro, we will take up our only bill of the day, LB276. Senator Hunt, welcome to the Judiciary Committee, and you may open.

**HUNT:** Thank you, Chairman Lathrop.

**PANSING BROOKS:** Thank you.

**HUNT:** Good morning. I'm Senator Megan Hunt, M-e-g-a-n H-u-n-t. I represent District 8 in midtown Omaha, which includes the neighborhoods of Dundee and Keystone and Benson. And I feel like I have the dubious honor today of all of you kind of being here today for my bill. But it's a-- it's a great bill and I'm-- I'm grateful to the staff and to all of you for being here today to-- to talk about this important issue. Today I am presenting LB276, a bill to allow medical abortions to be conducted via telemedicine. Some of you might recognize this bill as LB503 from 2019. I will continue to introduce this bill during the time I'm here to omit an unnecessary section of statute that stands in the way of the ability for people in Nebraska to receive the care they need. To be clear about the procedure we're talking about here, that would be impacted by this bill, medical abortion or medication abortion is a nonsurgical way to terminate an early pregnancy in the first ten weeks via medication. It's the only method that's impacted by this bill. So if you see, oh, articles or hear people say, you know, people are going to be performing surgery on themselves or unlicensed people will be doing surgery, that's

nothing that's going to be happening under this bill. It only impacts medication abortion, which is also known sometimes as the abortion pill. In a medication abortion, two pills, mifepristone and misoprostol, are provided to the patient by a trained healthcare professional. That's how it works currently. Typically these patients take the first dose at a healthcare facility under supervision of a physician, and then they take the second dose at home, and then they receive sub-- subsequent follow-up care and, you know, the kind of follow-up care that you would typically receive for any kind of procedure like this. The second pill is taken within 48 hours of the first pill. And because the procedure is not surgical, it doesn't require a doctor, a medical doctor, to be present while the procedure takes place. Patients commonly experience some bleeding and cramping after the procedure, but most people can return to normal activities within one or two days. I even know people who have gone through this procedure and gone to work, you know, who have continued to go about their lives, to care for the children they have, to, you know, have the shifts that they have at their own jobs while going through this procedure, and so it is very safe. It's been approved by the FDA since the year 2000, and any restrictions that we put on this, like, very safe, very researched, very understood to be the standard of medical care procedure, are really coming from a place of moral and political motivation, not because of the safety of the procedure. There is an existing body of research that is extensive and accepted as the standard of care by the medical community-- it exists and it is growing all the time-- that demonstrates that a virtual consultation with a physician for a medical abortion is perfectly safe within the first ten weeks of pregnancy. These drugs have been approved by the FDA since the year 2000, and now about a third of abortions at eight weeks or less are terminated in this way, so it's a really common standard of care. It's the safest thing for the patient, if a pregnancy needs to be terminated, that it's done very, very early in the pregnancy. And we know that-- I mean, regardless of where you stand on the abortion issue, increasing restrictions that states are under, including restrictions that we've passed here in this body, make it ideal for patients to have this procedure as early in the pregnancy as possible. As all of us know, when we're talking about telemedicine, what that means is when a patient consults with a physician through a telecommunications service, so maybe that's telephone conferencing, maybe that's a webcam, and then that physician makes a diagnosis or they supervise treatment or they prescribe

medication. They do whatever is necessary for them to that's-- that they're able to do via telephone or webcam or whatever it is. Telemedicine has revolutionized the way we receive care. It's brought down costs. It's expanded the reach of quality care for people who are restricted by geographic barriers. Our friends in western Nebraska and rural parts of the state have been advocates for telemedicine for a long time because it's the way for them to get the, you know, highest standard of care that we can offer here in Nebraska, in remote parts of the state where otherwise they would have to take off work, they'd have to find childcare, they'd have to make arrangements to come to Omaha or Lincoln, typically, for a procedure. In Nebraska, we allow telemedicine for every type of care except abortion because it is specifically mentioned in our statute. The prevalence of telemedicine has increased so much, and more so in the wake of COVID-19 as providers and patients seek to minimize the risk of exposure to the Coronavirus. Senator Arch, of course, prioritized a bill around telemedicine, so we know that this is a, you know, a method and a practice that's going to be here to stay with us. Honestly, after COVID-19, when we're all vaccinated and we're all, you know, back to our normal lives, I will probably continue to take advantage of telemedicine because I am a single parent and it prevents me from having to get childcare and take days off. And if I can just have a video consultation to get a prescription or something, I would always rather do that, and that pretty much goes for every type of procedure and every type of doctor visit that we would need to do. The reason I'm bringing this bill for a second time now is that our current law explicitly and unfairly bans the use of telemedicine only for this specific procedure. Under current Nebraska Statute, all treatments and all consultations that do not involve a physical procedure can be performed through telemedicine, except for medical abortion. This means that patients that are seeking early abortions in a pregnancy have to be in the same room as a doctor just to swallow a pill and go home, so you can think about the-- the limitations that this puts on patients who are seeking care. This exception is kind of recent. It was put in statute in 2011 by Senator Tony Fulton, and it is completely based on moral and political judgments about abortion and, as a result, it leaves many economically disadvantaged people in rural counties without access to safe and necessary care. We don't have to look any farther than our own neighbors in Iowa to see how this policy can play out. There's currently 31 states where, you know, this procedure that I'm trying to legalize in Nebraska is done. It's done

