

KELLY: Good morning, ladies and gentlemen. Welcome to the George W. Norris Legislative Chamber for the sixtieth day of the One Hundred Eighth Legislature, First Session. Our chaplain today is Senator Blood. Please rise.

BLOOD: Friends, please join me in prayer. Righteous God, we thank you for who you are and we bless you for providing every person here with the job they must do today. We pray that when dealing with difficult peers that we remember to reflect on your word. The Scripture says, Why do you see the speck that is in your brother's eye, but do not notice the log that is in your own eye? I pray for a better understanding of the fact that those who persecute us may have issues, but we also are not perfect. Let our approach today always be with a loving heart and keep Romans 12:16 in mind where we are told live in harmony with one another. Do not be haughty, but associate with the lowly. Never be wise in your own sight. And so, Lord, sustain us with your grace and help us to better understand our weaknesses and our struggles so together we can grow stronger. Together we can extend love to one another. And together we can leave the world a better place for all. In the name of the Father and the Son and the Holy Spirit, Amen.

KELLY: I recognize Senator Albrecht for the Pledge of Allegiance.

ALBRECHT: Please join me in the pledge. I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

KELLY: Thank you. I call to order the sixtieth day of the One Hundred Eighth Legislature, First Session. Senators, please record your presence. Roll call. Mr. Clerk, please record.

CLERK: There's a quorum present, Mr. President.

KELLY: Thank you, Mr. Clerk. Are there any corrections for the Journal?

CLERK: I have no corrections.

KELLY: There's been a request for a roll call vote on the acceptance of the Journal. Mr. Clerk.

CLERK: Senator Aguilar voting yes. Senator Albrecht voting yes. Senator Arch voting yes. Senator Armendariz voting yes. Senator Ballard voting yes. Senator Blood voting yes. Senator Bosn voting yes. Senator Bostar. Senator Bostelman voting yes. Senator Brandt voting yes. Senator Brewer voting yes. Senator Briese voting yes. Senator John Cavanaugh voting yes. Senator Machaela Cavanaugh voting yes. Senator Clements voting yes. Senator Conrad voting yes. Senator Day voting yes. Senator DeBoer voting yes. Senator DeKay voting yes. Senator Dorn. Senator Dover. Senator Dungan voting yes. Senator Erdman not voting. Senator Fredrickson voting yes. Senator Halloran. Senator Halloran not voting. Senator Hansen voting yes. Senator Hardin voting yes. Senator Holdcroft voting yes. Senator Hughes voting yes. Senator Hunt. Senator Ibach voting yes. Senator Jacobson voting yes. Senator Kauth voting yes. Senator Linehan voting yes. Senator Lippincott voting yes. Senator Lowe voting yes. Senator McDonnell. Senator McKinney voting yes. Senator Moser voting yes. Senator Murman voting yes. Senator Raybould voting yes. Senator Riepe voting yes. Senator Sanders voting yes. Senator Slama voting yes. Senator Vargas voting yes. Senator Gillern voting yes. Senator Walz. Senator Wayne. Senator Wishart voting yes. The vote is 40 ayes, 0 nays, Mr. President, to accept today's Journal.

KELLY: Thank you, Mr. Clerk. The Journal is accepted. Do you have any messages, reports or announcements?

CLERK: I have none at this time, Mr. President.

KELLY: Senator Briese, you're recognized for an announcement.

BRIESE: Thank you, Mr. President. And good morning, colleagues. A couple items. As a reminder, the vacant seat on the Performance Audit Committee created by Senator Geist's resignation will be filled by the Executive Board. Senators who are interested in being appointed to the position should send a letter or email to my office by noon today. In addition, any senator who is a cosponsor of one of Senator Geist's bills who is interested in assuming primary sponsorship of the bill should communicate that fact to the Clerk no later than noon today. Thank you, Mr. President.

KELLY: Thank you, Senator. Senator Ibach has some guests in the south balcony: Kelsey Smith of Gothenburg, Nebraska, and C.J. Trapeur. Please stand and be recognized by your Nebraska Legislature. As a reminder to our guests in the balcony, pursuant to Rule 1, Section 11, the presiding officer has the discretion to empty the galleries in case of disturbance or disorderly conduct. While I don't anticipate exercising that authority, I want to remind all those observing the Legislature that there will be no outbursts, including clapping, heckling or cheering, Mr. Clerk, for items.

CLERK: Mr. President, first item on the agenda, LB626. First of all, I have a motion from Senator Hunt to indefinitely postpone LB626 pursuant to Rule 6, Section 3(f).

KELLY: Senator Machaela Cavanaugh, you are authorized to open on that motion.

M. CAVANAUGH: Doesn't Senator Albrecht get to open on the bill?

KELLY: Pursuant to the rule change, Senator Albrecht, you're recognized for a ten-minute open.

ALBRECHT: Thank you, Mr. President. And thank you, Senator Machaela Cavanaugh, for the reminder. Good morning, colleagues and Nebraskans. I rise today in-- in a very privileged state to introduce LB626. It's about one thing: protecting babies with beating hearts from elective abortion. Every parent remembers hearing their child's heartbeat for the first time. I know I do. These are moments that change all of us because we know what a heartbeat means. It's a universal sign of life. Abortion stops a beating heart. Under LB626, before performing an abortion, a physician must perform an ultrasound to listen for a fetal heartbeat. If a heartbeat is detected, performing an abortion is unlawful except in cases of rape, incest, or to save the life of the mother. In addition to these exceptions, the Nebraska Heartbeat Act makes undeniably clear that pregnant women can always receive the care and treatment that they need. The bill clearly provides that treatment for ectopic pregnancy, miscarriage, and any emergency medical situation will remain unaffected. It also clearly provides that access to in vitro fertilization will remain unaffected as well. Nothing in LB626 changes the standard of care for any pregnant woman who is facing a medical emergency, including in the rare and tragic cases

where the baby and the mother must be separated to protect her life or health. Under this bill, doctors are free to exercise their medical judgment. In fact, LB626 will make Nebraska the state with the friendliest pro-life law for doctors in the United States. There are no criminal penalties in this bill. Every other state that regulates abortion imposes criminal penalties for unlawful abortions. LB626 gives no right to sue doctors who perform unlawful abortions. A right to sue is common in abortion laws in other states. Any abortionist who violates the Nebraska Heartbeat Act will have their medical license subject to discipline by the Director of Public Health in consultation with the board of their medical peers, like any other instance of unprofessional conduct, but no criminal or civil penalties. LB626 gives physicians a right to evaluate-- be evaluated by their medical peers. Every other state puts a doctor in front of a judge and jury when accused of performing unlawful abortions. This bill does not do that. I want to talk specifically about medical emergencies and what happens if a mother's life is at risk. Opponents will claim that doctors won't know what to do and that they will delay care or women will be turned away. This is simply not true. Section 3 of the bill defines a medical emergency as any condition, which, in reasonable medical judgment, so complicates the medical condition of the pregnant woman as to necessitate the termination of her pregnancy to avert her death, or for which a delay in terminating her pregnancy-- pregnancy will create a serious risk of substantial and irreversible physical impairment of the major bodily function. The bill then defines reasonable medical judgment as a medical judgment that could be made by reasonably prudent physician knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved. Colleagues, this definition provides a broader and bigger safety net for the judgment of physicians than any pro-life law in the country. Someone would have to commit malpractice to fall outside of this definition. Most states say reasonable medical judgment is about whether there is a medical emergency, which means a judgment that would be made by a physician knowledgeable about the case and circumstances. LB626 says that reasonable medical judgment, whether there is a medical emergency, means a judgment that could be made by a physician. Doctors will have complete freedom to exercise their medical judgment, and they don't have to wait. Again, the exception for performing an abortion in a medical emergency states that it is permissible to perform an abortion if a delay in terminating the

pregnancy will create a serious risk of substantial or irreversible physical impairment of a bodily function. We know this works because we've already been doing this for 13 years without issue. Our 20-week law, which was passed in 2010 by Senator Mike Flood at the time, was virtually identical exception for medical emergencies. The only difference is that LB626 is even friendlier and more differential to doctors than our current 20-week law. And that law works. Pregnant women have continued to receive appropriate medical care without any fear or confusion. No doctors have been prosecuted. Babies and moms are being protected. In Section 5, it addresses the exceptions for rape and incest, and the only requirement is that a physician certify in writing that the abortion was performed because of a sexual assault or incest and they comply with the duties of the healthcare provider already required in state statute, specifically Section 28-902, which requires a doctor do one thing, give the woman her options. No police report is required, no arrest or conviction is required, and only that the doctor gives a victim her options to access help already required by law. LB626 is also clear in Section 6 that no woman who obtains or attempts to obtain an abortion may be held liable in any way. This bill is right for Nebraska. It protects women. It protects doctors. And it protects babies with beating hearts. That's what this bill is about. And that's why several-- several of our state's top maternal and fetal health specialists testified in support of this bill. Dr. Elena Kraus is a board certified OB/GYN and a maternal fetal specialist-- medicine specialist in Lincoln. She stated in her testimony that LB626 specifically empowers doctors to proceed with interventions, even direct abortions in the case of medical emergency. It furthermore enables women and their healthcare providers to make individualized decisions when challenged with pregnancy complications. My training has prepared me to provide excellent pregnancy care for both maternal and fetal patients, and LB626 in no way compromises my ability to do that. She encourages us to vote it into law. Dr. Sean Kenney, a board certified OB/GYN, medical and maternal, sorry, maternal fetal medicine specialist in Nebraska for 25 years, testified that there is no confusion over reasonable medical judgment. It's what doctors use every day, and LB626 would not compromise a physician's ability to take care of women. Dr. Robert Bonebrake, also an OB/GYN and maternal fetal medicine specialist and the past chair of the Nebraska Maternal Morbidity and Mortality Review Team, estimated that he has cared for approximately 15,000 to 20,000 different women over

27 years as a maternal fetal specialist. Dr. Bonebrake stated that LB626 lays out a clear standard for protecting the woman's life and health. Any physician providing best practices is safe under this framework, and that only doctors who have reason for concern are those who conduct-- whose conduct is so far out of the mainstream, so indifferent to human life, that a well-informed physician could never have made the same decision. He finished by saying, this is a very easy danger to avoid while providing comprehensive and appropriate medical care.

KELLY: One minute.

ALBRECHT: We'll hear a lot of arguments from our opponents today, but they are not based on what this bill actually does. At the end of the day, this is about elective abortions and if we will protect the lives of baby girls and boys in our state who have their own heartbeat and are guilty of nothing other than existing. I know every woman and every child deserves love. We can protect the life and empower women. So let's start here in a place where we can all agree. Women deserve support and babies with beating hearts will be protected. Thank you, Mr. President.

KELLY: Thank you, Senator Albrecht. Senator Machaela Cavanaugh, to open on the brack-- on the motion to indefinitely postpone.

M. CAVANAUGH: Thank you, Mr. President. Good morning, colleagues. I am a stickler for the rules, even when I oppose them. So LB626 was in front of the Health and Human Services Committee and Senator Day and I, who sit on that committee and opposed this bill, submitted a minority statement which is available to everyone publicly online with this bill. In that statement, we included the pages of those individuals on both sides, opponents and proponents, who showed up. If they weren't even able to testify, we included them because normally they wouldn't be part of the permanent record if they didn't testify. There's additional names available on the internal portal of-- and testimony of the internal portal of online statements. I encourage everyone to take time to read over that testimony. In our summary, we talked about some of the significant issues with LB626, and we will hear about those throughout today. We will hear about the legal complications of this bill, the implications of this bill. It is not as simple as it is being portrayed by the introducer. In her closing

at the committee hearing, when asked for clarifying questions, Senator Albrecht refused to answer. Refused to answer. I hope that today she's well rested and ready to answer the questions for clarification on the implications of this bill. Like, how does the rape exemption work? Because you would not answer that when asked. And it is not clear. This is not a clear legal document. This is problematic to its core. I have stated and Senator Day has stated in the committee minority statement many of the issues with this bill. We heard hours upon hours of testimony in addition to the written testimony from the medical community in opposition to this bill. Throughout today, I will make sure that everyone in this Chamber has access to the letters from those individuals. The medical community does not believe in this bill. The medical community opposes this bill. It is not a simple bill. It does not ban elective abortions, which, by the way, elective abortions are any abortion where the patient is not dying on the table. It doesn't mean they aren't going to die, doesn't mean they aren't going to commit suicide. They are not actively dying. Therefore it is elective. So you are banning lifesaving healthcare. You just aren't banning lifesaving healthcare where the person isn't actively dying. It does cause problems with ectopic pregnancies. It does cause problems with fetal anomalies that are life threatening. Patients will die. Babies will die. Healthy pregnancies will be diminished in this state. This is bad healthcare. We had dozens and dozens of doctors come and testify and tell us. They are the medical professionals. They told us exactly what this bill will do, exactly how this will hurt their patients. We have a Nebraska Medical Association, which, despite what people might want to think, is not an activist organization. It is predominantly members of the Republican Party, something that we seem to forget when we are a majority Republican state, that when people come in and testify on bills, it is a majority Republicans that are coming in testifying. Republican doctors oppose this bill. Republican obstetricians oppose this bill. This is not a partisan issue. This is a healthcare issue that we have no business in. We are going to hear the legal arguments against this bill today. And I welcome Senator Albrecht and supporters to tell us how we are wrong, because so far, Senator Albrecht has done nothing to inform me as a member of the committee and a member of this body as to how I am incorrect, other than it is just purely her belief. A belief system is not enough of a legal argument for how this is going to work. This bill is problematic. It is bad for healthcare. It is bad for Nebraska.

And we don't need to be like other states that legislate away individual freedoms. We don't need to legislate away individual freedoms. Mr. President, I would like to yield the remainder of my time to Senator Day.

KELLY: Senator-- thank you, Senator Cavanaugh. Senator Day, that's 4:50.

DAY: Thank you, Senator Cavanaugh. Before I get into what I wanted to start out with, I just wanted to mention that Senator Albrecht's opening on this bill was full of mistruths and sometimes outright lies. And she mentioned the bill being, quote unquote, friendly multiple times. But I will just say that there is absolutely nothing friendly about state-sanctioned forced pregnancy. It is brutal and is barbaric, and there is no way that you can paint it as friendly. There's a couple of handouts that I had passed out, two that go together, that illustrate what we're talking about today. We are talking about outlawing pregnanc-- excuse me, abortion from-- from six weeks on. You can see pictures here on one of the handouts that shows what a pregnancy looks like in a petri dish from five weeks, six weeks, seven weeks, eight weeks and nine weeks. There's a description here. When a sperm and egg get together, the body creates tissue in order to support the developing pregnancy. Here are the photos of that tissue from 5 to 9 week pregnancies. This is called the gestational sac, and it's like the house for the pregnancy. Inside the sac, there are cells that have the potential to become a fetus, but there is no visible embryo at this stage. Don't forget that this is what we are talking about today. This is from the Mya Network. And if you're watching at home, that's M-y-a Network. You can find it online. There's a description that goes along with it of who they are: doctors, activists and patients who want to normalize abortion care medically and culturey-- culturally. Also, I had every-- I had the pages hand out Tic Tacs. Everybody should have a Tic Tac on their desk. And this is a demonstration that was, I cannot take credit for. It was done by Dr. Nancy Staats in her testimony in front of the Florida Senate and she demonstrated this. This is a Tic Tac. At six weeks gestation, a fetus is about half the size of this Tic Tac at four millimeters. It does not have a face. It does not have a heart. It does not have any lungs. It does not have a brain. It does not have any fingers or toes. It looks like a tadpole. And the sound that you hear on the ultrasound at this stage of pregnancy is not a heartbeat.

Because in order for a heartbeat to be heard, all four chambers of the heart plus valves to pump blood must be present, which doesn't happen until somewhere between 17 and 20 weeks gestation, when the heart-- when the term heartbeat can be deemed medically accurate. To say that a six-week pregnancy has a heartbeat is medically inaccurate. The sound you hear at six weeks is not a heartbeat. It's the electrical activity of the cells that will become the sinoatrial node that's pumping all of our hearts right now. So before we get into the rest of what we're going to talk about today, I want to remind everyone what we're talking about. We are putting women at risk for what you see on those pictures in front of you for something that is half the size--

KELLY: One minute.

DAY: --of a Tic Tac. It does not have a heartbeat. And Senator Albrecht and the supporters of this bill are willing to let women die, because we know that is fact, because it's happened in other states. We know that is verifiable fact that bills like LB626 caused women to die because of half of a Tic Tac, because that half of a Tic Tac is more important than her life. We are putting women at risk. Thank you, Mr. President.

KELLY: Thank you, Senator Day. Senator Fredrickson, you are recognized to speak.

FREDRICKSON: Thank you, Mr. President. Good morning, colleagues. Good morning, Nebraskans. We are putting women at risk. This is one of the most, if not the most, consequential pieces of legislation that we will likely debate in this Chamber this year. This bill has the potential to drastically shift the landscape of our state. Today is going to be a deeply emotional conversation. And I anticipate similar to LB574, it's going to be a tough, long day because it does play on emotion. And before we get too into the weeds, I might be asking kind of the impossible here, but I want us to try to look at what we're doing here with clear eyes and with a bigger picture perspective. If passed, this bill is going to set a precedent in our state. This is going to set a precedent that the government can tell you what you can or cannot do with your body. I also want to appeal to the men in the room, guy to guy. Consider for a moment what we are asking. Try to put yourself in the position of being in a medical room with a doctor and having to make arguably probably one of the most difficult decisions

you might make in your lifetime and not having the full autonomy to make the decision that is best for you and your family. I couldn't sleep last night because I was-- I was thinking for a minute what that would feel like, and I literally could not wrap my mind around that. And I think it's-- it's sort of this theme that I've seen a lot this session, this very unique session, where there's almost this assumption that we operate on under here that individuals don't know what's best for themselves. And I also think that we're kind of operating under this fantasy that if we ban abortion, it's going to go away. Data shows us in states, in countries where there are restrictions on abortions, the rates are similar as to what they are, where there are not bans on abortion.

KELLY: One minute.

FREDRICKSON: Thank you, Mr. President. So if our goal is to reduce abortions in our state, banning abortion is not the path to do that. On a bigger picture level, we don't have the infrastructure in our state for this law. Our safe haven law from 2008 and what happened with that is an indicator of that. We didn't have the infrastructure or the supports. We're going to see similar issues for generations. And I know I'm almost out of time and I've got a lot more to say so I'll punch back in. But I want us to continue to think about big picture things here, colleagues, not just about the topic of abortion specifically. Thank you, Mr. President.

KELLY: Thank you, Senator Fredrickson. Senator Raybould, you're recognized to speak.