without any complications, without any problem. The sky is not going to fall. It's a perfectly safe thing for us to offer in Nebraska, and we only have to look to our neighbors over in Iowa to see that that's right. In 2008, Iowa legalized telemedicine for abortion to increase access and care for rural patients. That was the whole idea behind the bill. A study published in the Journal of Obstetrics and Gynecologists [SIC] took a look at the patient outcomes for women who went to telemedicine abortion providers in Iowa between 2008 and 2015. What's really amazing to me is that the patient outcomes for the patients who received telemedicine for abortion, the video counseling compared to those who took the medication in the presence of a doctor, there were actually fewer complications for the patients who did it via telemedicine. And there's lots of reasons that-- that we think that might be, why patients who are able to take the medicine at home, who don't have to take off work, who don't have to find the childcare, who don't have the stress of going into a facility, they actually have fewer complications than those who got this procedure via telemedicine, so it's actually safer for patients. What they discovered in Iowa was that it also didn't increase the number of abortions, that the people who had already made up their mind to terminate a pregnancy were having that done earlier, and so there were fewer complications; there was fewer-- less danger. It was a really good outcome for patients. So this study is one example of many studies that just adds to a growing body of research that demonstrates that this method is as safe and effective as meeting with the physician in person, and that's the standard that we're trying to establish: What is the safest thing for patients, given that this is legal, given that we cannot put an undue burden on patients? What is the best way that we can find to make sure that that legal right is protected in Nebraska? We just need to look at Iowa because they're doing a great job with it. The current ban on telehealth for abortions arbitrarily denies access to an essential healthcare service based purely on moral, religious, political judgments of the Legislature that passed the law. And, you know, we understand about how political pressure works, especially around abortion issues, and it really set Nebraska back in terms of what the standard of care is that we can offer to women. And we saw that during the pandemic. We only need to look at what happened in the pandemic to see that that's absolutely right. So I'm not asking anybody to change their view on abortion if it is your deeply held belief that it's wrong. We can disagree on that and I respect that. What I'm asking the committee to think about is

whether or not it's appropriate for us to legislate access to medical care and make decisions about the safety and science of a procedure which is universally regarded as safe when we have no expertise as legislators. Is it appropriate for us to put ourselves between a doctor and a patient when a doctor is using their best judgment for the treatment of the patient? If telemedicine can be used for other noninvasive medical services of any kind, we cannot bar its use simply based on antiabortion beliefs, which are held by some but not all Nebraskans. And also, you know, I can think of an example of somebody very close to me. Even if you are antiabortion, you don't know about things like fetal anomalies or complications or threats to the patient's fertility and, you know, impending miscarriages and all kinds of complications that can happen with birth. Pregnancy and birth is, you know, one of the most dangerous things a woman can go through, and we need to untie the hands of physicians in Nebraska and give them the control to make the best medical decisions in consultation with their patients and their faith and their families. The government cannot be in the business of making laws picking and choosing what kinds of medical procedures Nebraskans can access based on moral judgments. It's up to physicians and other medical providers, who have years of experience and training and judgment, to decide the proper course for their patients based on current evidence and standards of care. That holds true whether we're talking about treating the flu, whether we're talking about cancer or premature infants or any-- any type of procedure at all. The Legislature rightly does not try to regulate the treatments provided by cancer centers in the state, and we have no business interfering in women's health either. The current restrictions on telemedicine for abortion, which is the standard of care, are based on feelings, not facts. In Nebraska, we have a first-class medical community with state-of-the-art facilities. We have medical experts. We have research universities. We should be leading the way on medical advances in the whole country. Other communities look to us to be on the cutting edge of medical science, and UNMC demonstrated that when they took the lead on fighting the Zika virus, Ebola, many pandemics across the country. It's a little different for COVID, and I think that was for political reasons, but we cannot allow politics to keep coming between providing quality healthcare and making sure that reaches the patients who need it. Telemedicine for medical abortion is one of those established standards. It just allows a physician to prescribe and dispense medication by video or teleconference. Thirty-one other states have

this. It's been proven to be perfectly safe and cost effective. And by having this exception to the services which can be provided via telemedicine in our state, we are not reducing the number of abortions; rather, we are simply delaying the abortions that women have already decided to have until later in pregnancy, when they're more likely to involve costly surgical methods or more complications potentially for the patient. As more and more women's healthcare clinics are closing under the weight of governmental restrictions, telemedicine is an increasingly crucial option for low-income and rural patients. In all medical contexts except abortion, Nebraska authorizes physicians to use telemedicine to provide services and prescribe medication. To single out a noninvasive treatment and deny access to necessary care for patients that do not have the means to find childcare and travel to another town is unethical and puts an undue burden on women who are seeking safe and legal healthcare and constitutes a biased judgment call on the part of government that we have no business making. I'll finish up here, and I'd be happy to take any questions.

**LATHROP:** OK. Any questions for Senator Hunt? I see none. Thank you--

**HUNT:** Thank you.

**LATHROP:** --for your introduction, Senator Hunt. We will begin taking proponent testimony.

**_____:** Thank you.

**LATHROP:** Good morning. Welcome.

**MEG MIKOLAJCZYK:** Good morning, Chairperson Lathrop. Members of the committee, my name is Meg Mikolajczyk, M-e-g M-i-k-o-l-a-j-c-z-y-k. I'm legal counsel and deputy director for Planned Parenthood North Central States. That includes our medical ancillaries Planned Parenthood of the Heartland. We are a five-state region: North Dakota, South Dakota, Minnesota, Iowa, and Nebraska. We have two health centers in Nebraska, one in Lincoln, one in Omaha. We see over 8,000--

**PANSING BROOKS:** Can you pull that closer to you so I can actually hear [INAUDIBLE]

**MEG MIKOLAJCZYK:** Yes. We see over 8000 patients a year.

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**PANSING BROOKS:** Thank you.

**MEG MIKOLAJCZYK:** A lot of ground has already been covered by Senator Hunt. There's a few main points I'd like to make. First, the obvious one, I'm not a medical provider, so I have included the expert opinion from our chief medical officer, Dr. Sarah Traxler, in my testimony. She could not be here today. She's in Minnesota seeing patients. I will do my best, though, to illustrate a little bit more about the actual process. As you heard, Planned Parenthood in 2008 innovated this process in Iowa. The entire patient-physician experience is exactly the same as if the physician were in the room. But the physician, through a synchronous, HIPAA-compliant platform, is able to interface with the patient. There's a staff member in the room with the patient at all times, in the waiting room as well. Patient is still at a health center. They're not, you know, doing this through their phone or anything like that, the entire appointment, all laws, exactly the same. The physician goes through, identifies the patient, gives counseling, screens for coercion, talks about the process, and obtains informed consent. At that point, the patient has a-- the-- sorry, the physician has a remote control on their end that operates a locked box in the waiting-- or in the patient room. They are able to then dispense the two-dose medication for medication abortion. Patient, while interfacing with physician, takes the first dose, the mifepristone, then takes misoprostol home with them, takes it 24 to 48 hours later. That's exactly the same as if the patient were in the room. Only difference now that we're asking for is that doctor could be 50 miles, 200 miles away. As Senator Hunt also mentioned, in 2011, Iowa, the Iowa State Board of Med tried to ban this. I believe she said this, but if she didn't, we sued and we won. I've included the Opinion. The-- the main end result of that was this is not based on health science for a patient, it's based in political and religious beliefs, and that is not constitutional. Finally, I just want to say, in Nebraska, 61 percent of patients seeking abortion choose medication abortion, and it's exceptionally safe, regardless of it's-- if it's given from a physician in the room or if it's done through telehealth. And the Nebraska Department of Health and Human Services abortion reports illustrate that there is almost 100 percent no-complication rates, 99.9 percent. It has been that way since 2014; 2014, there were zero complications, so we had a 100 percent success rate. So this is a very safe procedure and nothing about it changes except physicians

able to use telehealth, just like many other types of care. So with that-- and like I said, there's more here, but that's the essence.

**LATHROP:** OK. Senator Geist.

**GEIST:** Yeah. So would you let me know what happens if a complication occurs?

**MEG MIKOLAJCZYK:** Sure. So in the event that a complication occurs, which is significantly rare-- I do believe Senator Hunt mentioned it's usually bleeding, dizziness-- but in that event, first of all, we do prescribe every single patient antibiotics proactively on the off chance there's an infection so they have what they need because they do take that second dose at home. In addition, we have after-hour patient, you know, hotline that they can call to talk to a medical provider, just like any other type of healthcare provider would, and we make sure that they get the care that they need. But again, there have been no complications for years in Nebraska with medication abortion, so-- but if there were, we would handle it just as we would.

**GEIST:** And I think that's probably in dispute, but that's what I-- thank you.

**MEG MIKOLAJCZYK:** OK, thanks.

**LATHROP:** Senator Slama.

**SLAMA:** Just to clarify for me-- thank you, Mr. Chairman. And thank you for being here today. Just to clarify for me, what do you mean by 100 percent success rate?

**MEG MIKOLAJCZYK:** I mean that the report that the Department of Health and Human Services collects from every abortion performed in the state shows that there were zero complications in 2014. In years subsequent, there's been about one or two, and you can access that. I've got all the footnotes and they're online. And typically those complications arise from abortions that are not performed via medication. It's usually because there's-- you know, it's a surgical procedure.

**SLAMA:** OK, so 100 percent success rate means--

**MEG MIKOLAJCZYK:** There have been no--

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**SLAMA:** --successfully terminating the pregnancy without any complications.

**MEG MIKOLAJCZYK:** Correct.

**SLAMA:** OK. Thank you.

**LATHROP:** I see no other questions. Thanks for being here today.

**MEG MIKOLAJCZYK:** Thank you.

**LATHROP:** Next proponent. Good morning and welcome to the Judiciary Committee.

**DANIELLE CONRAD:** Hello. Hi. Good morning. My name is Danielle Conrad. It's D-a-n-i-e-l-l-e C-o-n-r-a-d. I'm here today on behalf of the ACLU of Nebraska. The ACLU has long been a protector and defender of reproductive justice, women's rights, health, and safety, and stands unequivocally with the belief that the decision about whether or not to parent or end a pregnancy belongs with Nebraskans and their doctors and it shouldn't be subject to undue political interference. So Senator Hunt asked me to provide just a couple key top lines about some of the legal framework impacting this legislation. And I know you're at the very end of your hearing schedule and you've heard this measure before, many of you, so I just wanted to provide a couple of top lines in-- in that regard. So I think we're all very well aware of the general legal framework that governs abortion rights and abortion care. So, of course, we have the seminal case of Roe v. Wade, which was later clarified and modified a bit through the Casey standard. And then we have some very, very recent cases out of the United States Supreme Court that reaffirm, essentially, the essential holding of Roe and Casey. So we look to Whole Women's Health, which came down, I believe, in about 2016, and we look at June Medical Services, which came down just last year. So that's really the legal framework that we're looking at when we look at any restriction on the right to abortion and the right to access abortion care. And from that line of cases, what the court is telling us is that when the government imposes an undue burden on women's-- a woman's right to access abortion care, that when it run-- that's when it runs afoul of the constitution; that's when it's impermissible from a freedom, liberty, and privacy perspective. That goes too far. So when we look at the telemedicine ban in Nebraska, what does that really mean? So we have