RAYBOULD: Thank you, Mr. President. Good morning, colleagues. Good morning, fellow Nebraskans watching this debate today. I just want to say thank you so much for all the emails and the postcards. I just, like, have a big stack of postcards from those all over Nebraska sharing their concerns. I stand in opposition to LB626 and I do support the indefinitely postponing this matter. You know, we are putting women at risk if LB626 passes. But not only that, this bill would disproportionately impact those who are poor, young, those who live in rural areas, and people of color, people who-- who are already underserved by our healthcare system and who are more vulnerable. While scripture does not directly address abortion, Jesus taught his followers to care for the least of these. And those are the very

people who will be most harmed if LB626 passes. I am a pro-choice Catholic. My faith is so very important to me. I was raised to treat each and every one with compassion and kindness, especially those who don't look like me or who certainly did not think like me. When we lived in Washington, D.C., I was a volunteer at Mother Teresa House for Infants for seven years. It was run by the Missionaries of Charity. It's a house where women who were pregnant made a decision and gave the ultimate gift of love by giving their babies, their newborns, up for adoption to so many willing families and couples. Our church group took care of all the newborns every Sunday afternoon so the sisters Missionaries of Charity got a day of rest, a day, a break. And I became very involved with the work that the sisters did. And I also took on night duty of the newborns, which is really challenging because at times we had five newborns. I share this with you because we need to treat those of a different faith with respect and dignity and not judge them and their circumstances. Mother Teresa said, if we judge, we cannot love. You know, my district is a very diverse district with people of many faiths and no faith, and I respect them and I represent them and their concerns on this matter. I firmly believe in our constitution, our Nebraska state constitution, where we respect and honor each other, particularly those of a different belief system. You know, our freedom of religion is enshrined in our Nebraska Constitution. It says very clearly no person shall be compelled to attend, erect or support any place of worship against his consent, and no preference shall be given by law to any religious society, nor shall any interference with the right of conscience be permitted. It goes on to say religion, morality and knowledge, however, being essential to good government, it shall be the duty of the Legislature to pass suitable laws to protect every religious denomination in the peaceful, peaceable enjoyment of its own mode of public worship and to encourage schools in the means of instruction. You know, I am so very grateful to have been sent so many letters of support from our-- our faith community and clergy who are asking all of us today to be mindful of those of different faiths.

KELLY: One minute.

RAYBOULD: Thank you, Mr. President. And we know that this very contentious bill is actually being legally challenged by people of faith in states like Ohio, Florida, Kentucky, Indiana, and Missouri. You know, restrictions on abortion only push care out of reach and

harm those that are most vulnerable. It is not my place to make healthcare decisions for anyone else. I trust Nebraskans and respect their right to make decisions that are best for their lives and their families and their own faith. Thank you, Mr. President.

KELLY: Thank you, Senator Raybould. Senator Albrecht, you're recognized to speak.

ALBRECHT: Thank you, Mr. President. Colleagues, I'd like to correct the record from a debate back in January. I want to just take a moment from a conversation that was had back in January during the rereferencing debate. During that debate, Senator Conrad had asked me whether it was my intent with LB626 to set acceptable medical procedures for an abortion in Nebraska. I did not understand, if not just when the questions come at you, you just say what you say and sometimes without checking your stats. But I want to make the record clear that now that it was, it is not my intent that LB626 be interpreted to say what is or is not acceptable medical procedure. My intent and the intent of this bill is to say that the elective abortion of babies with beating hearts will be against public policy and are detrimental to the public interest. It's also my intent, which is clear from the text of this bill, that there are no criminal penalties attached to this bill. I just wanted to set the record straight in case there's ever a legal challenge to the bill and someone wants to argue what our intent was. Again, it is not my intent or the intent of this bill to set an unaccepted medical-- an accepted medical procedure. So with that out of the way, we can move on. Colleagues, I'd just like to give you a little introduction into how we ended up here. But abortion was illegal in Nebraska and most other states prior to Roe v. Wade's decision in 1973, which forced legal abortion on all 50 states. After Roe was decided, Nebraska repealed its pro-life statutes. Since then, it has slowly been building protections for the unborn back into the law, little by little under the restraints imposed upon it by the United States Supreme Court. Last June, the U.S. Supreme Court reversed Roe v. Wade in its decision Dobbs v. Jackson's Women's Health Organization ruling that Roe was egregiously wrong and on-- on a collision course with the Constitution from the day it was decided. Dobbs returned authority to the states and the people to decide how best to protect the lives and safety of the unborn children and their mothers. Since Roe was decided, 200,000 babies have died in Nebraska from abortion. That's 10 percent of our

entire state's population. As of today, Nebraska still allows abortions up to 20 weeks after fertilization, many weeks beyond what is allowed by states that border us. Missouri, Iowa, South Dakota, and Wyoming all have either heartbeat laws or disallow abortion entirely, making us a potential destination for abortion tourism in our state if we do not pass similar laws. Allowing abortions this late in pregnancy puts Nebraska in the company of China and North Korea, rather than most democracies which limit it to much earlier in pregnancy. In 2020 and 2021, the last year for which we have statistics, there were approximately 2,400 babies killed by abortion in Nebraska, a rate of more than six per day, counting weekends and holidays. In the 42 weeks since Dobbs overruled with Roe last June 24, the day that we could have provided greater protections for preborn children, 1,800 babies or more have lost their lives to abortion in Nebraska. The Nebraska Heartbeat Act is an opportunity for a generational win, one that people will be able to look back on as a moment in history where a profound shift took place in the state of Nebraska.

KELLY: One minute.

ALBRECHT: We can stop the abandonment of women to abortion, protect the unborn human beings from violence, and take a step toward restoration of public confidence in the integrity of the medical profession. A baby with a beating heart deserves to be protected. And we do envision a Nebraska where every life is celebrated, valued, and protected. Thank you, Mr. President.

KELLY: Thank you, Senator. Senator Bostelman, you're recognized to speak.

BOSTELMAN: Thank you. I rise in opposition to Motion 12 and support LB626. Yield the rest of my time to Senator Albrecht.

KELLY: Senator Albrecht, you have 4:50.

ALBRECHT: Thank you, Mr. President. And thank you, Senator Bostelman. I know that we have several objections that were given to us in the minority report. And I want to let those that were involved in writing the report know that we are ready and able to answer the questions you may have. So since rape and incest happens to be one of the concerns, I want to address that. Some say that even if the rape exception

works, as you may say, there are privacy concerns. The husband or abuser could get access to the woman's medical records. To that I say there's-- it's very clear that abusers and others cannot get access to those records. At the bill hearing, the chief of the Attorney General's health and law section was crystal clear. We don't release information on your investigation. We will never release our findings to the complainant. And there is no subpoena. There is no public records request that would ever allow the complainant or the assailant in the case to get those records. There's never been a circumstance in my seven years where I sent a complainant anything. So again, there was testimony, and I can certainly read that into the record later on. We have plenty of time on the floor to do so. I'd also like to address-- oh, here we go. Another one is they were asking about the fetal anomalies. There's no exceptions for fetal anomalies. You can have no compassion for a family with a devastating prenatal diagnosis. I think a lot of us can speak to that, whether it's personal or a friend or relative or a neighbor. But I just want to say that we do have compassion for these families. And the evidence overwhelmingly supports what families want in these situations, and that's support, not abortion. And when they're offered that support, they can choose life for their child. Did you know that, and The New York Times ran a story last year which they reported that the prenatal test for rare disorders in the baby were wrong about 85 percent of the time? Healthy babies are being aborted every day because of inaccurate fetal anomaly diagnosis. That's concerning. At the hearing for LB626, a doctor who opposed the LB626 testified that almost all testing for anomalies are done for the first time at the 20-week ultrasound because they cannot see the baby's anatomy in enough detail for an accurate diagnosis before then. That's important because abortion has already been legal for 20 weeks in Nebraska for 13 years. LB626 changes nothing about how most fetal anomaly cases are handled in Nebraska already. Some of you in this body may remember when we passed LB506, the Compassion and Care for Medically Challenging Pregnancy Act, in 2017. LB506 made it clear for families whose unborn child is diagnosed with a fetal anomaly to access the care that is available to them for their own specific situation and to help them grieve and cherish that time that they have with their child. Children with genetic conditions pose the same human dignity that we do.

KELLY: One minute.

ALBRECHT: A society will be judged on the basis of how it treats its weakest members. Again, some say that Nebraska law in Section 28-336 provides that it's a felony for performing an abortion by using anything other than accepted medical procedures. Since LB626 makes some medical procedures illegal, that would seem to me that they are not accepted. Therefore, LB626 actually does impose criminal penalties. That is not correct. Section 28-336, which was passed in 1977 to stop unsafe, unproven, unsanitary, unprofessional medical procedures from being practiced during abortions. It has never been used to prosecute anyone, despite the state passing several laws protecting preborn since 1977 and has nothing to do with what we'll be talking about today.

KELLY: That's your-- thank you, Senator Albrecht. Senator Clements, you're recognized to speak.

CLEMENTS: Thank you, Mr. President. I would like to share a survey that an organization called Secular Pro-Life.Org recently asked their followers to take on the following question, which had been posed politely in good faith by a pro-choicer. Whenever I hear someone say they become-- became pro-life after an abortion or crisis pregnancy, it seems like they're saying, I wish I didn't have the choice to have an abortion. This is a thought I can't really comprehend. Can someone please explain this thought process? And some of the comments were from Renee [PHONETIC] F.: The biggest regret for me was that I didn't know to ask to see the ultrasound screen. They turned it away from me and for some reason I didn't ask to see it, maybe because I was so deliriously sick that I could barely keep my eyes open. My mother wouldn't take me to the hospital for it because she wanted the abortion. Being a mother now and seeing my first ultrasound with my baby I have now, I know I would not have gone through it if I had the opportunity. Also, the emotional toll it takes on you. It's been six years since mine, and I still think about it every day and regret it every day. I very much wish it wasn't an available option for myself or anyone. Another comment: Nikki [PHONETIC] H.: If the choice didn't exist, I probably would have told my parents sooner because I would have known they would have-- have to find out eventually. That part would have been out of the way and I could have enjoyed my pregnancy instead of trying to hide it for the first four months. I also would not have to live with the knowledge that I almost killed my son. Yes, I do wish I had not had a choice. Third one is Laurie [PHONETIC] B.: I

definitely wish I did not have the choice. When I found out I was pregnant, I immediately wanted to keep my baby. I had no idea my high school sweetheart would react the way he did and would leave me if I had the baby. Then my previously pro-life parents scolded me for getting pregnant before marriage and pretty much pushed me to have an abortion. I was still a teen living at home and they said, you're on your own if you keep the baby. Then the doctor told us my baby was not a baby, just tissue. Back in the '80s, I had no idea he was lying and just saying what my parents wanted to hear. I believe had abortion been illegal, my parents would have not pushed me to get one and I would have had my child. Julia [PHONETIC] S. said" I regrettably had two abortions. My mother forced me to have my first one in 1976. So yes, I profoundly regret that the option was available then. I chose to have my second abortion, but only because by then, a year and a half later, I was so completely numb due to coping with the first abortion through copious amounts of drugs and alcohol, I didn't even care anymore, but I knew I was killing my first child. I was crushed but powerless to do anything different, and I was just dead inside by the time I had my second one. I most definitely regret it in-- that it was even an option. I'm glad you asked. Darcy [PHONETIC] said, I was pregnant while in high school with my now 12-year-old. If it was not a choice, I would not have had to defend my choice to keep my daughter. I wouldn't have been told that my life was over-

KELLY: One minute.

CLEMENTS: Thank you. --or been given a lot of unsolicited advice. I would likely have been given encouragement and felt empowered to take on the world. Anonymous one said: I'm postabortive and pro-life. I wasn't given a choice by my parents as a teen. I was kicked out of the house when my dad found out I was pregnant because he didn't want me living in his house that way. I was taken to stay with family and told I couldn't go home till I had the abortion. I was told I could not stay with the family very long. I would be a bad influence to younger siblings and cousins being a pregnant teen. I hate the phrase poor choice-- pro-choice. Like me, many other teens and adult women are not given a choice and are coerced into and pressured into abortion. So I support LB626 and I thank Senator Albrecht for bringing the bill. Thank you, Mr. President.

KELLY: Thank you, Senator Clements. Mr. Clerk for some items.

CLERK: Mr. President, your Committee on Health and Human Services, chaired by Senator Hansen, reports LB357 and LB430 to General File. Additionally, new A bill from Senator Linehan, LB754A. It's a bill for an act relating to appropriations; appropriates funds to aid in carrying out provisions of LB754. Amendment to be printed from Senator Moser to LB136 and Senator Erdman to LB136. Finally, an announcement: The Appropriations Committee will hold an Executive Session at 10:00 in Room 1307; Appropriations, 10:00, 1307. That's all I have at this time, Mr. President.

KELLY: Thank you, Mr. Clerk. Senator Dungan, you're recognized to speak.

DUNGAN: Thank you, Mr. President. Colleagues, I rise in adamant opposition to LB626 and in favor of the motion to indefinitely postpone. First of all, there's a number of issues with this bill, and we're going to hear about all of them today. But I think it's important we set the record straight about a number of the things that have already been said. Prior to getting into that, however, I think the most important thing to note here is my opposition to LB626 arises because I don't believe it's our job to get between a doctor and the decisions they're making with pregnant people. We as a body are not the experts in this and we as a body are not the experts for what other people should be doing with their bodies. We've talked about that a lot this entire session. And it's frankly disconcerting, disheartening, and frustrating that we are trying to get between medical professionals and the decisions that they're making with pregnant peoples and their families, frankly, is one of the most difficult decisions an individual can make. And the notion that we are stepping in and telling these people what to do, it is incredibly frustrating to me. But what's also frustrating to me, I think, are some of the things that have been said about this legislation. And I want to-- I want to make a couple of things clear. I respectfully want to push back on Senator Albrecht's contention that this bill does not contain criminal penalties. The intention behind whether or not something has criminal penalties is not how a court is going to read it. The court is going to read this law in the four corners of the document, and they're going to read it in conjunction with other criminal penalties that are still on the books. And I believe that this law does, can, and will criminalize doctors for performing abortions if they do so outside a single criteria as outlined in

LB626. Well, how can that be? We've heard time and time again that LB626 doesn't contain criminal penalties. What we know is that LB626 doesn't need to specifically say in its body that it in fact has a particular criminal penalty because we already have a criminal penalty on the books. Senator Albrecht's exactly correct. Section 28-336 specifically says the performing of an abortion by using anything other than accepted medical procedures is a Class IV felony. The very language that is the so-called Nebraska Heartbeat Act, which is the first part of LB626, literally lays out what the new modified and accepted medical procedures will be. It says a doctor must do this before performing an abortion. A doctor cannot do this when performing an abortion. If they do perform an abortion pursuant to one of the so-called exceptions, they have to do X, Y, and Z. It is literally laying out the exact language that is a now commonly accepted or an accepted medical procedure in the state of Nebraska. And again, whether or not that is the actual intention behind the law doesn't matter. When a prosecutor brings a case against a doctor because he forgot to document the methodology-- methodology with which he did this test for the so-called heartbeat and they bring that case and ultimately this is appealed, they're going to look at the plain reading of this. And the plain reading of LB626 says time and time again it will be unlawful to perform an abortion. It's saying it right there. And then they're going to say, well, let's look at what penalties they are. And 28-336 says it is, in fact, as I said, unlawful to perform an abortion by anything other than accepted medical procedures. So the question is going to become what is an accepted medical procedure? And they're not going to look at the legislative intent. They're going to look at the law itself and say, hey, does LB626 include in it any language that defines accepted medical procedure? Turn to page 10 of LB626, line 14. It amends a completely separate section of the law which says: Unprofessional conduct means any departure or failure to conform to accepted medical procedure.

KELLY: One minute.

DUNGAN: Thank you, Mr. President. And it defines variation from acceptable and prevailing practice of medicine as a violation of the Nebraska Heartbeat Act, page 11 line 4. This bill redefines unprofessional conduct, which is inherently defined as a deviation from accepted medical procedure as violating this law. The very

language that's being put into LB626 redefines what is accepted medical procedure. So I believe it is maybe not malicious, but certainly disingenuous to say that this is not establishing accepted medical procedure. This law will harm women. This law will more directly criminalize doctors. And it's going to put our people in Nebraska, pregnant people, at risk, people who are denied care because doctors are scared that they're not just going to have their license revoked, but that they're going to be charged with a felony. Thank you, Mr. President.

KELLY: Thank you, Senator Dungan. Senator von Gillern, you're recognized to speak.

von GILLERN: Thank you, Mr. President. I rise in support of LB626 and in opposition to the motion to indefinitely postpone. LB626, as I anticipated, is one of the most personal bills that we will talk about this session. It's personal to proponents in their desire to protect the unborn. It's personal to the opponents who feel that their personal rights are being attacked. While we talk about the details of LB626, let us not ever forget the people involved. It would be difficult, if not impossible, to find someone who does not have an opinion on the topic of abortion and also difficult to find anyone who does not have a personal story about a pregnancy, desired, undesired, fertility challenges, adoption stories, etcetera. I have my own personal stories that I'll share today a little bit later on, but I think I'll save that for my next time on the mike. I think we'll have plenty of time today to talk about that. My prayer leading up to today is that my words would be filled with grace and would have a level of compassion that exceeds my own and would never, ever be interpreted as condemning of anyone, especially those who are postabortive. That's not my role. That's not my place. My place, my job today is to stand for what I believe is right in this battle. And I believe that standing for life can never be wrong. Standing for single moms, for babies and for dads-- let's not forget the dads-- for those who need our love and support, that will never be wrong. Before I debunk a few of the lies that have been told about LB626, I want to note-- note to Senator Day the people in my life that were one time what she so grossly compared to half a tick tock-- Tic Tac. I've been called out a time or two for using poorly constructed metaphors, but, man, this one takes the cake. My two daughters are Alyssa Claire and Lindsey Kathleen. My two sons are Andrew Creighton and Chad Michael. My

grandchildren are RJ, Everette, Daisy, Emmalyn, Beatrix and Lula, all wonderfully and beautifully made. All started out small and vulnerable, all loved and loving. To compare my children, your children, our children to a piece of candy, I'm more than disappointed. Then further, to add to the comment that Senator Raybould said that the poor are the most impacted by abortion, that is clearly not true. The most impacted by abortion are the babies. How convenient that they're forgotten in this conversation. How easy to say that the poor will be disproportionately impacted. But again, it's apparently so easy to overlook the baby in this conversation. I have much more to say on this, but for the moment, I'm going to yield the remainder of my time to Senator Slama. Thank you, Mr. President.

KELLY: Senator Slama, you have 1:53.

SLAMA: Thank you, Mr. President. And thank you, Senator von Gillern. And I wholeheartedly appreciate you taking a moment to reflect on life and what it means to you. We were all just half a Tic Tac at one point in time. Our parents chose life and we're here because of it. I'd like to take a quick second to counter with the time I have left Senator Dungan's arguments about LB626 and Section 28-336 and how it would impact our doctors in the state of Nebraska. Short, sweet and simple, LB626 has no criminal penalties. I appreciate him mentioning if you look at the four corners of the bill, it absolutely does not have any criminal penalties. No right to sue doctors who perform unlawful abortions. It's simply a definition of reasonable medical judgment that is broader and provides a bigger safe harbor for judgment of physicians--

KELLY: One minute.