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90 counties in Nebraska that don't have an abortion care provider in them. We have decades of research through medicine and science that shows us telemedicine abortion and medical abortion is safe. When we look at the legislative history of Senator Fulton's bill, LB521 from 2011, he's actually very candid. He brought forward the ban not to protect women's health, but to ban abortion because of his personal, political, and religious beliefs. That's what makes this undue burden suspect from a legal perspective. We ask that you reconsider it, and in particular, in light of the public health pandemic that we're currently in, where we've seen courts and we've seen legislatures reexamine unnecessary regulations when seeking care and seeking tele-- telehealth. So I'm happy to answer any questions, and thank you so much.

**LATHROP:** OK. Any questions for--

**DANIELLE CONRAD:** OK.

**LATHROP:** --Ms. Conrad?

**DANIELLE CONRAD:** So lovely to see you. Thank you.

**LATHROP:** Yeah, yeah. Thanks for being here.

**DANIELLE CONRAD:** And congratulations on the conclusion of your hearings.

**LATHROP:** Yes, we're pretty excited about that [INAUDIBLE]

**DANIELLE CONRAD:** I like the clapping at the beginning. That's a nice touch.

**LATHROP:** All right. Yeah, thanks. Thanks for being here. Next proponent. Good morning and welcome.

**TIFFANY JOEKEL:** Good morning. Thank you. Chairperson Lathrop, members of the Judiciary Committee, my name is Tiffany Joekel, T-i-f-f-a-n-y J-o-e-k-e-l, and I'm testifying in support of LB276 today on behalf of the Women's Fund of Omaha. We support this effort to eliminate medically unnecessary barriers that have singled out a woman's decision to access medication abortion care for more onerous treatment through telemedicine. Ultimately, this in-person requirement simply creates more burdens and barriers for women and their families in

accessing the healthcare they need. At the Women's Fund. We care deeply about the well-being of women, especially women who may be facing difficult circumstances. We share the concern with many on this committee and otherwise for pri-- prioritizing the health and safety of a woman who has decided to seek medication abortion care. However, it is the consensus of the medical community that medication abortion is safe and, in fact, complications are extremely rare and occur in no more than a fraction of a percent of patients. It is appropriate that our laws should support and safeguard a woman's health. It is also appropriate that our laws should not create a barrier to what is safe and effective medical care. Instead of limiting healthcare options, we should instead be expanding the ways in which safe, effective medical care can reach people. Telemedicine has tremendous potential to be leveraged to increase access to care for patient groups, especially those who have been traditionally-- who have traditionally faced barriers to in-person care. To single out and exclude medication abortion care, which is a noninvasive-- invasive medical treatment, from telemedicine creates additional barriers for women who may not have the means to find childcare. They may lack access to dependable transportation. They may not be able to take significant time off work. No matter how we each may feel about abortion, the de-- decision about whether to keep or end a pregnancy is a deeply personal one. We can never know all the circumstances behind a woman's decision. Ultimately, this in-person requirement reduces access to what is a safe, effective abortion care early in a pregnancy. We ask that the Legislature eliminate laws that unfairly target women's access to telemedicine and their access to healthcare, especially those women who are already economically marginalized and struggle to access our healthcare system. Thank you for your time.

**LATHROP:** OK. Any questions for Ms. Joekel? I don't see any. Thanks for being here--

**TIFFANY JOEKEL:** Sure.

**LATHROP:** --this morning. Any other proponents of LB276 wish to be heard?

**ABBY JOHNSON:** Sorry for these.

**LATHROP:** Good morning.

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**ABBY JOHNSON:** Good morning. My name is Abby Johnson; it's spelled A-b-b-y J-o-h-n-s-o-n, and I'm here in support of LB276. And I won't go over what we've already been over, you know, the facts that it's safe and that requiring a physician to be in the room is a barrier to care. And if you don't know that or don't agree with that, I do just want to share an experience with how the Nebraska Legislature put up a barrier when I needed the same kind of care. Three years ago, I was living in New York City and I had a job as an editorial assistant at Oxford University Press. I was 23 years old and I made $16.49 an hour and I was not living the dream, but I was working really hard for it. And on Thanksgiving Day 2018, I learned I was pregnant. I made an appointment at a Planned Parenthood in New York and then I called my health insurance, which was Blue Cross Blue Shield of Nebraska. I was still on my father's because he was a firefighter, great benefits-- thank you, unions. But I learned that my health insurance would not cover any abortion care under LB22, the Mandate Option [SIC] and Insurance Coverage Classification [SIC] Act, passed in 2011. And I didn't know how I could pay $600 out of pocket, but I knew I had made my decision. And two days before my appointment at Planned Parenthood, I began to miscarry and I would not go to a doctor because I was under the impression that I would still have to pay that $600 because I was confused by the law and I thought I could tough it out. And I was scared and I was in pain and I deserved care. So I'm in support of this bill because here is a chance to take down a barrier, because you all have put up enough, and-- and also for those of you who, you know, espouse the government getting out of the way and of individual rights and freedoms, then this is your chance. And I'll finish up here. When I was in New York, people said some pretty rude things about Nebraska, but I would always defend this state because it's my home and because I love it. And that's why I came back last week and that's why I'm planning to stay and work for a more progressive future for the state, so thank you so much for letting me testify.

**LATHROP:** Sure, sure. I don't see any questions for you.

**PANSING BROOKS:** I-- I have something.

**LATHROP:** Oh, I'm sorry.

**PANSING BROOKS:** Thank you. Thank you. I just want to--

**LATHROP:** Senator Pansing Brooks.

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**PANSING BROOKS:** I'm sorry, yeah. Thank you so much, Ms. Johnson, for coming and telling your story.

**ABBY JOHNSON:** Sure.

**PANSING BROOKS:** I think when people are willing to come and talk about their experiences, it-- it makes it stronger and we can understand what the stories are that make somebody make a decision. And it's not my decision and I don't--

**ABBY JOHNSON:** Um-hum.

**PANSING BROOKS:** --I don't know what I would decide, but I certainly allow and-- and promote your ability to choose, so thank you.

**ABBY JOHNSON:** Absolutely. Thanks so much.

**LATHROP:** Any other questions? I see none. Yeah, thanks for being here.

**ABBY JOHNSON:** Yeah.

**LATHROP:** Any other proponents who wish to be heard? Seeing none, we will go to opponent testimony. Once again, how many people are here to testify in opposition? OK, very good. Thank you. Good morning.

**MARION MINER:** Excuse me. Good morning, Chairman Lathrop and members of the Judiciary Committee. My name is Marion Miner, M-a-r-i-o-n M-i-n-e-r. I'm the associate director for pro-life and family policy at the Nebraska Catholic Conference, which advocates for the public policy interests of the Catholic Church and advances the gospel of life by engaging, educating, and empowering public officials, Catholic laity, and the general public. I am here today to express the conference's opposition to LB276. LB276 would eliminate the requirement that a physician be present when an abortion is performed. In practice, as you've heard, this would mean the legalization of so-called telemed or sometimes called webcam abortions. The conference opposes this change for several reasons. First and most-- most fundamentally, abortion in every form is simply a terrible and tragic evil that should not be expanded. Many women seek abortion in desperation because they feel they have no other option. Ministries that give them help do exist, but their efforts need to be promoted and expanded. The sad status quo is that there are approximately 2,000 abortions per year in Nebraska. We should be looking for a way to

reduce, not increase that number. Second, the lack of an in-person meeting between the abortionist and the woman increases the risk that sexual abuse, trafficking, or coercion of the woman to have an abortion go undetected. When abortion pills can be prescribed over video conference or telephone, it is not difficult for an abuser to be present and to listen to the conversation without the knowledge of the provider, and there's no opportunity to take the woman aside to be sure their conversation is private and that she is not the victim of ongoing abuse or coercion. And I'd like to call your attention to something that just in the last couple of weeks, a story came out in the Omaha World-Herald about a girl, a young girl who was abused by a school employee for years. And at one point he posed as her father, took her to an Omaha Planned Parenthood clinic, and acquired the abortion pill for her. That becomes much easier in a-- in a situation where you do not even have to come in person for a meeting with-- with the person who is going to be providing this abortion pill. Third, it is clear that telemed abortions present significantly increased health risks to women. There is a lot of scientific assertion on both sides of this issue, but numerous studies and very recently gathered official data, both in the United States and elsewhere, have shown a much higher risk and rate of complications, many very serious, due to drug-induced abortions compared to those done surgically. Conditions the woman has either contraindicate chemical abortion entirely, such as ectopic pregnancy or a baby that is too far along for chemical abortion to be ex-- attempted without serious risk to the mother's health-- health, and conditions that require preventative treatment can often only be identified and addressed if the woman and the person dispensing abortion pills meet in person first. Now, in the United States particularly, despite the fact that our-- our abortion reporting systems for complications are notoriously poor, the FDA has compiled a lot of statistics showing at least 24 deaths, at least 97 undiagnosed ectopic pregnancies, which can be fatal, and many other complications. I see my time is up, so I-- I will pause now.

**LATHROP:** Yeah, let's see if there's any questions for you.

**MARION MINER:** Sure.

**LATHROP:** Senator Geist.

**GEIST:** I do have one. I wonder-- I was just reading ahead in your testimony. I-- I think it's kind of important that-- on the record

that you talk about the investigation that's going on in the UK right now.

**MARION MINER:** Right. So, yeah, thank you for the question. This is actually a brand-new development. The UK has never allowed telemed abortions despite the fact that they have allowed for mifepristone abortions for longer than the United States has. But they just recently, because of the COVID pandemic, started allowing on a temporary basis these types of abortions to occur. And just three days ago, on March 9, government officials in Parliament began-- began calling for an investigation of what seems to be massive underreporting of these complications. So from April to June of 2020, after they had temporarily-- temporarily allowed for these types of abortions to occur, there was one-- despite 23,000 telemed abortions taking place during that time, there was one reported complication, one. However, when they-- under a Freedom of Information request, they found that there were 36 calls, emergency calls per month, for complications due to at-home abortions. So there's a massive underreporting issue that's taking place in the UK. It's under scrutiny now by the government. And if it's happening there, it's likely happening here too. I also have some-- some other things here. I don't-- I don't want to abuse the-- the opportunity to speak, but I would encourage you to look into the 2018 Swedish study that I've cited, the 2009 Finnish study, and there are many others, if-- if you'd like further reading, that are available and I can provide with you on request.