SLAMA: Thank you, Mr. President. --than any pro-life law in the state-- in the United States. And I'll expand on this. But simply put, LB626 does not trigger criminal charges under 28-336, which states that "The performing of an abortion by using anything other than accepted medical procedures is a Class IV felony." The plain text and legislative history of 28-336 illustrate that the statute deals with procedures, namely methods, types, and in what manner and setting an abortion is performed and whether such are broadly accepted in the same medical specialty and community. It is not concerned with the restrictions on when an abortion is performed based on developmental

markers, as with LB626. The definitions of accepted medical procedures in the two states which still define the term in their abortion laws also support this reading. When you look at legislative history, LB38 1977, which enacted 28-336 into law, defined those acceptable-- accepted medical procedures as procedures of the type--

KELLY: That's your time, Senator.

SLAMA: Thank you, Mr. President.

KELLY: Thank you, Senator Slama. Senator Erdman, you're recognized to speak.

ERDMAN: Thank you, Mr. President. Good morning. I stand in opposition to indefinitely postpone and I strongly support LB626. I want to thank Senator Albrecht for having the courage to bring a bill that protects the unborn. It takes intestinal fortitude to stand up and do what she has done. And I admire you and appreciate you for doing that. Research has shown that when a baby has a heartbeat at six weeks, they have a 98 percent chance of survival. That's a pretty significant rate of survival, 98 percent. And Senator Fredrickson said if you have a banning of abortion, you'll have more abortions. That's very similar to a comment I heard when we were going to build a fence around YRTC in Kearney. They said you can't build a fence because it'll make them want to escape more. That is foreign to me to say such a thing. Senator Raybould said we should care for the least. I agree with her. I agree with her. But she's got the definition wrong. Those who we should care for are the babies. It's not the mother. It's not those who are choosing to make an abortion, to have an abortion. It's the baby. It's the babies. This is about a heartbeat. This is about a human life. Doctors have taken an oath, do no intentional harm, to do no intentional harm. What does that mean? If you're a medical professional and you hear a heartbeat, there's only one conclusion that you can draw from that and that it's a life. This is not medical care, killing someone. I don't know who we think we are that we can choose to be God. God created those people. They deserve a chance. If there's a beating heart, there's a life. And if you took an oath and to do-- do no intentional harm, do exactly that. We have killed 2,000 babies since abortion became legal. Those are 2,000 people in the state of Nebraska that could be working and filling some of those positions that we have vacancies. They're not here. Our state

population has not grown except by those foreigners who have moved here or refugees who've been placed here. Why is that? It's because we've killed 200,000 people. These are people we've killed. This is not healthcare. This bill will not prevent any-- anyone from getting the healthcare they need, no one. And OB-GYNs do not perform abortions, very few if any. So we hear all of these reasons why we should continue to kill babies. And I say kill babies because that's exactly what we're doing. So we'll hear all the excuses. We'll hear all the reasons why we had to have-- we have to have a choice. And as Ronald Reagan once said, it's peculiar that everybody that is for abortion--

KELLY: One minute.

ERDMAN: --has been born already. Think about that. What if your parents had an abortion? What if your parents made the decision, we don't want that child? Where would you be? You wouldn't be here. Every one of these babies deserved a chance. Today is a day to make the right decision and support LB626. Thank you.

KELLY: Thank you, Senator Erdman. Senator Machaela Cavanaugh, you are recognized to speak.

M. CAVANAUGH: Thank you, Mr. President. Colleagues, first, I'd like to say we are putting women and patients at risk with LB626. At the hearing, the head of the NMA, Nebraska Medical Association, came and testified in opposition and stated that LB626 would create an incredibly short window for women to seek medical care and assess pregnancy-- and assess pregnancy, their overall health with a physician upon realizing they may be pregnant. Even if a woman realizes she may be pregnant very early into a pregnancy, access to care at an early stage may be very difficult, especially within the narrow timeframe created by this bill. This means any specialized medical care or guidance as to the viability of the pregnancy and its impact on the women's health would generally not occur until after rhythmic activity could potentially be detected. LB626 would greatly restrict the care that can be afforded to these women whose own health may be jeopardized by this pregnancy. In the closing of LB626 hearing, I asked Senator Albrecht to explain the exception for rape. What-- this was my question. What is your intention of this process when an adult, not a minor, comes to the doctor's office requesting an

abortion, they're past six weeks and they say, I've been raped? What is your intention for that process to be? Answer: Whatever it is today. If it has a heartbeat and it's living, then they're going to have choices to make, right? You don't have to do it the night of the-- I asked, so when they say they are raped, how is it being-- how is that being documented so the medical professional doesn't lose their license by providing the abortion? It'll be documented just as it is today was the answer. It is not documented today. That's the point. Senator Albrecht: Well, it's going to be whatever it is today. They're going to handle it the same way. My response: You keep saying nothing is changing, but you're changing things. There are lines after lines in this bill and you are changing things and you are just denying facts. You are changing something. And if the same-- if it's the same as today, then they don't have to tell people that they have been raped. Today, nobody has to go to their doctor and say, I've been raped. I need an abortion. This bill requires that. And there is no explanation from the introducer. There is no record built as to how that works. And a rape is a crime. So, yes, the four corners don't have legal penalties, but we are requiring a patient to report a crime. So there are legal implications. And I don't have to be a lawyer to understand that. Mr. President, I'd like to yield the remainder of my time to Senator Conrad.

KELLY: Senator Conrad, that's 2:04.

CONRAD: Thank you, Mr. President-- President. And thank you to Senator Cavanaugh. Colleagues, we are needlessly putting Nebraska women at risk. We are needlessly putting Nebraska doctors at risk. I stand with Nebraska doctors. I stand with Nebraska women. I stand with Nebraska women past, present and future who need compassionate care. Government should not shame them. It should not interfere in the doctor-patient relationship, and it should not criminalize women and doctors. Colleagues, I stand with Nebraska voters who don't support this radical abortion ban. And let's be clear about what's really going on here. The First Amendment may protect your opinion, your hypocrisy, your half truths and your political propaganda, but that doesn't make it accurate or right. Nebraska doctors have come out in force to tell us these exceptions are not workable. They're meant to make you feel better. They're meant to confuse the public.

KELLY: One minute.

CONRAD: That's what's going on here. We know the exceptions aren't workable solutions nor humane. And it's not hyperbole or academic. Look at our sister states that have passed similar radical abortion bans and the articles and the court cases are replete with many examples of people who were raped, who were victims of incest, who had medical emergencies, who had fetal anomalies, who could not get care. Look in the face of ten-year-olds who could not get care. Look in the face of women who had to flee their home state to get compassionate care and the pressure that put on their family and their bottom line and their future. Those are real things. And you're bringing it to Nebraska needlessly because you can, not because Nebraskans want it, not because there is a public health need, but it's a raw exercise of political power--

KELLY: That's your time, Senator.

CONRAD: --to deny human rights.

KELLY: Thank you, Senator Conrad. Senator Briese, you're recognized to speak.

BRIESE: Thank you, Mr. President. I rise in support of LB626, against the motion to IPP. I want to thank Senator Albrecht for her relentless efforts in protecting innocent life in Nebraska and thank her for her commitment to this endeavor. And with that, I'd like to yield the rest of my time to Senator Slama. Thank you.

KELLY: Senator Slama, that's 4:38.

SLAMA: Thank you, Mr. President. And thank you, Senator Briese. Just to respond to Senator Cavanaugh and Senator Conrad's comments. Well, there's a lot to unpack here. We'll see if we can get to all of them. I'd encourage anybody who wants to follow up information for me to speak with me on the mike about this. I'm grateful Senator Cavanaugh brought up the rape and incest exception, because obviously, if you look at the four corners of the bill, LB626, Section 5(2), you can see it under Section 28-902, it handles when somebody is using the rape and incest exception to this bill when they are 18 years of age or older. And that legislative record Senator Albrecht was, as she is, dead on with her reading and the interpretation of how LB626 would apply here. LB626 Section 5(2) says-- says what procedure the

physician must follow to perform an abortion under the rape exception. He must write down that the abortion is because of rape. Write down that he has complied with all requirements of a healthcare provider under Nebraska Revised Statutes 28-902, and put it in her medical file, private medical file. That is it. End of story. Thank you very much. Moving on. There is no required report. There is no required action by the woman. There is no criminal charges that must be filed. There is not anything related to that in this bill or in our statutes. And misleading women who have been victims of some of the most horrific things that can happen to a person is wrong. Senator Cavanaugh knows that. She's trying to push scare tactics to push opposition to this bill. It's sad. Also to my colleagues that are using a ten-year-old being raped as an example of someone who could not receive abortion care under this bill, they know that's false. They know that ten-year-olds can't consent to sex in the state of Nebraska. They know that children can't consent to sex in the state of Nebraska. Every child you can throw up here, the Indiana example, any hypothetical towards that end, they know it would fall under the rape and incest exception, as clearly spelled out in LB626 Section 5 because they cannot consent. It is rape to have sex with a ten-year-old. Moreover, I believe somebody brought up public opinion, referenced a poll published by pro choice activism group. The WPA Intelligence group actually did a survey in the state of Nebraska, which I'm going to reference now. And they found that Nebraskans support protecting a baby with a beating heart, 58 percent support, 33 percent oppose. A majority of Nebraskans support a bill outlawing abortions once a heartbeat is detective or in the case of rape, incest, and to save the mother's life as outlined in LB626. Nebraskans strongly reject the Democrats' mission to allow abortion up until the moment of birth, which is what has been outlined by the opposition to this bill, by saying we don't want to get between a patient and her doctor. They want unrestricted abortions up until the moment of birth. And if they would like to counter that argument for when it's appropriate for the Legislature to get between a doctor and their patient, I'd encourage them to get on the mike and counter me on that. Nebraskans overwhelmingly reject allowing abortions up until the moment of birth.

KELLY: One minute.

SLAMA: That is a-- thank you, Mr. President. That is a 72/21 split. And this extreme policy is supported only by 16 percent of Independents and less than a third of women and less than half of Democrats. So moving on from public opinion and I can reference more of this bill-- more of this poll if you'd like. But getting into the Nebraska legislative history on accepted medical procedures, LB38 in 1977, which enacted 28-336 into law, which has been referenced by some of the attorneys on the floor as pointing towards criminal penalties, nonexistent criminal penalties for LB626, defines accepted medical procedures as procedures of the type and performed in a manner and in a facility that is equipped with surgical anesthetic resuscitation laboratory equipment sufficient to meet the standards of medical care, which physicians in the same neighborhood or in similar communities engaged in the same or similar lines of work would ordinarily exercise in a vote to the benefit of their patients.

KELLY: That's your time, Senator.

SLAMA: I'll revisit that. Thank you, Mr. President.

KELLY: Thank you, Senator Slama. Senator Lowe, you're recognized to speak.

LOWE: Thank you, Lieutenant Governor. Luke 1:38-46: And Mary said, Behold the handmaid of the Lord. Be under me, according to thy word. And the angel departed from her. And Mary rose in those days and went into the hill country with haste into the city of Judah and entered into the house of Zacharias and saluted Elizabeth. And it came to pass that when Elizabeth heard the salutation of Mary, the babe leapt in her womb and Elizabeth-- Elizabeth was filled with the Holy Ghost. And she spake out loud in a voice and said, Blessed art thou among women. Blessed is the fruit of thy womb. And whence is this to me that the matter of my Lord should come to me. For lo, as soon as the voice of thy salutation sounded in my ears, the babe leapt in my womb for joy. And blessed is she that believed, for there shall be a performance of those things which were told her from the Lord. And Mary said, my soul doth magnify the Lord. I listen to Father Mike Schmitz in the morning, a priest in Minnesota. I'm going to paraphrase what he said. So John, who was the precursor of Prophet and Baptist and a baby in his mother's womb, and Elizabeth, who had been pregnant for six months-- now, remember, Elizabeth is an old lady. John the Baby Baptist was

filled with the spirit from his mother's womb when the Blessed Virgin Mary with Jesus in her new-- in her womb newly conceived, I believe, within several days, if not several days, at the most, a week or two. And she began walking and riding a donkey immediately after conception from Nazareth to Judah, which is approximately 90 miles over hill country, triggering 15 miles a day. She-- and she in her teens could easily have traveled that far in a week with a caravan, even with a brand new baby in her womb. When Mary and her new baby in her womb, she approaches Elizabeth and John is in Elizabeth's womb. And the Holy Spirit is communicated in some miraculous, incredible way from the womb of the Virgin Mary in Jesus Christ himself to the womb of Elizabeth, John the Baptist. And John leapt. And that is why abortion is clearly evil. And that is why abortion is clearly evil. But for a Christian, if they read the Gospels and study them, that they would come to the same conclusion that the baby in the womb is a human being and a person even at six weeks. I just received an email from a fellow and he quotes Dr. Seuss. And, Senator Halloran, I'm not speaking of you, but a person is a person no matter how small they are. With that, I yield the rest of my time to Senator Hansen.

KELLY: Senator Hansen, you have 1:05.

HANSEN: Thank you, Mr. President. I just want to touch on a couple of things that we've mentioned before and some other people, opponents brought up was but the idea of reasonable medical judgment. Just quickly, quickly, reasonable medical judgment means a medical judgment that could be made by a reasonably prudent physician knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved. This is nothing new. This has been used for decades. And I can almost guarantee everybody sitting in the balcony right now wearing white coats understand this definition. This is something that says they make the decision that they feel that they best know how based on their training, based on their judgment, based on their experience. This is nothing new. And so to say that doctors are going to be thrown in jail or going to go to prison, are going to be fined left and right is blatantly false unless they are making decisions with ill intent and doing things purposely, it is wrong. So this is something that-- I can't even think of any instances where people were thrown in jail or got their license revoked if they made reasonable medical judgment and is prudent based on--

KELLY: That's your time, Senator.

HANSEN: --a board of their peers. Thank you, Mr. President.

KELLY: Thank you, Senator. Senator John Cavanaugh, you are recognized to speak.

J. CAVANAUGH: Thank you, Mr. President. Well, I rise in support of the motion to indefinitely postpone and opposed to the bill, and this bill does put pregnant people at risk. So there's been a lot of conflation, obfuscation, wishful thinking about what this bill does. And I appreciate the attempt at a substantive conversation. But when we're talking about the potentiality for criminal penalties and it's not a scare tactic to say that the advocates for this bill are downplaying what will happen if this bill is adopted. That section of the statute, 28-336, says that it is a crime to perform an abortion not in compliance with medical procedure, accepted medical procedure. There was a definition apparently in the statute close to 40 years ago. That definition is no longer there. We can look to the courts and how they interpret statute, and they will interpret when we pass the statute, that we understand the whole of the code of the state of Nebraska when we do it. And one part of that code is 28-336. And if you look to 28-336 and it says accepted medical procedure. You heard Senator Dungan I think pretty accurately describe the actual words of LB626. And LB626 lays out a procedure in practice under which and it's acceptable to perform an abortion. If you read those two things in conjunction, it is not out of the realm of possibility, it's actually pretty likely that someone could be charged on that statute. And the reason I say that is this bill, along with basically any other bill that's been passed in the space of abortion regulation in this state, has a disclaimer in it that says no woman shall be liable under this statute. It's in this bill, curiously, because this bill, as the-- all the advocates argue, applies to doctors. So it is hard to conceive of a circumstance under which a woman would be held liable for her medical license if she sought an abortion. But it's also in the previously adopted statutes around this. However, we have seen in circumstances many times where women are charged with other offenses, not the abortion itself. We had one example in this state just last summer, less than a year ago, where a young woman was charged for a number of other crimes related to her receiving an abortion. The concern here, and it's a real one, this is not a scare tactic. This is

a real legitimate concern that there are political motivations, in prosecution in particular, around issues like abortion. And that when there is an opportunity for an elected official to make political hay by prosecuting someone, they will find a way to do it. And this bill opens up doctors to that criminal liability under that particular section, because it is a potential option under the plain reading of the language of this statute, under the plain reading of the language of this bill, and under the court's interpretation of how we read bills and laws together going forward. And so you can say-- you can stand here and say, don't worry, this bill is not going to cause these problems.

KELLY: One minute.

J. CAVANAUGH: Thank you, Mr. President. That is clearly not borne out by the language of this bill, the language of the laws we've already adopted in this state, and the court's interpretations. And so when you're listening to this argument, if you're one of the, I don't know, one person in here who's perhaps undecided, don't be fooled by the downplaying and the minimizing of what this bill will do. So I've got other things to talk about, but that's what I want to talk about at this point. Thank you, Mr. President.

KELLY: Thank you, Senator Cavanaugh. Senator Blood, you're recognized to speak.

BLOOD: Thank you, Mr. President. Fellow senators, friends all, I stand in support of Motion 12. And I do hope that we have the votes to not move LB626 forward. But I don't believe that's what's going to happen. With that said, like every abortion bill we have had since I've been in this body, I think there are a lot of mechanical issues when it comes to the writing of this bill. Before I start addressing those, because I'm going to speak more than once today, I want to address some of the things just real briefly that I heard on the mike that I'm concerned about. One of them was when our Lieutenant Governor warned everybody in the balcony not to make noise and that they had the ability to have them removed. I don't remember that announcement the day that we had the antitrans bill and we had people sobbing in the balcony while another group applauded right next to that group. I also think it's really interesting how we increase law enforcement on days like this when we had little-- we had children that were from the

trans community, we had extra law enforcement and some of the senators were escorted out. Today, it's the same. I think it's very interesting who we consider dangerous in Nebraska and how we are scared of hearing strong women share their views. So I just want to make sure that that goes on record. One of the questions that I hope that Senator Albrecht will answer when she stands, because I don't want to use my time to ask her on the mike is I keep hearing her use the phrase "abortionist," and I've talked about this before on past bills. I want to know the difference between an abortionist and an OB/GYN because we use words like abortionist and then we start thinking back alley. We don't start thinking about medical care, about care for women. What is the difference, Senator Albrecht? I've never heard you say OB/GYN. I always hear you say abortionist. Senator Fredrickson, when you said you were going to talk guy to guy, I thought you were actually going to ask all the guys in this body why it's OK for men to wantonly spread their seed and make women pay for it after the fact. But you didn't. But there's always more time in the future because we know what really, truly causes unexpected pregnancies and women don't do it on their own. So with that, let's talk about the technical issues, and Senator Slama and Senator Machaela Cavanaugh did cover it, but they never really touched down on what I found. So Section 5 directs that if a physician performs an abortion in the case of sexual assault or incest, the physician shall certify in writing the abortion was performed because of sexual assault or incest, and that the physician complied with all the duties of a healthcare provider required by Section 28-902, which I have handed out to everybody. And if you note, there's a vote sheet on the back. There are still people in the body that voted for this, LB1132. So Section 28-902 allows for sexual assault survivors to receive medical care and be anonymous. That's what we're missing about talking on today. That's what we're missing out on. The anonymous reporting provision was passed into law in 2018 to not require sexual assault or human trafficking survivors to disclose their abuser or trafficker. The concern was if survivors or people who were abused were required to report and cooperate with law enforcement, they would not seek necessary care for themselves. And Senator Albrecht did vote for the anonymous reporting bill, and this is not a gotcha moment. What this is, is just a reminder that we voted for that for a reason. So how will this protection for being anonymous-- anonymous be maintained with the bill's requirement that the physician shall keep a written--

KELLY: One minute.