**LATHROP:** OK. Any other questions--

**GEIST:** Thank you.

**LATHROP:** --for Mr. Miner? I don't see any. Thanks for coming in this morning.

**MARION MINER:** Thank you.

**LATHROP:** Next opponent.

**KAREN BOWLING:** Good morning, Chair Lathrop--

**LATHROP:** Good morning.

*Indicates written testimony submitted prior to the public hearing per our COVID-19 response protocol

**KAREN BOWLING:** --and members of the committee, and congratulations. This is your last day of hearings. My name is Karen Bowling, K-a-r-e-n B-o-w-l-i-n-g, and I'm the executive director of Nebraska Family Alliance. NFA is a nonprofit policy and research education organization that advocates for marriage and family, life and religious liberty. We represent a diverse statewide network of thousands of individuals, families and faith leaders. We oppose LB276 telemedicine abortion because it eliminates requiring a physician's physical presence in the same room when performing, prescribing or inducing an abortion. Women deserve the best standard of care with the presence of a physician when pursuing medication abortion. Compassionate care should include a physician present who can examine and evaluate before initiating a chemical abortion. A survey of abortion-providing members of the Society of Family Planning in 2019 found that one third of patients had experienced complications because of self-managed tele-medication abortion, and only half of them felt safe. You can see it cited on my second page and encourage you to look at that. Medication abortions include risk factors. According to a two 2017 report, FDA Mifepristone Post-Marketing Adverse Events Summary, the abortion pill mask symptoms of ectopic pregnancies, such as vaginal bleeding, pelvic pain, and sharp abdominal cramping. Diagnosis can be missed without a pelvic exam. Tragically, many women, sex trafficked, have been forced into multiple abortions. Interaction with a physician is an opportunity for these women to be identified and helped. Telemedicine abortion removes this opportunity for intervention; and according to a 2014 documentation, the health consequences of sex trafficking and their implications for identifying victims in healthcare facilities, that is also cited. The health and safety of women and preborn lives should be protected. Mail-in, delivered, self-managed abortions should not be the standard of care in Nebraska. We ask that the committee to indefinitely postpone LB276. Thank you for your thoughtful consideration and I'll take any questions.

**LATHROP:** Very well. Thank you, Ms. Bowling, for being here.

**KAREN BOWLING:** Thank you.

**LATHROP:** Yeah, have a great weekend. Next opponent.

**SANDY DANEK:** Good morning.

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**LATHROP:** Good morning. Welcome.

**SANDY DANEK:** My name is Sandy Danek, S-a-n-d-y D-a-n-e-k, and I'm the executive director for Nebraska Right to Life. I come before you today in opposition of LB276. In 2011, the Legislature inserted language that essentially said a physician must be physically present in the same room for any abortion, and we believe there is legitimate reasons why this language is so necessary. In her book, Unplanned, Abby Johnson, a former Planned Parenthood director, described her personal experience with RU-486 abortion, quote: A medication abortion was more private, less invasive, just a few pills, right? My experience proved otherwise. My cramping was excruciating and went on for days. I was too ill to get out of bed, ran a fever, bled heavily, and was frightened. But whether out of shame, humiliation, or self-punishment, I would not call the clinic. I couldn't bear the thought of going to an emergency room because there was no way I was going to confess that I had brought this on myself. I suffered alone, unquote. Abby's account is not uncommon, and while it happened in Texas, closer to home right here in Lincoln, Kara [PHONETIC], a young women-- woman who submitted her testimony to this committee, had a similar experience. She described how there was so much pain she thought she was dying. It was not typical period cramping, as they had told her. She felt as though her insides were being ripped out and she was terrified, all alone. She thought she needed to go to the emergency room, but, quote, your mind is so messed up you don't know what you're doing, you're left to decide what is normal and not normal, I feel this procedure should not be done at home, unquote. In the event of a chemical abortion gone wrong, women, particularly in smaller communities prevalent in Nebraska, may be hesitant to seek emergency medical treatment where it may be discovered she took a chemical abortion regimen. This procedure is not just a telehealth consultation where you and your doctor discuss medication updates or test results. This is an invasive procedure that can not only have significant complications for the woman but causes the death of a preborn baby, and many times she cannot help but see the remains of her own child. Women seeking this method are told this is a convenient private remedy to an unwanted pregnancy that is done in the security of their own home, where they will experience some cramping and blood clots with some tissue. This is a trivial way to describe such a traumatic event. Women are led to believe that they will be provided oversight from medical professionals. With LB276, she would be abandoned in the

process without support after being prescribed this powerful drug cocktail. Women deserve better than this. Senators, we ask you to reject LB276.

**LATHROP:** Any questions? Senator McKinney.

**McKINNEY:** Thank you. When you say women deserve better than this, say a woman is sentenced to death through the death penalty. Would you support that?

**SANDY DANEK:** No.

**McKINNEY:** OK, thank you.

**SANDY DANEK:** Um-hum.

**LATHROP:** Welcome.

**JENNIFER HICKS:** Hi. My name is Jennifer Hicks, J-e-n-n-i-f-e-r H-i-c-k-s. The senator who's proposed LB276 is the same senator who in August of 2020 said of her peers in the Senate, quote, the loudest voices in this body about antiabortion are the ones not wearing masks. When the topic was on a mask mandate, she claimed that masks were necessary to protect the people and that our Governor was putting his political agenda in front of the health of-- and safety of Nebraskans. She also boldly accused her colleagues of, quote, not valuing the lives of Nebraskans. I can't move on from this without pointing out two things. One, Dr. Fauci himself is on the record as unequivocally stating that healthy, asymptomatic people are not spreaders of respiratory illness and, therefore, any assumption that those who choose not to wear masks are endangering the health of others is an erroneous one. And two, anyone who expresses such great concern for human life should surely acknowledge that the actual purpose and goal of an abortion procedure is not to protect life but to end it. And yet now that very same senator, who shamed her peers for a lack of concern for human life, champions access to a procedure that almost 100 percent of the time results in the death of human life. Many of the proponents of abortions like to point out that the risk to women of comp-- of complications due to an abortion are actually quite low. They will tell you that abortion is safe and that complications are minor. A study published in 2016 by researchers at UC-San Francisco found that of 54,911 abortions, the overall complication rate was 2

percent and most complications were minor. Only 0.03 percent of patients were transferred to an emergency department on the day of the abortion. These numbers may seem small, but they are greater than the risks posed by COVID-19 to healthy women of childbearing age. I found a Huff Post article from December 2017, which I thought was interesting in light of all that is going on in our world today. The article emphasizes the many, many risks that are posed by everyday activities of daily life. A quote from the article reads: The risk of death from abortion in the U.S. is similar to that of paddling a canoe. Given this infor-- given this fact, the current preoccupation of state legislators with gynecology and not canoes clearly stems from partisan politics, not concerns about health. I suspect that the senator who proposed LB276 would agree with the Huff Post article's intent to support abortion by diminishing its risk in comparison to other risks of daily life, but I suspect she would likely be unwilling to apply the same logic when it comes to assessing the risks posed by COVID-19. So I'm here not only to state my opposition to LB276 but also to remind our legislators that we are watching what you do. We are watching to ensure that the people who were elected to represent us are acting with integrity and consistency of motive and not for their own political reasons. To do anything less would be to put one's political agenda ahead of the health and safety of Nebraskans. And-- and for those who have-- who have spoken already and said that, you know, the legislators have no business interfering in women's healthcare, I do believe that legislators should stay out of-- of healthcare decisions for the most part. But I would also remind everyone that in the instance of abortion, abortion interferes with the health rights of a developing human child. So--

**LATHROP:** OK.

**JENNIFER HICKS:** --do you have any questions?

**LATHROP:** Any questions for Ms. Hicks? I see none. Thanks for coming today. Anyone else here to testify in opposition? Welcome.

**JOSHUA VOOGD:** Good morning, Senators. My name is Joshua Voogd, J-o-s-h-u-a V, as in "Victor," o-o-g, as in "go," d, as in "David," and I'm testifying on behalf of Students for Life Action, which is a nonreligious, pro-life, campus-focused group. First off, I want to thank you for holding this hearing, having an opportunity for Nebraskans to voice their concerns to public officials. This is vital

for creating government policy that is inclusive for all Nebraskans. And there's been various statistics cited regarding whether or not chemical abortions are safe to be done, but I don't recall the cite. It was a 2016 study from the FDA which stated that roughly 8 percent of women would have to be hospitalized after this procedure, within 30 days after the fact, as well as roughly the same percentages experiencing either excessive bleeding or about 5 to 8 percent of them having to go to a hospital to have the abortion completed there, which seems to stand in opposition to the claim of this being a safe and reliable procedure, as well as is the fact that healthcare needs to take an account of all of human life involved in the situation. We in the pro-life movement do not advocate for pitting child above mother, as it is sometimes claimed. We want us to remember the value of all human life because all human life is deeply important. There's been times in this country where we've tried restricting people based off of what we think is valuable and we want to make a society that is inclusive to all people. I appreciate you all hearing this testimony and I hope you can take this into consideration.

**LATHROP:** OK. Thanks for being here, appreciate hearing from you. I don't see any questions. Next oppo-- I said I don't see any. Thanks for being here though. Next opponent. Good morning.

**JAYLEM DUROUSSEAU:** Good morning, Mr. Chair. My name is Jaylem Durousseau, J-a-y-l-e-m; and Durousseau is spelled D-u-r-o-u-s-s-e-a-u. Today I'm here in opposition on behalf of Students for Life Action, the sister organization of Students for Life of America, which has 1,250 student groups in all 50 states, including 24 here in the state of Nebraska. And I am also one of your constituents, Mr. Chairman. Chemical abortions currently pose about 40 percent of our nation's abortions, yet they have four times the complications of a surgical abortion. A chemical abortion can cause dangerous complications later in pregnancy, such as ectopic pregnancies. As Armando Fuentes, M.D., points out, when there isn't a proper screening of a woman's blood type, because if a woman possesses a RH-negative blood type and her partner possesses an RH-positive blood type, it can actually cause her to essentially have problems in future fertility and contribute to ectopic pregnancies. Additionally, the National Library of Health has pointed out that the problems posed by chemical abortions lead to a sharp uptick in ecto-- ec-- ectopic pregnancies compared to their surgical counterparts. And essentially what we're seeing is that chemical abortions pose a risk and that

essentially, as was the case of LB521, there should be certain safeguards in order to protect women. And LB521 had a majority of our Senate's support, with over 80 percent of our senators voting in the affirmative, including one member of this committee. Also, numerous women have died from this procedure, such as California woman Holly Patterson, who was sent to a hospital after extreme hemorrhaging and, after being sent home with painkillers and not receiving proper medical treatment, was left to bleed out and die in her apartment alone. Ultimately, Senators, if we are a state that is going to protect its citizens and protect the health and well-being of all of our constituents, it is our responsibility to ensure that all the safeguards are there, to ensure proper protection for all women and all people; therefore, I come before you today and humbly ask for your vote against LB276. And with that, I yield the rest of my time.