BLOOD: --certification as to sexual assault in the woman's medical record? And can a doctor keep a file and an anonymous form like with a number assigned to patients? How does it work? I don't see that in the bill. And that's what's always missing with these bills are mechanisms. You say you want certain things, but you don't say how they will work. This isn't like a constitutional amendment when it comes back to the body and we get to decide how something's going to work like voter ID. We are moving forward policy, but we are not describing clearly how that policy is going to work, Senator Albrecht. With that, I have a lot more issues with the bill that I'm hoping to discuss on the mike today. I think that when it comes to how this bill is going to work, it is not clear. And again, I am very concerned about the bias when people come in reference to bills like this. Thank you, Mr. President.

KELLY: Thank you, Senator. Blood. Senator Hardin, you're recognized to speak.

HARDIN: Thank you, Mr. President. I stand in support of LB626 and opposed to the motion from Senator Hunt. Abortion was illegal in Nebraska and most other states prior to the Roe v. Wade decision in '73, which forced legal abortion on all 50 states. After Roe was decided, Nebraska repealed its pro-life statutes. Since then, it has slowly been building protections for the unborn back into the law, little by little under the restraints imposed upon it by the U.S. Supreme Court. Last June, the U.S. Supreme Court reversed Roe v. Wade in its decision Dobbs v. Jackson Women's Health Organization, ruling that Roe was egregiously wrong and on a collision course with the constitution from the day it was decided. Dobbs returned authority to the states and the people to decide how best to protect the lives and safety of unborn children and their mothers. Since Roe was decided, 200,000 babies have died in Nebraska from abortion, 10 percent of our entire state population. As of today, Nebraska still allows abortions up to 20 weeks after fertilization, many weeks beyond what is allowed by states that border us: Missouri, Iowa, South Dakota, Wyoming. They all have either a heartbeat law or they disallow abortion entirely. And that makes us a potential destination or abortion tourism state if we do not pass similar laws. Allowing abortions this late in pregnancy puts Nebraska in the company of China and North Korea, rather than

most democracies which limit it to much earlier in pregnancy. In 2020 and '21, the last year for which we have statistics, there were approximately 2,400 babies killed by abortion in Nebraska, a rate of more than 6 per day, counting weekends and holidays. In the 42 weeks since Dobbs overruled Roe last June 24, the day we could have provided greater protections for preborn children, 1,800 babies or more have lost their lives to abortion in Nebraska. The Nebraska Heartbeat Act is an opportunity for a generational win, one that people will be able to look back on as a moment in history where a profound shift took place in the state of Nebraska. We can stop the abandonment of women to abortion, protect unborn human beings from violence, and take a step toward the restoration of public confidence in the integrity of the medical profession. A baby with a beating heart deserves to be protected. We envision in Nebraska, where every life is celebrated, valued and protected. I walked past some signs on the way into the building this morning. They kept using the word ban over and over. It's been said that LB626 is a total abortion ban because women don't even know they're pregnant at six weeks. That's simply not true. During the hearing, proponent Dr. Ingrid Skop said at the time of fertilization, quote, The embryo travels about 5 to 7 days before implanting in the uterus. Upon implantation, immediately the pregnancy hormone is detectable in the blood within a day or so. So women within, I would say, 7 to 10 days of fertilization, of the creation of that embryo can find out they're pregnant, end quote. Dr. Emily Patel said, as an opponent, that with how the gestational age is calculated for pregnancy, a woman knows she is pregnant--

KELLY: One minute.

HARDIN: --in four weeks, leaving two weeks or so for a woman to make a decision on the pregnancy. Another opponent, Dr. Meghan Oakes, said that a positive pregnancy test can come out at four weeks of pregnancy, again stating there are two weeks to make a decision. Dr. Stephanie Gustin, also an opponent, said, we can often reliably detect the presence of a pregnancy as early as three and a half weeks. Proponent and opponent testifiers agree this is not a total abortion ban. Thank you, Mr. President.

KELLY: Thank you, Senator. Senator-- Senator Briese announces some guests in the south balcony, members of the 2023 Phi Theta Kappa All Nebraska Academic Team from community colleges. Please stand and be

recognized by your Nebraska Legislature. Senator Halloran, you're recognized to speak.

HALLORAN: Thank you, Mr. President. Good morning, colleagues. Good morning, Nebraska. Colleagues, since Planned Parenthood and its supporters are the primary drivers of the opposition to this bill, I believe we should review the roots, the racist foundation of Planned Parenthood. Margaret Sanger was the founder of Planned Parenthood. She promoted the philosophy and social movement of eugenics that argues it is-- that it is-- it is possible to improve the human race and society by encouraging reproduction by people or populations with desirable traits, termed positive eugenics and discouraging reproduction by the people with undesirable qualities, termed negative eugenics. Another renowned practitioner of eugenics, the development of a super race, was Adolph Hitler, the notorious promoter of a super race. Margaret Sanger preached the gospel and I quote, race improvement and denounced what she called, quote, human weeds and morons and idiots and imbeciles and the dead weight of human waste, end of quote. She took that made-- that message to some outrageous audiences. In May 1926, Sanger spoke to the women's chapter of the KKK in Silver Lake, New Jersey, which she wrote about on page 366 of her 1938 autobiography. Yes, the Ku Klux Klan. The founder of Planned Parenthood accepted an invitation to and spoke to the KKK. She was a smash hit. A quote from Sanger's 1938 autobiography described her invitation to talk to the women's branch of the KKK. At Silver Lake, New Jersey. Margaret Sanger says, and I quote, Never before had I looked into a sea of faces like these. I was sure that if I uttered one word such as abortion outside the usual vocabulary of these women, they would go off into hysteria. And so my address that night had to be in the most elementary terms, as though I were trying to make children understand. In the end, and I quote, through simple illustrations, I believe I had accomplished my purpose. A dozen invitations to speak to similar KKK groups were proffered. She apparently impressed the KKK. The liberals complain about this racist history of the founder of Planned Parenthood today. No, not at all. Liberals revere Sanger. If there was a progressive Mount Rushmore, they'd have a long, chiseled Maggie's mug on the mountain. Hillary Clinton glows that she is in awe of Sanger. She said so in 2009, upon receiving Planned Parenthood's highest honor that year, the coveted Margaret Sanger Award. Likewise in awe was Nancy Pelosi when she proudly accepted the award in 2014. Speaking to

Planned Parenthood a year earlier, Barack Obama, America's first black president, hailed the organization founded by the racist eugenicists committed to creating a, quote, race of thoroughbreds and purging America's, quote, race of degenerates. Margaret Sanger said the following about her 1939, and I quote Negro Project, a project established to control the, quote, Negro population. Quote, we do not want word to go out that we want to extermin-- exterminate the Negro population, and the minister is the man who can straighten out the idea if it even occurs to any of their rebellious members, end of quote. Thus, the support of individuals such as Al Sharpton and Jesse Jackson. The objective of the Negro Project was to infiltrate the black community by presenting birth control then, abortion today--

KELLY: One minute.

HALLORAN: Thank you, Mr. President. --as health options for women to kill off the black race, kill them off by limiting the growth of population by abortion and sterilization. They knew that some blacks would figure out their sinister plot, so it was decided by Sanger to take plan to the clergy and charismatic members of the black community to have them deliver the death message to their congregations and constituents. The 2010 Census results reveal that Planned Parenthood, the nation's largest chain of abortion clinics, is targeting minority neighborhoods; 79 percent of its surgical abortion facilities are located within walking distance of African-American or Hispanic Latino neighborhoods. About 13 percent of American women are black, but they submit to over 35 percent of the abortions. Margaret Sanger's racist plan is working. Thank you, Mr. President.

KELLY: Thank you, Senator Halloran. Senator Moser, you are recognized to speak.

MOSER: Thank you, Mr. President. Well, I have signed on to LB626 as a cosponsor. And the reason is that I stand with the 200,000 babies that were aborted since 1973. And I'm not going to focus on the cases here and there where women have pregnancies and the situation surrounding the pregnancy was not their choice or whatever adds to their-- adds to the complication to their situation, how they decide to move forward. But 200,000 babies have died since 1973, and the vast majority of those were elective. The vast majority of those were elective. Abortion laws in adjoining states are as strict or stricter than

abortion laws would be under LB626. To listen to the discussion on this bill, you would think that Nebraska was an outlier in abortion restrictions. Well, it does look like we're an outlier. It looks like we're more permissive than the adjoining states. LB626 addresses that. In the course of running for office, I talked to thousands of citizens in my district. The vast majority of those that mentioned abortion wanted stricter abortion laws. Right to Life sent out thousands of postcards to voters informing people of-- citizens of the candidates' positions on abortion. So the voters were informed. They know, you know, where I stood. And the vast majority of the citizens in my district still support stricter abortion laws. With that, I would yield the rest of my time to Senator Hansen if he would like it.

KELLY: Senator Hansen, you have 2:40.

HANSEN: Thank you, Mr. President. Another thing I want to kind of touch on a little bit, during the Health and Human Services Committee hearing for this bill, we did listen to a lot of testimony. Senator Day was correct, a very lot of emotional testimony for-- for a long time. And some of the questions that I asked and some of the questions that were asked of people on the committee as well was the timeline. I think Senator Hardin kind of touched on this a little bit. How much time does a woman have, a pregnant female have, to determine when she is pregnant and make a decision on whether she should or should not get an abortion if this law is passed? The prevailing theme and the general consensus it seemed among both the proponents and the opponents, was that a woman would have approximately one and a half to two weeks of decision time after she finds out that she is pregnant. I think you are probably able to find out if you're pregnant before that with pregnancy tests, certain hormones that are going on. But what I'm-- my point is what I'm getting at is it seemed like both-- both groups agreed that one and a half and two weeks was a timeline somebody had to make a decision. Granted, this is a very difficult decision to make, something I'm going to touch on again later. I feel that that-- that's an adequate time to make a decision such as this, one and a half to two weeks seems-- again, it might be different for all kinds of people. I'm just telling you how I feel and what I think. And so that-- that is one thing that there's a timeline that Senator Hardin was kind of touching on.

KELLY: One minute.

HANSEN: Thank you, Mr. President. One of the things I'm going to-- I'm going to touch on here again later is I think-- I'm going to be remiss to say, I would think everybody in this room would agree that it is a difficult decision for somebody to have to make the decision to or to not get an abortion. Everybody here has mentioned that. Everybody at the hearing mentioned that. That is a difficult decision. What I want people to think about is why is it a difficult decision? If it's just a clump of cells, if it's just like a mole, if it's like a tumor, it shouldn't be a difficult decision. When somebody goes to a dermatologist to get a mole removed or a benign tumor removed, I think that decision-making capability is different than somebody going into an abortion clinic. I think subconsciously we know that is a life and that is a difficult decision to make. And I'm not going to deny that of anybody getting an abortion or thinking about getting abortion or not.

KELLY: That's your time, Senator.

HANSEN: Thank you, Mr. President.

KELLY: Thank you, Senator Hansen. Senator DeBoer, you're recognized to speak.

DeBOER: Thank you, Mr. President. Good morning, colleagues. Good morning, Nebraska. We are putting women at risk. There are two questions that we're addressing today. The first is, is a pregnancy a person in the same way as I am or you are? And some people think it is and some people do not. And I'll talk a little bit more about that on my next time on the microphone. But that isn't a question for science. It's a question for philosophy and theology. But the second question, the one I want to talk about right now is whether the application of this bill will work the way proponents want it to or whether it will put more people at risk. Here are some of the things we know. Regardless of what we do here today, abortion will not go away. We can find ancient Egyptian steles that talk about abortion. It isn't some new thing. It existed before Roe and it exists after. It exists in countries with restrictions and in those that do not have them. Senator Fredrickson shared that in places with abortion restrictions and without them, there are pretty much the same number of abortions. So abortion isn't going to go away. It is part of the human experience. It can be safer or less safe for women, but it will not go

away. So if we pass this bill, what we will do is make abortion less safe and we will put women at risk. A few years ago there was I think they called them the TikTok challenge, but it might have been still Facebook, I don't remember, in which young teenagers ate Tide pods as a kind of a joke or I don't know what. They did it as a lark. Imagine now a child who is pregnant and is terrified about that prospect. If they will eat a Tide pod for free, what might they do to themselves to try to address that situation? Think of the children who will look up on the Internet because every single one of them who's 14 years old, basically this day and age, has one of these with the Internet on it. If they are willing to do these things that will kill them on a lark, what will they do when they are scared? What sort of thing will come up on the Internet? What sort of advice do you imagine will come up on the Internet? And here's the most terrifying scenario that I think will repeat itself over and over again. Colleagues, we've worked a lot in the Judiciary Committee across all political ideologies on the problem of trafficking. A child--

KELLY: One minute.

DeBOER: --who is concerned about what's going to happen to their body in a pregnancy, what's going to happen to them in a pregnancy might reach out to a doctor if this becomes impossible for them to get legally. And how many of those doctors who want to meet them secretly because of the bill that we passed today, will actually be doctors and how many of them will be traffickers? Because the most terrifying thing I have ever heard in my life, colleagues, is that there is a market for young pregnant women. That means that there are people who want to sell them. Let's not give tools to traffickers. If you're scared about voting against this bill, considering how scared a young girl is who has been trafficked.

KELLY: That's your time, Senator.

DeBOER: Thank you, Mr. President.

KELLY: Thank you, Senator DeBoer. Senator Day, you are recognized to speak.

DAY: Thank you, Mr. President. The first thing I wanted to mention was, is it appears that Senator Albrecht has handed out an article

with the photos-- a photo of with a gene-- I will say a computer-generated photo of what I think we typically think of we've seen in the media of what a nine-week pregnancy looks like. And I will tell you that this article comes from a blog, a pro-life blog called Pregnancy Help News. If you Google image reverse image search this, you find it all over religious Websites. This is not a real photo. It's not real. This is what-- it's a computer-generated image that is not real, which is why these photos are so powerful because they show what an actual nine-week pregnancy looks like. And let's not forget, we're not talking about nine-week pregnancies. We're talking about three weeks prior to that. We're talking about six-week pregnancies. OK? This is not real. This is from a pro-life blog, not real. This is from doctors. It is real. And I appreciate Senator von Gillern mentioning that his kids are not Tic Tac. Sometimes you guys are so close, you're so close to getting the point. You're almost there. My kids are not Tic Tacs either. They're fully developed human beings that do not require someone else's body and someone else's organs to survive. There is a fundamental difference, and that's the point. There is a fundamental difference between a fully developed human being that does not require a person's uterus and placenta and their body to develop and survive. And something that is the size of half of a Tic Tac that does not have a brain, it does not have a heart, it does not have any fingers and toes. You're almost there. That's the point. I wanted to share some stories today of other examples in other states of how laws like LB626 have affected the lives of pregnant people. This is a story from the state of Texas from Amanda and Josh Zurawski. Amanda stated that she was 18 weeks pregnant on August 23 and went for a walk. She could tell something was wrong, so she messaged her hope-- OB and upon examination discovered she had an incompetent cervix and had started to dilate. Her doctor informed her that a miscarriage was inevitable. She and her husband asked what the next steps were. What were her options? She was informed that under Texas law and this would be similar to LB626 because the pregnancy still had a heartbeat. She was informed that under Texas law, the only option she had was to continue to carry the pregnancy that would not survive and simply wait until she became sick enough. Essentially, her life had to be in danger before they could intervene. All medical professionals that they had consulted informed her that legally this was her only option. She could not decide for herself. She could also not decide for her daughter. Her doctors could not even decide for her

based on best medical practices. Ms. Zurawski states through tears: Being told that we were going to lose our baby and that there was nothing we could do, I was left wanting either to get so sick that my life is at risk or that my baby's heart stopped beating--

KELLY: One minute.

DAY: --so that it could be over. Thank you. Three days later, Amanda was admitted to the hospital with a 102 degree fever. At this point, doctors were now legally allowed to deliver her now stillborn child. She did not know that at this point she had become septic. Sepsis can set in rapidly if a previable pregnancy continues after a patient's water breaks. Sepsis can lead to damage, shock and eventually death. Amanda's husband, Josh, stated It was so frustrating to be dealing with something so traumatic and then to be forced to gamble with the outcome of Amanda's life unnecessarily. Amanda was in the ICU for a week but did survive. You think about all the people that aren't as fortunate as us, about how this is going to impact their lives. Meanwhile, all of the staff at the hospitals were talking about these types of laws are not going to end abortion. It's just going to make it extremely dangerous and the mortality rate is going to skyrocket.

KELLY: That's your time, Senator.

DAY: Thank you, Mr. President.

KELLY: Thank you, Senator Day. Senator Murman, you're recognized to speak.

MURMAN: Thank you, Mr. Lieutenant Governor. I rise in support of LB626 and against the motion to indefinitely postpone. Is a human being, especially with a beating heart living inside another human being, which, by the way, is a female, not a pregnant person, a human life? It all boils down to this question. Now, I'm going to read from the second paragraph of the Declaration of Independence. "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among those are Life, Liberty and pursuit of Happiness." That's in our Declaration of Independence. So is it a human life or not? Follow the science. A baby at six weeks has different DNA than the mother. The eye color has already been determined. The hair color has been

determined. Everything genetically has already been determined and quite often eye color, hair color, and different characteristics will be much different than that of the mother or the father, for that matter. So it's-- it's not antiwomen to be against-- against abortion. It's actually pro-- pro woman. We're trying in this society now to take even motherhood away from women. We should be supporting motherhood and families and not trying to prevent that from happening. As has been already mentioned, the abortion laws in the United States are very similar to those in China and North Korea and much, much different than the rest of the demography-- democracies in the world. You can see what's happened in-- in China. Many more females have been aborted than males. So to say being pro-life is antiwoman is, is definitely wrong. And also, it's definitely not racist to be pro-life. There's a disproportionate number of people of color that are aborted compared to the percentage in the population as to the white race. So it's actually supporting people of color and not-- not racist to be pro-life. So I'm going to go back to the original question that I asked. Is a human being living inside another human being, especially a human being inside another human being that has a living heart or a beating heart, is-- is that actually a human being? It all boils down to that simple question. Thank you, Mr. President. I would give the rest of my time to Senator Albrecht if she would like it.

KELLY: Senator Albrecht, that's 1:30.

ALBRECHT: Thank you, Senator Murman. And thank you, President. Thank you for the time so that I can answer back to Senator Blood. She did ask about an abortionist, and I want to help people understand that LB626 is about elective abortions. So there are about two people in the state of Nebraska that would do this. That would be Mr. Carhart, Doctor, if you would like to be called that--

KELLY: Minute, one minute.

ALBRECHT: --and Planned Parenthood. The vast majority of OB/GYNs do not perform elective abortions in the state of Nebraska. And again, LB626 is about babies with beating hearts that deserve to be protected. And I'd be happy to get back on the mike and talk a little bit more about this same subject. Thank you.