**LATHROP:** OK. I do not see any questions for you, but thanks for coming down today.

**JAYLEM DUROUSSEAU:** Thank you, Mr. Chair.

**LATHROP:** You're very welcome. Any other opponents that wish to testify? Any other opponents? Anyone here in a neutral capacity? Seeing none, Senator Hunt, you may close. We have no written testimony that was provided to us this morning. We have received many position letters, some in support, many in opposition, and I say many. Normally, at this time, I would say how many. The fact of the matter is, we had them coming in almost right up till the time, and many of them are form letters that we can't determine whether they're for or against. They're just forwarding some form some-- one group or another encouraged them to forward, so that will have to do for now in the record. And with that, Senator Hunt, you may close.

**HUNT:** Thank you, Chairman Lathrop. Thanks, members of the committee, and thank you to everybody who-- who came here to testify today. A lot of problems described my by-- by my opponents, by the opponents to this bill about, you know, what's going to happen if we allow more people to get medication abortions, all the fire, you know, all the awful things that are going to happen, a lot of the things they described have nothing to do with this bill, have nothing to do with the procedure that we're actually talking about. And there are risks involved with every medical procedure and there are risks involved all the time. And to say that we shouldn't legalize this-- this safe

procedure, which is the standard of care in Nebraska, to me, it's kind of like saying cars are often used to traffic drugs and so we should make sure that no one ever drives a car. It-- it doesn't make any sense. What we're talking about is the standard of care and allowing physicians, with their patients, to make the best decisions for their medical care. That's not always going to be this procedure. Sometimes that's other things. But we need that decision to be between doctors and their patients. A lot of the problems opponents described are also because of stigma, not because of the nature of the procedure of medication abortion but because of the stigma and judgment that we put on people when we pass laws that restrict reproductive access, when we restrict reproductive healthcare. When we do things like prevent comprehensive sex ed from being taught and discussed in our schools, when we prevent kids from learning about the risk of STDs and STIs and about consent and about self-respect and bodily autonomy, we plant the seeds in this country at such a young age for the stigma that follows people throughout the rest of their lives, in some cases, especially when we have a conservative culture like we have here in Nebraska around reproductive justice and all the shame and stigma that goes with that. And the brunt of that burden is always borne by women. It's always women who say, you know, I know that in some states women have been prosecuted for miscarrying when they were accused of, quote unquote, self-aborting, and there are women who have done jail time for having a miscarriage. So tell me, when we see this going on in the country, how that makes women comfortable coming to the hospital and receiving the care they need when their body is-- is doing something natural, when they're having a medical issue. Like one of the testifiers said, you know, it can be scary to seek care like that because you know the stigma that's associated with it. The fact is that abortion is a reality. Abortion happened before Roe v. Wade. It happened after. It will continue to happen forever. And abortion has been done at home forever and abortion will continue to be done at home as long as we are stigmatizing care and pushing it out of reach with more restrictions on reproductive healthcare that we know people are getting now, have always gotten, and are always going to get. The only question for our society is, do we criminalize women and criminalize doctors and push abortion further and further out of reach and push it underground, or do we let doctors and patients get the care that they know is safe and effective and get government out of the way of regulating that care so that doctors can use their best judgment? Now is the time for us to examine the restrictions and the

regulations that we put around access to care. We know this because of the pandemic. We know this better than ever. And we need to look at whether the burden we put on patients is (a) fair and reasonable and (b) actually in the best interest of their safety. And unfortunately, the solution to that question, the people who decide that question, is it fair and reasonable and is it safe, is it in the interest of public safety and public health, unfortunately, that debate lives here in the Legislature because we have politicized this issue for so many decades instead of making sure that the care people need, and are always going to continue to get forever, is actually safe for them to get and is-- and that we're trusting experts and trusting doctors to do what's best for women. So we are the ones who have to debate that, and I think that's unfortunate because I think that that belongs between a woman, a patient, and their doctor. And finally, Nebraska women tell us in the annual reports on abortion in Nebraska why they seek abortion care. We know why they seek it and we should listen to them and we should stop turning our backs on women who become pregnant and on women who make the decision to bring life into this world. When you look at the reasons people seek abortions in Nebraska, which is reported and you can all look at it, it's because of stuff like lack of access to contraception, again, going back to the stigma and the shame that we put on young women in particular; it's because of rape; it's because of incest. The number of people age 14 to 17 in Nebraska who get abortion care because of incest would blow your mind. It's because of health and life risk; it's because of economic strain. So I challenge every person in this body and every person in this committee to put aside their moral feelings on abortion and focus on this, which is the common ground and the commonsense measures, access to family planning, comprehensive sex education, family work supports, paid leave, public benefits, living wages, the things that actually make people feel confident and comfortable to bring life into this world because they know they can support it. With that, I will close. I appreciate all the work this committee has done. As long as I'm here in the Legislature, you know that this will be an issue that I champion, and I hope you will appreciate that I try to do it in a reasonable, logical way that's informed by science and evidence, and it's always in the best interest of the patients in Nebraska and in respect of the medical community. And this is the standard that I think that all Nebraskans should expect from their lawmakers. Thank you.

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**LATHROP:** Thank you, Senator Hunt. Any questions for Senator Hunt before we close out the hearing? Seeing none, thank you, Senator Hunt. That will close our hearing on LB276. We will be going into Exec Session, so we'll ask everyone not a member of the committee to excuse themselves.