KELLY: Thank you, Senator Albrecht. Senator Conrad, you're recognized to speak.

CONRAD: Thank you, Mr. President. Again, good morning, colleagues. I rise in support of the motion and in opposition to LB626, which needlessly puts Nebraska women at risk and Nebraska doctors at risk. Again, the First Amendment protects those that are pushing this measure, this human rights violation. It protects their right to push this political propaganda. But that's what it is. They're trying to wrap it up in religion and science and medicine, but it stands in the face of every major medical organization, legal experts that tell us this is not medical language. This is not medical practice. This is not legal nor workable from a human rights perspective. That is clear. That's 100 percent clear. And the flowery language about caring about children and mothers, the hypocrisy is palpable. If that were true, you would meet us robustly together, fighting for maternal health, fighting for pregnancy outcomes, fighting for reproductive justice, fighting for childcare, fighting for healthcare, fighting for mental healthcare. And you don't. Let's roll back the tape just a week, colleagues, where most of the people that are pushing this measure voted against giving breakfast and lunch to schoolchildren who couldn't afford it. Exhibit A and there is an Exhibit A through Z that is replete in this legislative record, and your hypocrisy is palpable. Let's talk about these exceptions, which are unworkable, and the proponents know it. If they weren't terrified about the criminal implications of this measure, Senator Albrecht wouldn't have saw fit to walk back her concession during the referencing debate, which she knows is accurate and true. And it doesn't take a legal expert to look at the text of LB626 and see there is no repealer, specific or general, in regard to the host of criminal penalties on the books regarding abortion care, period. Let's also talk about the cruelty and the misinformation that goes into saying there's humane, compassionate exceptions for the life of the mother. That's not true. And again, it's not hyperbole. We don't have to guess. We don't have to hypothesize. Our sister states that have passed radical abortion bans like this, that, yes, Senator Hardin, criminali-- that prevent abortion care before most women know that they're pregnant. And we need a lot less mansplaining and a lot more momsplaining about how bodies work. And it's no surprise to anyone that every pregnancy is different. Every cycle is different. And you cannot craft a law that

encompasses all aspects of the human condition, period. The proponent of this measure, Senator Allbrecht, which turns the enforcement mechanism over to Attorney General Hilgers, are clear and on record in the Nebraska Right to Life survey, as reported in the Journal Star in 2020. They do not believe in any such thing as the life of the mother exception. That's who's pushing this bill and that's who will enforce this bill. So don't kid yourself and say that there's a humane life of the mother exception because those pushing this measures don't believe that is ever the case. They're not even trying to hide it. That's in the newspaper. That's their actual sincere position. So be clear about that. And any minute a doctor hesitates when a mom's life is at risk puts that life at risk.

KELLY: One minute.

CONRAD: And most women who seek abortion care in Nebraska are already moms, have kids at home, have families at home, but they're trying to make the best decision for themselves, with their doctor, with their family to take care of their family. And they tell us why they're seeking abortion care. There's scores of data from the annual reports put out by DHHS because their contraception fails or they don't have access to it. Where are you in supporting efforts to increase access to family planning? You're not on the board. If there's a fetal anomaly, there's no exceptions here. If people are victims of incest or sexual assault, those exceptions are unworkable, and the experts in the field have told you so. They seek abortion care because their own life and health and mental health is at risk. And there are unworkable exceptions in this bill for this. And they seek abortion care for socioeconomic reasons [INAUDIBLE]

KELLY: That's your time, Senator.

CONRAD: --that you stand against economic justice as well. Thank you, Mr. President.

KELLY: Thank you, Senator Conrad. Senator Sanders, you're recognized to speak.

SANDERS: Thank you, Mr. President. Good morning, colleagues, and good morning, Nebraskans. I rise in support of LB626, and I thank Senator Allbrecht for introducing this legislation. I agree that a baby with a

beating heart deserves to be protected. Senator Slama mentioned the WPA poll released on January 5 of this year that shows that 58 percent of Nebraskans support this policy. A heartbeat is a universal sign of life. Another universal belief, one that I believe we share in this body is that taking of an innocent life is wrong and unjust. In fact, there is scientific consensus among biologists that life begins earlier than a heartbeat. There was a study published in November 2021 in the issue Law and Medicine journal by Dr. Steven Jacobs, focusing on the scientific view when life begins. Dr. Jacobs found in an earlier survey that 80 percent of Americans thought that biologic-- biologists were most qualified to determine when life begins. So Jacobs surveyed thousands of biologists across multiple countries and multiple political spectrums, all of which were affiliated with an educational institution; 95 percent of respondents held a Ph.D.; 63 percent were nonreligious; 85 percent defined themselves as pro-choice. What did the study find? Ninety-seven percent of consistent respondents affirmed the fertilization view of life begins. That's 1,011 out of 1,044 respondents, when given a statement, a mammal's life begins at fertilization; 77 percent of respondents affirmed that statement. My staff will be happy to make copies of this study for your reference. The paper also established that medical literature recognizes the fertilization view. There is a scientific consensus that life begins at conception-- at conception. Fertilization view is the leading biological view on the beginning of human life. That scientific fact should influence every conversation we have about abortion. I think science has a duty to promote this fact so that people and policymakers can make intelligent decisions. This is what the pro-life community has believed all along, and these studies are great examples of how science has advanced since Roe v. Wade. Now to be clear, today we are talking about a heartbeat. We do not need scientific studies to tell us that a beating heart means life. I mention the study because I see Nebraska that cares about every life. We want to celebrate, value, and protect every life, including the most vulnerable among us. This bill does just that. We know that taking an innocent life is unjust. We know that heartbeat is the universal sign of life. This is why I support LB626. Senator Albrecht's bill makes this doctor friendly, more so than any other abortion limits in this country. I am also thankful that Senator Albrecht introduced LB606 to support pregnant mothers--

KELLY: One minute.

SANDERS: --who help-- who need help. Mothers deserve better than abortion. I said very similar things during last year's debate, but I will say it again. I am honored to work with all of you. I believe there is one person here who-- I believe there's not one person here that believes in taking an innocent life is acceptable. This is why we have to pass this bill. Under no instance is it just the end of life of human being. Abortion does just that. It stops a beating heart. Thank you, Mr. President. And I yield the remaining of my time to Senator Albrecht.

KELLY: Senator Albrecht, that's 20 seconds.

ALBRECHT: Well, I rise in support of LB626, in opposition of the motion from Senator Hunt. And that's probably enough of my 20 seconds, so I hope to get more time soon. Thank you.

KELLY: Thank you, Senator Albrecht. Senator Ibach, you're recognized to speak.

IBACH: Thank you, Mr. President. And good morning, Nebraska. It's refreshing to see so many faces engaged in the balcony. And I appreciate the support that everyone's giving to this issue. It's very important. Today, I rise in support of LB626 and against the motion to indefinitely postpone this bill. As a mother of triplets, I am pro-life. I believe this is a discussion that we should be having, because to me, there clearly is a compelling government interest in regulating the practice of abortion. Personally, our current law allowing abortion up to 20 weeks is excessive, and I think we all agree on that. As-- at this stage of pregnancy, the fetus has a beating heart. It-- the curve of its spine has developed. The fetus has a face and their arms and legs are waving. That's our current law. To me, to abort a baby is unthinkable; and we should be protecting these children. I will continue to listen to discussion because proponents and opponents from District 44 have both made their argument in-- with regard to this bill. I listened to medical professionals on both sides of this argument, and I truly do take their comments and their opinions to heart. With that said, I look forward to listening further and to sharing additional thoughts this

afternoon. And I would thank you, Mr. President, and yield my time to Senator Albrecht.

KELLY: Thank you, Senator Ibach. And that's 3:18, Senator Albrecht.

ALBRECHT: Thank you, President, and thank you, Senator Ibach. I appreciate the time. We had several people, obviously, the day that we had the HHS hearing. And I think it's important to read some of these testimonies that came from the doctors who've been in the field for many, many years to put it into the record. I'm going to talk about Dr. Robert Bonebrake, a Nebraska OB/GYN specialist in maternal fetal medicine and a former chair of the Nebraska Maternal Morbidity and Mortality Review Team in support of LB626: Good afternoon, Chairman Hansen and members of the Health and Human Services Committee. Thank you for the opportunity to be here. My name is Dr. Robert Bonebrake. I'm here on my own behalf, not here on behalf of my employer or my institution. I'm a board certified general OB/GYN, maternal fetal medicine. I practice in Omaha. I've been taking care of women and babies in high-risk pregnancy situations over 27 years. Every maternal fetal medicine specialist has at least two patients, the woman and her baby or babies. I have cared for approximately 15,000 to 20,000 different women over 27 years of maternal fetal medicine practice. Many, if not all, of these women had immensely difficult challenges to deal with and that's why they see, of course, MFM specialist. In some cases we know during pregnancy that the baby will not survive outside the uterus, which is incredibly hard. But even these most difficult of cases, we never have to forget the human dignity of the woman, the baby, or treat the baby as something less than our second patient. Over those 27 years of practicing maternal fetal medicine, I would dare to say that I have never had, nor have the groups I've practiced in, had a maternal death associated with a pregnancy complicated by a congenital anomaly or other abnormality of the baby. Maternal fetal specialists see a multitude of things in the many years that they practice--

KELLY: One minute.

ALBRECHT: --medicine and care for women and their babies. We care for essentially every complication of pregnancy that you could think of, whether that directly involves complications with babies in utero, the woman due to underlying medical conditions, medical conditions that

arise during or due to the pregnancy, or a combination of the mentioned possibilities. The list is too extensive to describe. However, always a paramount concern is the health and safety of the woman, yet with the care and concern for the human dignity of babies. This is best medical practice. LB626 changes nothing for doctors in situations like these going forward. LB626 lays out a clear standard for protecting the woman's life and health. A physician can simply ask the question, could a reasonably prudent physician knowledgeable about the case and treatment possibilities with respect to the medical condition involved have the same--

KELLY: That's your time, Senator.

ALBRECHT: Thank you.

KELLY: Thank you, Senator Albrecht. Senator Albrecht has guests in the south balcony. They are Catholics at the Capitol. Please stand and be recognized by your Nebraska Legislature. Senator Brewer, you are recognized to speak.

BREWER: Thank you, Mr. President. I have shared some of these thoughts with my colleagues before, but I think it's fitting that we have this conversation today. I believe if we come to the mike, we should be somewhat of an expert on the subject and I am not. I'm not an expert on the birth of a baby, even though I was there for both my children's birth. I'm definitely not an expert on women. You can ask my wife about that. But I believe I am an expert on the issue of death, because I think it's safe to say that I have taken more lives than anybody in this room. So I find it challenging to not look at this maybe in a little different way. Now, I wore the uniform of my country and fought combatants on a battlefield that were armed. And you will go through your life always living with those actions. Their ghosts will haunt you. Now, that's being haunted by those who were in direct combat with you. So as I look at an unborn child, which you cannot find more innocence than is there, and to take that life, I don't know that I would be able to deal with those ghosts. So I guess as someone who has been down a much different path, I stand today in support of LB626, because I think that when you take certain actions that haunt you and makes your life challenging in ways you cannot imagine. And with that, I will yield the rest of my time to Senator Albrecht.

KELLY: Thank you, Senator Brewer. Senator Albrecht, you have 2:50.

ALBRECHT: Thank you, President. Thank you, Senator Brewer, for sharing those heartfelt moments in your lifetime. I want to continue with Dr. Bonebrake's testimony where I left off: A physician can simply ask the question, could a reasonably prudent physician knowledgeable about the case and treatment possibilities with respect to the medical condition involved have-- have come to the same conclusion that a medical emergency exists? Any physician providing best medical practices is safe under this framework, the framework of LB626. Only those who would have reason for concern would be physicians whose conduct is so far outside of the mainstream, so indifferent to human life that a well-informed physician could never have made the same decision. This is a very-- this is very easy danger to avoid while providing comprehensive and appropriate medical care. LB626 does what we all want. It allows for the best medical care when protecting the woman of Nebraska and the unborn children. I support LB626 and I ask that you do the same by voting yes. I'd like to quickly go to these medical emergencies that people are talking about. And I know with Senator Day, she was talking, I believe, about someone from Texas. And just for the record, I did not pass out those-- those baby pictures. It was not me. Also, so I'm going to go back to medical emergencies. Some of the opponents would say the exception for medical emergency is too much, too narrow and it would prevent medical professionals from exercising professional judgment. LB626 will make Nebraska a state with the friendliest pro-life laws for doctors in the United States.

KELLY: One minute

ALBRECHT: They also will say something to the effect of how long do doctors have to wait to give care when a woman is bleeding or infected? Or what about hemorrhage, sepsis, cancer, just to name different complicated situations? Under LB626, doctors will be free to exercise their medical judgment unless they are committing malpractice. Doctors in Nebraska already have been working under nearly identical standards for the last 13 years since we passed our 20-week fetal pain abortion law in 2010 that Senator Mike Flood did at that time. No doctors have been prosecuted and babies and moms are being taken care of. The law works and LB626 is even friendlier to doctors than our 20-week law is. Thank you, Mr. President.

KELLY: Thank you, Senator Albrecht. Senator Vargas, you're recognized to speak, sir.

VARGAS: Thank you very much. Colleagues, I stand in opposition of LB626, in support of the motion to indefinitely postpone. There have been a lot of really, really important stories so far on both sides. But in particular, what I really want to focus on is setting a little bit of the record on why I'm against this bill and speaking to some of the economic implications. Fundamentally, I'm against this bill. I've been very, very clear. Doctors and healthcare professionals are doing everything they possibly can to ensure that individuals, families, and patients have the healthcare that they need. And inserting ourselves in the decision making, the private decisions between a woman and their healthcare provider is not a decision that I should be making. It's interesting because in the same period of time that I've heard many of my colleagues, which again in a debate talk about the need to invest in families and-- and in kids and in children, we're going to be debating within our budget, we're going to be debating on the floor what we're actually doing to support low-income kids and and children's and families and making sure poverty is addressed and doing everything we can to make it easier for people not to make extremely difficult decisions. But the data is very clear here. And there's new data that's coming out in this area, which is abortion bans and bills like this are making it harder for us as a state to keep and attract people that want to stay in Nebraska. [INAUDIBLE] making it harder for us, for doctors, physicians, subspecialties to see a life for themselves and their practice to then do what they had spent years studying to make sure that they're giving the best possible care to patients. This article that I have in front of me: Abortion restrictions can cause an OB/GYN brain drain. We just recently talked about the need that we have to lower taxes is because we need to keep people here. I'm one of the people that voted for that, by the way. I'm all for trying to keep people here. We've been talking about the brain drain for years. We are doing a lot to make sure that we are keeping people here. But if you use that argument to say that we need to keep people here because of a low tax state or all these other reasons, and that we hear data, surveys, and even anecdotes from doctors, young physicians, young OB/GYNs in residency just deciding to come here, I don't think they're going to stay here. I think once they have their practice here at UNMC or Creighton or whatever other

institution they go to, they're going to leave to practice in a place where they-- where they are seen as physicians, and we are trusting their judgment to do right by their patients. And it's not just physicians. I will be passing out information and surveys on the-- the surveys done to show that general population of Americans are making decisions on where they're starting to live based on where--

ARCH: One minute.

VARGAS: --they have abortion care. We already took so long to get Medicaid expansion. We have many things that we still haven't done to then make sure it's easier for young women and families to be successful in their early stages of life. Doing something like this is sending a message to every single young professional, to people in the medical community, to people that we're trying to stay and keep here to grow the good life. And we are telling them that we don't want you. This is not something that we should be doing to grow our economy, and it's definitely not something we should be doing if we believe in the rights of Nebraskans and their privacy. Colleagues, I'll continue to get on the mike to talk about the economic impact that's how this is going to affect our state; the economic impact when we're talking about our healthcare sector; and the individuals that are protecting our lives in every single other sector of our lives.

ARCH: Time, Senator.

VARGAS: Thank you.

ARCH: Senator Hansen, you are recognized.

HANSEN: Thank you, Mr. Speaker. I'm going to try to maybe shift gears here a little bit, hopefully not get too philosophical. But I think sometimes in a discussion like this, I'm hoping we can really have some sort of a debate. I know a lot of people voiced their opinions and their thoughts on the matter and relative research and, you know, topics of interest. But I think just in maybe the name of some kind of form of discussion making, I wonder if maybe Senator Cavanaugh would yield to a question, Senator Machaela Cavanaugh.

ARCH: Senator Machaela Cavanaugh, will you yield?

M. CAVANAUGH: Yes.

HANSEN: I don't mean this to be too much of a personal question. It shouldn't be, because it's more just kind of getting your opinion on basically the topic that we're discussing. But when do you think at what time of gestation is it not appropriate to get an abortion?

M. CAVANAUGH: When do I think it's not appropriate to get an abortion?

HANSEN: Yeah. I'm trying to gauge the people that we're having a discussion with and when I want to debate with. And so to find out kind of maybe where you're coming from a little bit is do you think it's OK for someone who has-- who is a female who's 38 weeks pregnant to get an abortion?

M. CAVANAUGH: Well, I-- I don't know what the circumstances would be around somebody at 38 weeks that would-- would be seeking an abortion. So I don't think that it's fair or accurate for me to place a value judgment on that decision. And I don't know where someone would receive that type of care unless it was because it was life threatening. So that's-- it's kind of a hard question to answer because I would need to know what the circumstances are to actually answer the question.

HANSEN: OK.

M. CAVANAUGH: And even then, it would be placing a value judgment on a situation that I'm not familiar with.

HANSEN: Sure. In some instances, are states where they you know, I think you can have an abortion up to 40 weeks,

M. CAVANAUGH: Where is that?

HANSEN: From my, like Minnesota. Is New York there, too? I'm unfamiliar with New York.

M. CAVANAUGH: I'm not aware of anywhere that you can receive an abortion for a live birth.

HANSEN: A live birth?

M. CAVANAUGH: Well, at 40 weeks, if you were-- if you were aborting a baby out of your vagina or womb, it would be live.

HANSEN: Yeah.

M. CAVANAUGH: So that would be murder.

HANSEN: Let's say she's still pregnant with the child, like 38 weeks or 36 weeks or 39 weeks.

M. CAVANAUGH: If it's a viable birth?

HANSEN: If-- if it's-- if it's a baby that's in there and she economically cannot take care of the child. And then she decides, you know, I don't want to put this child in poverty or for whatever reasons that they might find, do you think it's OK for her to get an abortion?

M. CAVANAUGH: I don't think it's OK to terminate a live birth.

HANSEN: You're saying a baby after they're born?

M. CAVANAUGH: Yes.

HANSEN: I'm saying a baby before they're born.

M. CAVANAUGH: I don't-- I don't understand the medical mechanism in which you believe that this is happening.

HANSEN: This is a little bit more of a philosophical kind of idea about where you're coming from. So-- so I'm trying to-- I'm trying to rationalize people's arguments here. And so--

M. CAVANAUGH: So where I'm coming from is that every individual, every pregnancy, every birth is singular.

HANSEN: Yeah. I just gave you a hypothetical, right?

M. CAVANAUGH: Sure.

HANSEN: And so it should be kind of a yes or no question if you believe it is-- a female should get an abortion at that time or not.

M. CAVANAUGH: I-- I don't-- I don't think that you-- I think that it's kind of a straw man's argument because it's not real. So I don't want to place a judgment on a medical situation that isn't even a real

situation. And I don't want to put constraints on something that I'm not familiar with. And I don't feel it's appropriate for me to state-- state a medical opinion about something that isn't real. And I don't understand the mechanisms of how it would become real.

HANSEN: I think-- I think it's-- I'm-- I'm-- I'm giving you a hypothetical

M. CAVANAUGH: OK.

HANSEN: --to get an idea of where you're coming from. For me, I don't think it's appropriate. Right? I think it's a-- it's a human life that's in there. And from maybe just your lack of response, I would assume you would feel that it's OK for someone at 38 weeks or maybe even 40 weeks before they're born to terminate a pregnancy.

M. CAVANAUGH: I did not, no, I would not say that that's accurate. I wouldn't say--

HANSEN: So you're saying no?

M. CAVANAUGH: I'm saying that I don't think that's a real thing.

HANSEN: Nobody-- nobody wants to have-- to terminate a pregnancy at 38 weeks?

M. CAVANAUGH: I'm not saying that whether they want to or not. I'm saying whether they can or not is not real.

HANSEN: OK.

M. CAVANAUGH: And Minnesota, I was just passed a note, is 24 to 26 weeks. Most states' viability, like if the baby can live outside of the womb independently, is when it is no longer acceptable. And I think viability is a really important conversation. And that I think it's really hard to say that it's a-- I would not-- I personally would not feel it's appropriate--

ARCH: Time, Senator

HANSEN: So--.

M. CAVANAUGH: Oh, sorry.

HANSEN: Thank you, Mr. President.

ARCH: Senator, Wishart, you are recognized.

WISHART: Thank you, Mr. President. I rise in support of the motion to indefinitely postpone LB626 and in strong opposition to LB626. Colleagues, I find this legislation similar to last year's legislation to be an incredibly cynical view of women. If I were to poll this entire room and ask each one of you who, when you were growing up, was responsible for making sure you went to the doctor, I guarantee the majority of people in this room would say their mothers. Over 90 percent of single parents in this world are women. We chose to stay with children. And yet, of all the pieces of legislation we want to do this year and of all the people we want to strip freedoms from, it is pregnant women. How cynical. I am shocked that the media has not dug further into the ramifications of this legislation. Last year we debated a bill that would have made in vitro fertilization illegal. And all of us who got up here and debated that were told we were being hysterical. Come to find out after we by one vote didn't pass that bill from those who supported it acknowledged, yes, it would. Yes, it would. We were one vote short, colleagues, last year of passing a bill that would have made in vitro fertilization illegal in our state. In the rush to get a piece of legislation through so we can claim to be, you know, the most at something in this state, we threatened the ability of a lot of my female friends to get pregnant, and we're doing that again today. This bill, when you dig into it, colleagues, exposes not just doctors, but it potentially exposes women to criminal penalties at six weeks, not for abortion, but for all of the extraneous other things that a prosecutor could go after a woman for. For example, a woman, a young girl gets pregnant by her stepdad and she covers it up or she says it wasn't him. She potentially could be charged for the act of covering that up. And this isn't some just potential. This is happening under current law today in Norfolk. There is a case today of a woman after 20 weeks who is facing potential felony charges. And now we're changing that to six weeks. I know a lot of people have talked today--

ARCH: One minute.

WISHART: --about regrets that people will have. But life without regret is a life without choice. And I don't think a lot of people in this room would be willing to give up their ability to have choice over very important decisions for their lives and their bodies and their autonomy and their freedom just to not have regrets. And there are so many other things, colleagues, that we could be doing to make the choice easier for people to say yes to having that child. Why don't we do that? Why do we immediately go to just removing somebody's choice and exposing them potentially to criminal penalties in doing that? Thank you.

ARCH: Senator McKinney, you are recognized.

McKINNEY: Thank you, Mr. Speaker. I rise opposed to LB626 and I support the motion to indefinitely postpone. Restricting access to healthcare and abortion and abortion impacts-- it impacts all birthing people across the nation. But it has the starkest impact on black birthing folks and people of color who face high risk of health complications related to pregnancy and birth. I'm not religious. I believe there is a higher power, but I don't base my policy decisions on my-- my beliefs of whatever I believe in, in a sense of either I'm religious or spiritual or whatever, and especially one that was used to enslave my ancestors. And if we're going to say people are racist, let's call out all racists. The Founding Fathers were racist. So if we're going to stop celebrating racists, let's stop celebrating racists across the board. And this underlying-- underlying assumption that black women lack critical thinking-- critical thinking skills to avoid falling into the pitfalls of murdering black babies is, wow, you know, well, there isn't, from my knowledge, any Planned Parenthoods in north Omaha. So that fact really isn't a fact, especially in the majority black community in our state. Antichoice activists believe that any contraceptives to limit the conception of black infants is an act of genocide. When did bodily autonomy and choice become an act of genocide? By defining abortion as genocide, antiabortion activists assert full personhood of any and all black fetuses. Thus, abortion is an act of killing a member of the black race. To prove genocide, you would have to prove intent to destroy the member of the race. This discussion of intent similarly sidesteps black women by erasing their decision-making capabilities entirely. The blame is placed on the government, the doctors, and the clinics instead. The myth of abortion as black genocide depends on denying black women of their humanity and

their agency to make medical decisions regarding their reproduction. Proponents of this myth sexualize racism by centering black women and their wombs as a site of genocide without taking into account actions of any male partners, mentally separating a black woman from the fetus in her uterus. Many old civil rights leaders place fetuses on the same moral pedestal as enslaved humans, placing black-- the black woman in the same position as slaves and plantation owners, and it's unfair, unjust and inhumane standing. In the history of black women and their reproduction, America is very complicated. Enslaved black women would bring their-- bring another child into bondage through birth. Often the ability to reproduce made them more valuable. Some slave owners would practice slave breeding, a forcible way to increase the slave master's population, thus contributing to the continued sexual exploitation of black women. Some enslaved black women chose to take the reproduction futures into their own hands through medicines and other methods, including drinking concoctions. By using these methods, black women attempted to control their own reproductive features regardless of the slave owner's wishes. If this is the future we're heading towards and a lot of people say that they're pro-life. And for me, if you're going to be pro-life, you need to be antideath penalty as well. We shouldn't have a death penalty in the state of Nebraska if we're the pro-life state of America. That is a direct contradiction.

ARCH: One minute.

McKINNEY: In the Bible, it does say thou shalt not kill. So if we're going to base our policy decisions on the Bible and what it says, we should be banning the death penalty this year as well. Thank you.

ARCH: Senator Kauth, you are recognized.

KAUTH: Thank you, Mr. President. I rise in support of the heartbeat bill and in opposition to the IPP motion. I've been listening to today's argument, and I have a few comments. Senator Raybould, when you talk about least of these, I am very sure that the least of these would be that baby that is growing and developing safely tucked inside his mother's womb. That baby has no defense, only its mothers to protect him or her. I also have had many emails and letters. They're running more in support of the heartbeat bill than against. I've talked with doctors. And I've had doctors on both sides. LB626 has been wrapped up in discussion of women's health. But what about the

baby's health? Those babies are most at risk. They are at risk of being scraped out of the mother's womb and discarded. The heartbeat bill is about protecting the baby who has no voice, that baby with a completely unique DNA. He or she is their own person, and we are obligated to protect the least of these. And if people are making decisions about where to live based on these laws, I would like to offer a warm welcome and invitation to citizens from Minnesota, Colorado, New York, and California who have recently passed laws allowing abortion up to birth. I really, really hope that we can get this law passed. And I would like to yield the remainder of my time to Senator Ben Hansen so he can continue asking Senator Cavanaugh these questions.

ARCH: Senator Hansen, 3:15.

HANSEN: Thank you, Mr. Speaker. Actually, I might hold off on Senator Cavanaugh for a second. I actually want to ask-- before I ask Senator Fredrickson a question, because he brought up an interesting point before when you got on the microphone, I do need to correct. Also, New Mexico, Alaska, New Jersey, and Vermont also do not have any restrictions on abortion. Minnesota also recently passed a very broad abortion rights law. So there are certain states that do allow abortion up to 40 weeks it sounds like, for varying circumstances. But Senator Fredrickson brought up a point about the man's role, I think, in this discussion. And I thought that's something sometimes we maybe don't talk a whole lot about. And so if he would yield to a question, please.

ARCH: Senator Fredrickson, will you yield?

FREDRICKSON: Yes.

HANSEN: As always, I do appreciate your discussion and your thoughtfulness on-- on topics like this. Wha--t how do you-- what do you feel a man's right is or the father's right is in the pregnancy of a child? So if the-- the mother wants to abort the baby at whatever point of gestation, 20 weeks, and the man, say they're married or not married, wants to keep the baby and adamantly wants to take care of the baby, what rights do you think the father should have in that instance?

FREDRICKSON: I think, I mean, you're asking I think a very, I think important question, which is and I think what you're highlighting here is something that I don't see a lot of in this debate, which is the nuance of each and every case. And I think bills like LB626 totally skim over that nuance. And it says this is not a decision up to the individual couple, up to the individual circumstance, up to the individual context. What this bill does is it says statewide we are making this decision for anyone, for any family, for any man, woman, whoever who might be in this situation, we as the government are telling you what your options are. We're not saying you have the individual freedom to decide on this. We're not saying you had the ability to have this conversation. We're saying we're taking that freedom and that decision away from you and we're putting it in the context of this law. So I can't speak to what an individual case is because I haven't walked in everyone's shoes. But what I do believe is that we as a state should not be doing a blanket law that tells people how to live their lives.

HANSEN: OK. I appreciate your opinion and I appreciate you for sharing it.

FREDRICKSON: Yep.

HANSEN: So I kind of want to get your perspective since, especially since you brought that up earlier,

FREDRICKSON: Yep.

HANSEN: If I could, would Senator Raybould yield to a question, please?

ARCH: Senator Raybould, will you yield?

RAYBOULD: Yes.

HANSEN: One other, again, kind of philosophical question I kind of want to ask you is it seems like that we-- the underlying, I think, opinion of pro-choice advocates is that it is a woman's right to choose based on bodily autonomy, based on it's her body and it's her right to do what she wants with her body. So in that context, if-- if a woman is pregnant--

ARCH: Time, Senator.

HANSEN: Thank you.

ARCH: Senator DeKay, you are recognized.

DeKAY: Thank you, Mr. President. I rise in full support of LB626 today. This is a tough topic to discuss and to debate. As I sit here listening today, I believe the issue at hand ultimately boils down to when a human life begins and creates a distinct individual person. We could spend hours debating when a human life begins, but at some point a determination needs to be drawn. For myself, abortion is not merely a medical procedure. It is the termination of a new human life. In 2021, approximately 2,360 abortions were reported to the Nebraska Department of Health and Human Services. Only 81 abortions were performed by the reason of maternal health and 5 due to emergency situation. There were also 16 cases of sexual assault and zero cases of incest. Of the remainder, a majority of the abortions are what I would classify as elective in nature. About 200,000 abortions have been performed in Nebraska in the last 50 years. That is approximately 250 lives that have been terminated prematurely. So what rights should the unborn have? Do they deserve a chance at life? Is life simply disposable? In our constitution under the Fourteenth Amendment, it is said that the state shall not deprive any person of life, liberty or property without due process of law. What have the unborn done to have their right of life revoked? The unborn are the only segment of our culture whose value truly depends on whether someone wants them or not. The unborn cannot defend themselves or speak out. I believe that there is not one person here that would actually want to cause pain to a baby. I also believe that there is not one person here who believes that terminating an innocent life is acceptable. LB626 would give a choice to those who cannot defend themselves and grant more children a chance to live a long and fruitful life. I would urge the body to advance LB626 to Select File and I yield the remainder-- remainder of my time to Senator Albrecht. Thank you.

ARCH: 2:20, Senator Albrecht.

ALBRECHT: Thank you, Mr. President. I'd like to, because we're getting close to lunch, just run real quick through some of the friendliest pro-life laws in the United States. I know it's hard for people to--

to believe that, but LB626 has no criminal penalties. Every other state with pro-life laws has criminal penalties for abortions. LB6 [SIC LB626] gives no right to sue doctors who perform unlawful abortions. Allowing a right to sue is common in abortion laws in other states. LB626 definition of reasonable medical judgment is broader and provides a bigger safe harbor for the judgment of physicians than any pro-life law in the United States. Most states and our own 20-week fetal pain law, which was-- has worked well for 13 years, says that reasonable medical judgment means a judgment that a medical emergency exists that would be made by a physician knowledgeable about the case and the treatment possibilities. LB626 is more generous to doctors. It says that reasonable medical judgment means a judgment that a medical emergency exists that could be made by a physician knowledgeable about the case and the treatment possibilities. The substitution of one word "could" instead of "would"--

ARCH: One minute.

ALBRECHT: --matters. Translation of this comparison is that a doctor is free to exercise his medical judgment that a medical emergency exists and proceed to perform an abortion, and his medical judgment will be deferred to by the law unless no reasonably prudent physician knowledgeable about the case could have come to the same conclusion. LB626 gives physicians accused of bad conduct a right to evaluation by their medical peers. Every other state puts the doctor in front of a judge and jury when accused of performing unlawful abortions. Colleagues, I understand that there's a lot of frustration over whether this should be in law or not on this floor today. But beat-- babies with beating hearts, they deserve to be protected. And when we have our oath of office to protect, those are the very people that they're talking about. Heartbeat is the heartbeat of a baby has to be--

ARCH: Time, Senator.

ALBRECHT: Thank you.

ARCH: Mr. Clerk.

CLERK: Mr. President, some items. Your Committee on Enrollment and Review reports LB276, LB276A, LB296, LB298, LB298A, and LB775 as

correctly engrossed and placed on Final Reading. New LR from Senator Day (re LR88). That will be laid over. Notice that the Appropriations Committee will have an Executive Session at 12:30 in Room 1307; Appropriations, 12:30, 1307. Finally, Mr. President, a priority motion. Senator John Cavanaugh would move to recess the body until 1:00.

ARCH: Senators, you've heard the motion to recess until 1 p.m. All those in favor say aye. Those opposed, nay. The next three speakers, when we return at 1:00, will be Senators Holdcroft, Lippincott, Dorn, followed by others. We are in recess.

[RECESS]

KELLY: Good afternoon, ladies and gentlemen. Welcome to the George W. Norris Legislative Chamber. The afternoon session is about to reconvene. Senators, please record your presence. Roll call. Mr. Clerk, please record.

CLERK: There's a quorum present, Mr. President.

KELLY: Thank you, Mr. Clerk. Do you have any items for the record?

CLERK: I have no items at this time.

KELLY: Senator Fredrickson has some guests in both the north and south balcony; 175 social work students from Chadron State College, Union College, Creighton University, Grace Abbott School of Social Work, Nebraska Wesleyan University and University of Nebraska-Kearney Please stand and be recognized by your Nebraska Legislature. All guests in the balcony are welcome. Pursuant to Rule 1, Section 11, the presiding officer has the discretion to empty the galleries in cases of a disturbance or disorderly conduct. While we don't anticipate exercising that authority, I'd like to remind you that those observing the Legislature, that there will be no outbursts, including clapping, heckling or cheering. Mr. Clerk for first item.

CLERK: Mr. President, returning to debate on LB626. Senator Hunt has MO12 to indefinitely postpone, pursuant to Rule 6, Section 3(f) pending.

KELLY: Senator Holdcroft, you're recognized.

HOLDCROFT: Thank you, Lieutenant Governor. I rise in support of LB626 and in opposition to the IPP motion. Let me just reiterate, this bill is about saving babies with beating hearts. We just heard from Dr. Kraus on the steps of the, of the Capital and I thought it appropriate to, to read her testimony from the committee-- in front of the committee. Senator Hansen and members of the Health and Human Services Committee, my name is Dr. Elena Kraus. I am a board-certified OB-GYN and I have a Ph.D. in healthcare ethics. Beyond this, I completed three additional years of training in obstetric ultrasound and the diagnosis and management of maternal and fetal health conditions to become a maternal fetal medicine specialist. Here in Lincoln, I care for both maternal and fetal patients at high risk for complications in pregnancy and delivery. Together with my husband, also a board-certified OB-GYN, we recently moved to Nebraska to work in women's healthcare. We have found Nebraska and Lincoln to be an excellent place to raise our family and to practice medicine. I support LB626. Others may argue that it will hinder life-saving medical care in emergencies. This is not true. LB626 specifically empowers doctors to proceed with interventions, even direct abortions in the case of medical emergencies. Whether a medical emergency exists is left in the reasonable medical judgment of the physician defined by the bill as, quote, a medical judgment that could be made by a reasonably prudent physician knowledgeable about the case and the treatment possibilities with respect to the medical condition involved. Let me read that again from the bill, a medical judgment that could be made by a reasonably prudent physician knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved. This gives broad latitude to physicians in the many difficult and complex medical situations we encounter, whether it be an acute emergency, as in hemorrhage or sepsis, or a chronic medical condition that puts the mother at high risk for morbidity and even mortality in pregnancy. I cannot think of a high-risk medical situation where this bill would restrict the available treatments to patients based on sound medical reasoning. Women's healthcare providers should feel comfortable with a level of deference this bill leaves to their professional judgment. You may also hear from opponents that LB626 will keep OB-GYNs from moving to Nebraska or discourage physicians and training from coming to, to complete residencies in OB-GYN. This is also not true. For many physicians and other healthcare providers, it is outside the scope of

their conscience to participate in elective abortions. I'm here to tell you that excellent OB-GYN training and even board certification requirements do not mandate participation in elective abortions. I sought out training programs and subsequently, my current job, in places that supported this freedom of conscience. I assure you that I am in the company of many, albeit less vocal physicians, who want to live in a state that values and stands for life-affirming medicine. The Dobbs decision has given individual states an opportunity to foster a healthcare culture that represents their constituents. This legislation represents a commitment to support and empower Nebraskans to say yes to children--

KELLY: One minute.

HOLDCROFT: --one of our greatest treasures and indeed, our very future. It furthermore enables women and their healthcare providers to make individual decisions when challenged with pregnancy complications. My training has prepared me to provide excellent pregnancy care for both maternal and fetal patients and LB626 in no way compromises my ability to do that. I encourage you to vote it into law. With that, I'll yield the remainder of my time to Senator Hansen.

KELLY: Thank you, Senator. Senator Hansem, you have 24 seconds.

HANSEN: I'll try to say something really astounding and, and fantastic in 20 seconds, but I don't think I can because I talk too much. So with that, I'll yield the rest of my time back to the Chair. Thank you.

KELLY: Thank you very much, Senator. Senator Lippincott, you're recognized to speak.

LIPPINCOTT: Thank you, sir. I grew up on a farm about 100 miles to the west of here and went to the University of Nebraska, graduated and then I got married. And shortly after that, I joined the Air Force and got to do a dream of my life. I got to fly and become a pilot in the United States Air Force. I was on top of the world and it was all about me and then one day my wife says, guess what? We're going to be a family. And we had a little boy not long after that and then we had our second little boy 22 months later. And sometimes, it takes a little time for knowledge to go from your head down to your heart and

become something that's experiential. And I realized at the birth of both my sons-- and I happened to be there the day each of them were born-- that we truly are made in the image of God in this sense that we have the ability to create. Now, sometimes we like to ask what is it that we are made in the image of God? What's that mean? Well, we're a trichotomous being; we've got a body, soul and spirit. Our soul has an intellect, will, and emotion. So in that respect, we are like God, unlike anything else in creation. And sometimes when we see a beautiful sunrise, beautiful sunset, you want to share it with somebody that you love. And so that's the reason why God made us. It's not because he was lacking, he was lonely, but he wanted to share his love with his creation. And so he did. Now, I'll shift gears a little bit. After my time in the Air Force, I then flew for Delta Airlines and Delta is a big company. In fact, our pilot domicile in Atlanta, Georgia, 5,000 pilots. It's the largest pilot domicile of any airline in the world. It's also got about twice that many flight attendants, 10,000. So it's not uncommon to not fly with the same pilot ever again or the same flight attendants. So with that, you find you go to work and there's kind of a-- it's safe to share things because you think, well, I'll never see them again. It's like the old saying that confession is good for the soul. So I would venture to say that more than anybody in this Chamber, I've heard a lot of stories on abortions. And plus, unlike most of the people here, I'm divorced. Nobody wins in divorces; just two losers except for the divorce attorneys. And I've done my share of dating and I've heard a lot of abortion stories from ladies that have had abortion 5 years ago, 10 years ago, 15, 20, 30 years ago. And it reminds me of a story that I heard when I was in junior high at a church I was visiting. It was my aunt's church in Shelton, Nebraska. I remember what the weather was like and everything that day. And the preacher had a story. He said, when we have regrets in our life, when we do things wrong, when we sin, it's like pounding a nail in wood. And when you experience forgiveness, it's like pulling the nail out of the wood. You're forgiven. But he made this point. He said, you still have a hole left. Now, some of these gals that I know, they go to church, they carry their Bible to church, they can recite verses. They do understand the, the nature of forgiveness and they've received forgiveness. But you know what?

KELLY: One minute.

LIPPINCOTT: I've seen many ladies cry in regret and remorse and sadness over ending a life. And they'll say, oh, my son or daughter would be 18 years old now. I would have-- might have grandchildren. There's a heart component about this issue that we're talking about today. And this is-- it's a very sobering thing. This is the reason why I'm here in the Legislature, because of this. I feel that this is very important. Everything else we talk about-- I'm on Appropriations. We talk about dollars and cents. This is an issue of life and death. Thank you, sir.

KELLY: Thank you, Senator Lippincott. Senator Dorn is not here. Senator Jacobson, you are recognized to speak.

JACOBSON: Thank you, Mr. President. I rise in opposition to the IPP motion and in firm support of LB626. I know a lot of people were here, some were here last year when LB933 was heard. And fortunately, I was here at that time. It was part of my time in that short session. I can tell you that LB626 has made every, every accommodation that was asked for by the opponents of LB933 last year and more. I think, as was laid out earlier in testimony, that we're talking about the health of the mother as opposed to the life of the mother; major change. We can sit here and we can talk about how people are afraid to deliver babies now. Well, are those same people-- then are surgeons afraid to go into the operating room and operate? Because every time they do, they run a risk of malpractice or something going wrong. It's part of the process. Human life is the most precious thing in the world. How any of us can think that a child, an unborn child, is not precious is truly beyond me. I remember when Julie and I were first married. It's one of the happiest days of your life. But, you know, the one that rivals that is the day your first child is born. But, you know, in our case, it was a long journey because in our case, we had multiple miscarriages. I remember going to the hospital with Julie when we're told the news that she miscarried, that she had to go through a D&C and the pain that went with that process. But we kept trying, we kept doing that, and ultimately we got to the point to where we got past the first trimester and we were going to have a baby. And then I'll never forget that fateful night when Julie woke up in the middle of the night having cramps, decided to wait a couple hours until the nurses and doctors were there to call and ask what she should do. And we were told at the time, it's probably Braxton Hicks, don't worry about it. So she went to parochial school to teach that day. I went to

work and about mid-morning, she was doubling over with cramps. Called the doctor, get to the hospital immediately. I got there and at that point in time, she was dilated to the point where we had to go forward with the, with the delivery. John was 24 weeks along. Someone wanted to talk about a Tic Tac. John was 24 weeks. He weighed a pound and 12 ounces. He looked like a G.I. Joe doll. He was a perfect child and he was a fighter. He had a bleed, a brain bleed that was caused from the contractions. Fortunately, we were at St. E's at the time in the neonatal unit and John lived for five weeks and died on our 10th wedding anniversary. There's no greater pain in this world than the loss of a child. So I can tell you that as someone who's lost a child, abortion, abortion is critically important to me. No one's going to convince me that my son didn't deserve to live. No one's going to tell me that he was part of tissue. He's buried in Lincoln Memorial Cemetery. I can take you out there and show you where he's born. I can show you pictures of us holding him in our arms. He was a real child.

KELLY: One minute.

JACOBSON: We need to protect human life. What kind of a society are we when we say that human life is not worth protecting? And that means every human life. This is not a healthcare issue. How can it be healthcare when we-- when the, when the, the perfect result is you take a life? That's not healthcare. This is a good bill. Pass it.

KELLY: Thank you, Senator Jacobson. Senator Albrecht has guests in the south balcony, Catholics at the Capital-Group B. Please stand and be recognized by your Nebraska Legislature. Senator Slama, you're recognized to speak.

SLAMA: Thank you, Mr. President, and good afternoon, colleagues. I'm going to continue. It's like Whac-A-Mole with straw man arguments. I'll touch on a few that were brought up, but also circle back to the main thread and the main argument against LB626, which has no bearing in fact in that LB626 somehow creates criminal or civil penalties for doctors giving abortions in the state of Nebraska under this bill. It doesn't. First off, I want to make note since I have worked pretty heavily to fight human trafficking in the state of Nebraska. The note that this bill would somehow empower traffickers to interfere in the care of unborn children, interfere in the care of women just simply has no basis in fact. I'm grateful Senator Blood distributed Section

28-902 of our statutes and it outlines if you're over the age of 18, if you're seeking an abortion due to a sexual assault, what the steps are for the healthcare provider. Because it is a point of, I think, confusion amongst the opponents of what happens if somebody comes into an office and they say, I've been sexually assaulted, I'd like to end the pregnancy. Well, under 28-902, if the victim is of age, 18 years of age or older, if you start with Section (2)(a), the doctor shall provide the victim with information detailing the reporting options available under section-- subdivision (2)(b) of this section; ask the victim either: to provide written consent to report such actual or attempted sexual assault as provided in subsection (1) of this section. If the victim provides such written consent, the healthcare provider shall make the report required by section-- subsection (1) of this section and submit to law enforcement a sexual assault evidence collection kit if one has been obtained; or to sign a written acknowledgment that such actual or attempted sexual assault will not be reported except as provided in subdivision (2)(c) or subsection (3) of this section, but that the healthcare provider will submit to law enforcement a sexual assault evidence collection kit if one has been obtained using an anonymous reporting protocol. A healthcare provider may use the anonymous reporting protocol developed by the Attorney General under Section 84-218, or may use a different anonymous reporting protocol. Here's the thing: there are all these arguments being made that if somebody comes in, says they're sexually assaulted, that we'll have to have a full investigation, we'll have to find the perpetrator, bring them to justice, when already under Section 28-902, we have the anonymous reporting mechanism clearly lined out. There's nothing that says that if a woman is seeking an abortion because of a sexual assault under the exception in LB626, that they would have to be reported. There's nothing that say-- that's saying a human trafficking victim is going to have to name their accuser in order to seek an abortion. So when we're making claims that human traffickers are getting the tools they need by pushing this bill, it's simply not true, especially if you look at the four corners of the bill. I'm going to get my other memo here. And that brings me back to the baseline legal argument that this bill somehow creates criminal and civil penalties for doctors when if you look at the language referenced, 28-336 passed by LB38 in 1977, we defined accepted medical procedures as discussed in this bill. We defined it as procedures of the type and performed in a manner and in a facility which is equipped

with surgical anesthetic resuscitation and laboratory equipment sufficient to meet the standards of--

KELLY: One minute.

SLAMA: --thank you, Mr. President-- standards of medical care which physicians in the same neighborhood or in similar communities engaged in the same or similar lines of work would ordinarily exercise, exercise and devote to the benefit of patients. If you are fulfilling those things, if you're operating under that standard that doctors are already operating under and have very clearly already been operating under since 1977 and since 2009, you're in the clear. You're fine. Nothing changes for you. It's only when you're in violation of that standard that you're already following that you could find yourself in trouble. And as Dr. Kraus mentioned today already, that's a pretty high bar to hit. You have to be working to commit malpractice to be in violation of this bill. And to close. I'll offer a quick quote from Mother Teresa since she was already invoked on the floor by opponents of this bill. It is a poverty to decide that a child--

KELLY: That's your time, Senator Slama.

SLAMA: --must die so that you may live as you wish.

KELLY: That's your time. Thank you. Senator Fredrickson, you're recognized to speak.

FREDRICKSON: Thank you, Mr. President. Good afternoon, colleagues. Good afternoon, Nebraskans. I am-- I continue to listen closely to the debate on this, on this bill and on this issue. And I'm just kind of appreciative in acknowledging the-- that this is, this is a-- as I said earlier, this is a very emotional bill and it's a very difficult bill to, to, to discuss. And it's, it's a long day so I'm just kind of acknowledging that for all of us in the room and also everyone who's observing this as well. I, I asked this question earlier and I've been thinking a lot about this as I'm listening to arguments for the bill. And I, I could be-- I'm hoping to be corrected if this is incorrect, but my, my, my sense is from the proponents of this bill is that the goal is to eliminate abortion in Nebraska. And I'm not sure I understand how this does that. And I say that because, as I said earlier, we have data that shows that when there are abortion bans or

restrictions, abortion still happens and it happens at similar rates where abortion is legal. So I think we're living in a bit of a fantasy world by thinking LB626 is passed and signed into law and abortion just puff, like, goes, goes away in our state. And so if the goal is to eliminate abortion in our state, this isn't the path to do that. That, that hasn't happened anywhere. Abortion still exists and it will still exist. I think one of the most beautiful things about our country is freedom of religion. And I've heard multiple people on the mike today invoke religion as a catalyst for legislation. America is not a theocracy and nor should it be. I want to focus a little bit on something that's not being spoken much about, which is the mental health aspects of this bill. And there's a section in the bill on page two and three lines 30 through-- lines 30 and 31 on page 2 and then 1 and 2 on page 3 that essentially excludes mental health from medical emergencies. And I'm kind of curious to sort of understand a little bit more of the function of that, because as I read that, to me as a mental health provider, that seems like a particularly cruel part of this legislation. I think that puts an unfair burden on folks who struggle with mental illness. And this is a pretty sensitive topic because we've spent a lot of time working to try to underscore the importance of psychiatric parity with medical health. But the reality is, if an individual is receiving treatment for a mental illness and perhaps that treatment plan includes medication, a psychotropic medication, there are things that a person has to consider when it comes to interactions. There might be risks for fetal anomalies with certain psychotropic medications and--

KELLY: One minute.

FREDRICKSON: --mood stabilizers. Thank you, Mr. President. And an individual needs to be able to weigh their personal experience and what they are capable of and what they're not capable of. And so to exclude any consideration of a psychiatric emergency-- and I have an amendment to strike that, that part of the bill, frankly, but I don't think we'll ever, ever get to that. But to include-- to, to specifically exclude that, I, I find is particularly-- that, that, that's something I don't quite understand and perhaps someone can maybe speak with me a little bit more about the, the function of that part of the bill. I think I'm about out of time so thank you, Mr. President.

KELLY: Thank you, Senator Fredrickson. Senator Raybould, you're recognized to speak.

RAYBOULD: Thank you, Mr. President. I stand in opposition to LB626 and I want to thank my colleagues in recognizing my seven years as a volunteer at Mother Teresa House for Infants in Washington, D.C., helping take care of the newborns that women made the choice to put their babies up for adoption and give that ultimate gift of love. You know, they had a choice and this LB626 would, would take that choice away from so many families. I support women and pregnant people and their ability to make a choice based on their own faith and what their physicians recommend. And I want to share with you that there are so many other faith groups. I know we heard Senator Fredrickson say we're not a theocracy. There are so many faiths in our United States that support the right to choose and reproductive health rights. And here's just a quick, short list of some of those other faiths that are actually standing in solidarity. And, and, and many in five states are suing for their religious freedoms. It's the American Baptist Church, American Ethical Union, American Friends, the Quaker, American Jewish Congress, Christian Church, Episcopal Church, Lutheran Women's Caucus, Moravian Church in America, Northern Province, Presbyterian Church. Reorganize Church of Jesus Christ of Latter Day Saints, Union of American Hebrew Congregations, Unitarian Universalist Association, United Church of Christ, United Methodist Church, United Synagogue of America, Women's Caucus Church of the Brethren, YWCA, Religious Coalition for Reproductive Choice and Catholics for Free Choice, Evangelicals for Free Choice. You know, when we talk about being a pro-life state, I think we really have to rethink that terminology. You know, how can we be a pro-life state when the majority of Nebraskans want to keep abortion safe and legal? Holland Institute did a study in March; 60 percent of Nebraskans want to keep abortion safe and legal. And in Nebraska, it's up to 20 weeks, which is the same as our neighbor to the south, Kansas. They allow abortion to be safe and legal up to 20 weeks. You know, when I walk precincts, as I have done for a number of years, and particularly the last election and talking with constituents, and I made a particular effort to really reach out to my Republican friends and neighbors. And that is still their sentiment as well, that they support measures to keep abortion safe and legal in our state of Nebraska. Here's a quote from Sister Joan Chittister that I, I feel strongly about. She says, I do not believe

that just because you're opposed to abortion, that makes you pro-life. In fact, I think that in many cases, your morality is deeply lacking if all you want is a child born, but not a child fed, not a child educated, not a child housed. And why do I think that you don't? Because you don't want any tax dollars to go there. That's not pro-life; that's pro-birth. We need a much broader conversation on what the morality of pro-life is. So I go on, like, how can we be a pro-life state when our adoption rates are the lowest since 2003? How can we be a pro-life state when we have over 6,000 children in foster care? How can we be a pro-life state when the majority of Nebraskans support the death penalty? How can we be a pro-life state when we are ranked number one in pediatric cancer rate due to the number of environmental issues and contaminants that need more resources--

KELLY: One minute.

RAYBOULD: --devoted to mitigate? Thank you. We certainly can't ignore this matter. How can we be a pro-life state when we have seen nursing home after nursing home close, particularly in our communities? This is devastating in the light of the increasing number of aging residents. How can we be a pro-life state when we're-- when we focus on doing away with common-sense gun safety practices that keep all our children safe while knowing that the number-one cause of death to American children is now from gun violence? And oh, by the way, gun-related incarcerations are the leading cause of overcrowding in our county jails and Penitentiary. How can we be a pro-life state when we're ranked number one or number two in the number of Nebraskans we incarcerate with no programming, no treatment that will help thousands turn their lives around when they reenter our communities? You know, this is a very difficult piece of legislation, but we have religious--

KELLY: That's your time, Senator.

RAYBOULD: Thank you, Mr. President.

KELLY: Thank you, Senator Raybould. Senator Ballard, you are recognized to speak.

BALLARD: Thank you, Mr. President. I stand in support of LB626 and against the underlying motion. I'd like to thank Senator Albrecht for

her tireless work on this issue over the last seven years. I'd like to yield the remainder of my time to Senator Slama.

KELLY: Senator Slama, that's 4:45.

SLAMA: Thank you, Mr. President, and thank you, Senator Ballard. I appreciate it. We're going to circle back real quick to some of the legislative history that was laid for 28-336 based on LB38, which was passed in 1977 and is the section of law that opponents of this bill are pointing to, saying that this could be invoked to somehow incur criminal civil penalties for abortionists that operate out-- within the bounds of LB626. So legislative four-- floor history further unpacks the language that I've already been through, which is the definition for accepted medical procedures in the state of Nebraska. Now, there is, in the bill, a definition of accepted medical procedures. Basically, what it is, is kind of a standard legal definition that is the procedures followed by doctors in the same circumstances would be called accepted medical procedures. What the amendment does really is leave it to the medical profession, in their judgment, to decide what type of abortion should be conducted and that is the intent of the amendment. Another quote from that floor debate is what it does is it leaves discretion what the doctor as the best medical practices to follow and that for criminal violation to occur, the doctor would have to intentionally-- I think intent is in there-- but it would have to go against accepted medical practice, do something that is out of the ordinary. So the two quotes I gave seem to be the entire extent of the legislative history. There's no real gray area here. It's very clearly defined what excepted medical procedures are in the state of Nebraska and there's an emphasis on procedures of the type and performed in a manner and in a facility which is equipped with a surgical anesthetic, resuscitation and laboratory equipment sufficient to meet the standards of medical care, which physicians in the same neighborhood or in similar communities engaged in the same or similar lines of work would ordinarily exercise and devote to the benefit of their patients. So if you're operating and using your professional medical judgment, just as you have been since 1977 in the state of Nebraska, you are absolutely fine. LB626 doesn't change it. Senator Albrecht has done a wonderful job of explaining that and I'm grateful for the chance to add a little bit of color on the legislative history on that front. Now, moving forward, something that Senator Hansen did do a wonderful job of fleshing out

was taking Senator Cavanaugh to task and asking, well, when is it acceptable for the government to step in and say you shouldn't have an abortion? And her argument was after birth, worked around to the point of viability. And I'd like to give an example. I think everybody here is familiar with Dr. Carhart-- pretty well-known in the state of Nebraska-- and his Clinics for Abortion and Reproductive Excellence. And he has a late-term abortion center in Colorado. Colorado is one of the states that allows abortion unrestricted. So they have a-- and sorry, this is difficult for me to read. They have a third-trimester abortion center in Colorado founded-- and this is from their website-- founded May 1, 1992, by Leroy and Mary Lou Carhart. Our mission is to provide late-term abortions in Colorado for those who don't have access, contraception and routine medical care to women and men in a compassionate, comfortable--

KELLY: One minute.

SLAMA: --and pers-- thank you, Mr. President-- personal environment. We recognize the needs of each client as an individual while attempting to keep costs as affordable as possible. We provide assistance to women in Colorado with late-term abortions, third-trimester abortions, abortions after 27 weeks, maternal indication abortions, fetal indication abortions and birth control. Senator Jacobson's son was 24 weeks old when he was born. This center specializes in abortions after 27 weeks. Thank you, Mr. President.

KELLY: Thank you, Senator Slama. Senator Bostelman, you're recognized to speak.

BOSTELMAN: Thank you, Mr. President. I stand opposed to the motion to IPP and support LB626. I yield the rest of my time to Senator Hansen.

KELLY: Senator Hansen, that's 4:51.

HANSEN: Thank you, Mr. President. So I hate to keep kind of maybe picking on the same person, but I was hoping to ask some of those questions of other opponents of the bill, such as Senator Hunt or Senator Day. But I can't seem to get them on the floor to ask some certain questions. So I'm going to ask Senator Raybould a question if she would yield to a question, please. And Senator--

KELLY: Senator--

HANSEN: --Senator Cavanaugh is on the floor, though. I won't let people know that she isn't, so.

KELLY: Senator Raybould, will you yield to a question?

RAYBOULD: Yes, I will.

HANSEN: OK. The question I was kind of alluding to before about the idea of choice and the, the woman's ability to decide what she feel is best for her body at certain times during the pregnancy. And so along those certain lines, is it OK for a pregnant woman to drink alcohol excessively or smoke a pack of cigarettes a day-- since it's her body-- when she's pregnant?

RAYBOULD: Well, you know, I want to be really clear that I don't think it's my place at all to make health decisions or give any type of medical advice that I am really not qualified to give. All I can tell you is that I've had two amazing pregnancies and I, like many women, chose to give up alcohol, give up coffee and try to eat as many healthy things as my healthcare provider recommended that I should do and that is why prenatal care is so important.

HANSEN: OK. Thank you. If I can expound on that a little bit--

RAYBOULD: Sure.

HANSEN: --that brought up a good point. I'm not going to talk about you personally, but I'm, I'm going to use a hypothetical. If this was your daughter, right-- you, you already gave good examples of why you stopped doing certain things while you were pregnant.

RAYBOULD: Sure.

HANSEN: So I won't touch on that. But along those same lines, if it was your daughter, per se, and you saw her drinking alcohol and you saw her smoking cigarettes when she's 15 weeks pregnant or you found out she's 12 weeks pregnant or 30 weeks pregnant, would you recommend she stop?

RAYBOULD: Well, first of all, that is not my daughter. My daughter is-- probably lived a healthier pregnancy experience than I did, so.

HANSEN: Hypothetically.

RAYBOULD: I don't-- I, I, I honestly believe that people have a right to make their own decisions, you know, based on their family circumstances, their own faith and what their, their physicians recommend for them. If that hypothetical case that you are alluding to, if that person is not following their physician's advice or maybe even family advice on how best to take care of themselves and their pregnancy, that is a good conversation that they should take up with their medical practitioner.

HANSEN: OK. And I can allude from what you've told me already about yourself personally, but also in the hypothetical that I used, that you would probably, in my opinion, from what you told me, think it's not OK for a pregnant woman to drink or smoke while she's pregnant, which inherently tells me that you believe that it is a life and it is a life that should be cherished and should be taken care of, you know? And so this is kind of the philosophical kind of direction I'm kind of going with this questionings. I don't want them to be gotcha questions. But along those same lines, if the child does happen to come up with some kind of fetal anomaly because the woman has been drinking alcohol or smoking cigarette-- cigarettes, which are both legal, and the child had a fetal anomaly, should the state take care of that child?

RAYBOULD: Well, first of all, I want to say that I am a pro-choice Catholic and I, I do believe that life begins at conception. And as I've stated before, I represent a very diverse district of people of many faiths and many different philosophies and lifestyles.

KELLY: One minute.

RAYBOULD: So, so I don't ever attempt to judge them or predispose what the right lifestyle is for them.

HANSEN: Sure and I'm not asking a judge anybody. I'm just trying to get a feel for where-- because we're hearing a lot of arguments about why we should have choice, about why we shouldn't terminate

pregnancies at certain times or not at certain times. And so I'm just try to get a feel of the opposition. It seems like the supporters of this bill are pretty united in their idea, such as yours, that life begins at conception. But we, I think, inherently want to protect that life, whether it's for some people based on their faith or whether some people, it's based on the Constitution because each life has the right to life, liberty and the pursuit of happiness. And any time we're going to terminate a life, they should have the ability to a trial by jury of their peers. They should go through the judicial system. But if we never provide that, then the idea that you think it's a life, but yet we have the right to terminate it without those constitutional precepts, I think it, it-- see what's-- it, it kind of doesn't make a lot of sense to me.

RAYBOULD: Well, we do--

HANSEN: And so that's why I asked these questions. I'm trying to get a feel for where you're coming from.

RAYBOULD: Well, we do have--

KELLY: That's your time.

RAYBOULD: --religious freedoms that--

HANSEN: Thank you, Mr. President.

KELLY: Thank you, Senators. Senator Albrecht, you're recognized to speak.

ALBRECHT: Thank you, Mr. President. I'd like to take a little bit more time to, to thank some of these professionals that came to speak at the HHS hearings that we had on this particular bill. One of them was not at the, at the actual hearing, but he was at our press conference earlier this year. And his remarks meant so much to many of us. He definitely spoke from the heart. These were remarks from Dr. Robert Plambeck, Nebraska OB-GYN, at the press conference, which introduced LB626. Says, I'm Dr. Robert Plambeck, an obstetrician-gynecologist living in Lincoln, Nebraska. I've specialized in obstetrics and gynecology for 35 years. When I provide care for a pregnant woman, I'm responsible for caring for two patients, the mother and her unborn child. There is no question, biologically or medically, that these are

two separate human beings. As every physician learns in medical school, the mother and her unborn child have their own heartbeats, their own genetic makeup and their own medical needs. They are separate individual humans and both deserve compassionate and professional medical care. Every human life, both the mother and her unborn child, is sacred. I have treated and cared for thousands of pregnant women and their babies, including complicated and sometimes life-threatening health situations. And I see nothing in this bill that prevents me or any other doctor from, from providing appropriate and necessary medical care to a pregnant woman or from terminating a pregnancy in the rare and tragic instance when the mother's life is at stake. As an OB-GYN, helping women through a wide range of challenging and sometimes distressing medical and surgical health problems throughout their lives is a responsibility that I take very seriously. One of the greatest responsibilities and privileges as an OB-GYN is witnessing the miracle of life as the child takes its first breath and as I lay the baby in the mother's arms and see the tears in the parents' eyes as they hold their baby for the first time. It is such a marvel. I-- it's such a marvel and always touches me deeply. As an OB-GYN physician, I also have had the opportunity to build lifelong relationships and served generations of families over the years. I genuinely care about these families I serve and I care about this community and our state. As a medical professional and as a lifelong citizen of our beloved state of Nebraska, I believe this bill will not interfere with my ability or any physician's ability to properly provide care for a woman or her unborn child. Thank you, Mr. President. I'll yield the time back.

KELLY: Thank you, Senator Albrecht. Senator Bosn, you're recognized to speak.

BOSN: Thank you, Mr. President. I stand in support of LB626. For starters, these are babies with a beating heart. They are lives with potential, not potential lives. I will first start off by saying to my colleagues, I think we can all agree on some level how sad it is that any person could think that this is their best or only option. I am a former prosecutor. I had the opportunity to listen to Senator Dungan earlier. My light did not go on as quickly as one might have thought in order to respond to that, but I would like to point out some of the arguments that he made and the counterarguments to those. If I've misquoted him, I'm sure he'll point that out. He argued on the legal

consequences, specifically the four corners that would direct prosecutors to charge doctors with an illegal-- having performed an abortion illegally. I think that those comments falsely argue that a prosecutor would not look at the legislative intent because of this four corners document. A document should be derived from the document-- or the, the, the bill should be derived from the document itself, the four corners. A simple search of LB626 tells you that the word "criminal" appears only one time and that is as it relates specifically to the post 20 weeks, which has and is the law, has been for a number of years. A search for the word "penalty" references licensure penalties in both of its two instances in the bill. There is nothing in LB626 nor any of its four corners that provides any criminal penalties. It is disingenuous to say otherwise or to threaten doctors that they can or will be charged with a Class IV felony under this bill. These are babies with a beating heart. I support this bill and I re-- defer the rest of my time to Senator Albrecht.

KELLY: Thank you, Senator Bosn. Senator Albrecht, that's 2:48.

ALBRECHT: Thank you, Senator Bosn, and thank you, President. I'd like to, to start going over some really difficult questions that have been raised throughout this time that we've been getting ready for this bill. One of the first is this is a total ban. At six weeks, women don't know they're pregnant. To the contrary, the majority of women are capable of pregnancy awareness using standard over-the-counter home pregnancy tests that detect a pregnancy hormone, hCG, as early as 7 to 10 days after fertilization, fourth-week gestational pregnancy, which is usually before the woman has missed a menstrual period. In addition, in a 2017 study by the U.S. Centers for Disease Control performed an analysis of over 23-year span of time, including 17,406 pregnancies. They found that gestational age at the time of pregnancy awareness is before six weeks gestation. Another question, this law is going to confuse doctors. They're going to be looking for a lawyer instead of giving life-saving care. Again, to the contrary. Complex clinical scenarios do occur. If a physician is uncertain about the appropriate management of a particularly serious condition, he may consult the American College of Obstetricians and Gynecologists' practice bulletins, which use evidence-based research to give recommendations to clinicians. And in rare event-- if that situation has not been specifically addressed by the ACOG, a multi-disc-- disciplinarian hospital quality committee can convene to provide--

KELLY: One minute.

ALBRECHT: --recommendations. Doctors will be supported in their decisions and need not fear as long as they use the reasonable medical judgment in medical emergencies; if needed, in consultation with other physicians. It would be inappropriate for lawyers who write laws to tell doctors how to practice. This legislation allows them to use their clinical judgment. Thank you.

KELLY: Thank you, Senator Albrecht. Senator Linehan, you are recognized to speak.

LINEHAN: Thank you, Mr. President. I rise in support of LB626 and against any amendments, including the one that's currently filed. First, I want to thank Senator Albrecht for all the work she's done on this bill. She had a bill last year. She listened to all the concerns. We worked this summer-- or I guess it was last spring-- on whether 12 weeks was OK. She listened to the concerns about rape and incest and mother's health. She's addressed all of those in this bill. We've heard on the floor this morning that all Nebraska doctors are against this bill. That's not true. Not even close to true. I don't think I-- I don't know very many doctors. I'm not in medicine, but the doctors I know are very much-- the reality is we have, like, two or three doctors in Nebraska that perform 90 percent of the abortions. If doctors liked abortions, there'd be more doctors performing abortions. Is it-- this is not something that 99 percent of the doctors in Nebraska do. Now, why is that, you think? Because they don't believe in it. Now if they have to, it's emergencies, ectopic pregnancies, yes, they will take care of the health of the patient. But this is not, like, something everybody just does. And it was said that Nebraska women aren't for it. That's not true. The sponsor of the bill happens to be a woman. I'm a woman. Julie's-- Senator Slama is a woman. Senator Bosn is a woman. Several women that aren't here right now that are for this bill. It's just that the misinformation that was spread early on on this bill is disturbing. And I don't know of one person who's standing up against this bill that agreed that 12 weeks was OK last summer when we talked about whether we should have a special session. People who are leading the fight on this today didn't like 12 weeks. And as Julie just pointed out, we can't seem to find a time that's OK. So is it okay that you can go to Colorado and get an abortion when the baby is viable? Senator Albrecht and the groups that

she's worked with have moved further on this than the opposition. The opposition, from what I can tell, hasn't moved at all. You're not trying to find compromise because in reality, you want-- I know you don't like to hear this. Senator Fredrickson, I think he brought up a good point and he has an amendment and I think we should look at it. And I bet if he talked to Senator Albrecht, she would agree to that amendment. So I'm going to not forget that. I understand where he's coming from. I think-- I don't know if I agree with him, but I think it's worth the discussion. It's a legitimate amendment. But where, where's the other compromise? Where's the other kind of give here? I haven't seen any. This is a very difficult issue. When I came in to check in after lunch, there were 40 senators in the queue. It's tough. It's tough. It calls for the meeting of the minds. But there's no way that Nebraskans believe-- and I don't have the polling. I think Senator Slama had the polling. People do not, in Nebraska, believe abortion on demand is the right thing for Nebraska. They don't believe that. We had a 20-week ban 13, 15 years ago. And as somebody said, nobody has died, nobody has gone to jail.

KELLY: One minute.

LINEHAN: It, it is a different time. I remember I was in my late teens when Roe v. Wade passed. It changed everything and I have never been convinced for the good. It is not OK that we think abortion-- elective abortion, at whatever time the opposition agrees to, which I can't quite put my finger on. It's not 12 weeks. We know that. Twelve week is when they're having gender announcements. And I, too, was insulted about the reference to candy. I have a bunch of grandbabies. I have a daughter who's pregnant right now. I get texts every week about what size the baby is and how much it weighs and what it looks like. Science--

KELLY: That's your time, Senator.

LINEHAN: --has moved beyond--

KELLY: Thank you, Senator Linehan. Senator Dungan, you're recognized to speak.

DUNGAN: Thank you, Mr. President. Colleagues, I still rise opposed to LB626 and I wanted to touch on a couple of things that have been

talked about here in the last couple of hours and before the lunch break. First of all, I think part of the reason that there is struggle to reach, quote unquote, compromise on this is that the people who are opposing LB626, like myself, are saying we already have restrictions on abortion, right? It's already this 20-week ban. And the idea of getting an abortion on demand, I think the reason it's so problematic for folks is that that's just a misnomer. It is incredibly complicated and difficult to go through the process and to finally-- to say that there's not an effort being made for compromise, I think, is just-- I understand the frustrations that people are feeling here. But at the end of the day, there are already restrictions on abortion and we're simply asking that those not be modified any further. I want to talk more about the criminal aspect of this. And I know we've talked about this at great length, but the reason we keep bringing it up, first of all, is that I think the ambiguity presented in the statute is part of the problem with this entirely. The idea that this could bring criminal penalties is not novel. It is not new. We didn't just bring that up all of a sudden. It's something that was discussed previously. It's been discussed with this iteration of the law. And if the proponents of this bill wanted to make it clear that criminal penalties were not an option, they could have included either language specifically saying you cannot be held criminally liable for a violation of the so-called Nebraska Heartbeat Act. Or they could have put in a repealer in here for all of the other abortion statutes that remain on the books that treat them as criminal penalties. So the idea that the only penalty available under Nebraska Heartbeat Act, or LB626, is this licensing revocation or docking your license is just false. And if the writers of this bill wanted to make that clear, they could have put that in there, but they didn't. And in fact, they went further. And if you look at the subsection 6, where it says "no woman upon whom an abortion is attempted, induced, or performed shall be liable for a violation of the Nebraska Heartbeat Act," the only reason to include that provision is if criminal penalties are being contemplated. Because if all we're talking about here is losing your license, there would be no reason to write in there an exception for whether or not women can be held liable under the statute. It doesn't make sense. And whether or not there are particular penalties outlined in LB626 doesn't matter. What we know is that our courts, the Nebraska Supreme Court, has rules and guidance of how they read different statutes together. Davis v Gale, a case I've quoted many times here

before on this debate, says that a court will construe statutes relating to the same subject matter together so as to maintain a consistent and sensible scheme. Furthermore, it says the component of a series or a collection of statutes pertaining to the same subject matter may be conjunctively considered and construed to determine the intent of the Legislature so that different provisions of the act are consistent, harmonious and sensible. The argument that LB626 doesn't create a new crime might be the proper way to put it because in fact, we already have the crime on the statutes and that's 28-336, performing an abortion in a way that differs from accepted medical procedures. What LB626 does, whether that's the intent or not, but what it does is it creates the commonly accepted procedures for how an abortion is going to be done here in Nebraska. And it's not just the method, it's the manner in which it's going to be conducted. It's the timing, it's the effort, it's the obligations, it's the way they have to document things. And so we are absolutely creating a framework within LB626 that a lack of adherence to would result or could result and likely will result in the possibility of criminal penalties. Now, Senator Slama stood up and I believe she read a definition for what counts as the accepted medical procedures. And she went back and talked about the floor debate from 1977. What she didn't tell you is that that was later revoked or, I'm sorry, repealed--

KELLY: One minute.

DUNGAN: --two years later. Thank you, Mr. President. That language was repealed. So that definition of accepted medical procedure that she's relying so heavily on is no longer in our law. So when the courts look at construing statutes together, they're absolutely going to try to find some language as to what commonly accepted medical procedures are and it's going to be LB626. And one last thing I want to touch on, there was a discussion about how a ten-year-old who was pregnant would always find themselves-- has-- under an exception in this and that's not true. This law specifically contemplates the sexual assault statutes 28-319 and 28-319.01. Those do not include a ten-year-old who's impregnated through consensual sex with a 13-year-old. You may say they fall under some other statute, but they are not contemplated in this law. So if a ten-year-old has sex with their 13-year-old boyfriend, they're not going to be able to get an abortion under this. Thank you, Mr. President.

KELLY: Thank you, Senator Dungan. Senator von Gillern, you're recognized to speak.

von GILLERN: Thank you, Mr. President. We're going to shift back from a legal discussion to personal stories. I want to thank Senator Jacobson for sharing his incredible-- incredibly personal story about his son and how challenging that is. I have several unintended pregnancy stories in my life that I want to share. First story, my mother and her twin sister were conceived in an unplanned pregnancy in 1935. Their birth mother didn't have the legal option for an abortion, but as we all know, she certainly had options other than to allow her identical twin daughters to be born and to be raised by a loving family in a way that was, for many reasons, impossible for her to provide. But she made that horribly difficult decision. My mom reconnected with her birth mother late in life and I had the opportunity to know my birth grandmother, Nellie [PHONETIC]. I owe my life to the decision that she made to give life to her daughters and I will forever be grateful. My second story started in 1984 when my wife and I learned that we struggled with infertility. We tried for nearly five years to become pregnant, but to no avail. That's when we felt led to pursue adoption. Little did we know that concurrent with our decision, a woman who lived in Georgia was facing an unplanned pregnancy. She was not a young girl. She had a two-year-old son already so she knew the difficulty and challenges of being a parent. Through a pregnancy assistance organization there, she was supported, housed, fed, ministered to and eventually made the decision on her own to place her twins with a loving young family. On July 29, 1987, my wife Mary and I boarded a plane in Phoenix, where we lived at the time, and headed to Atlanta. Several hours later, we stepped off the jetway and two beautiful babies were placed in our arms. The blond boy, 7 pounds, 11 ounces, and a fire red-headed girl, 7 pounds, 10 ounces, and she's still red-headed. And everything they say about redheads is true. Senator Machaela Cavanaugh, a tribute to you. My third story is nearly 13 years old. That's when one of our immediate family members had to make the same most difficult decision being faced with an unplanned pregnancy. To respect the privacy of those involved, I'll not share the details other than to say that we had the honor of experiencing the sacrifice of adoption from a completely different angle, an angle that increased our compassion for the mother and understanding far beyond what we ever could have known otherwise.

My fourth and last story is one that began in the mid '70s and one we only learned of in recent years. And I can share details because my sister-in-law, Sharon [PHONETIC], has made the story public. It's not my story. It's hers and she's chosen to share it. Sharon was tragically raped and became pregnant. Roe v. Wade had passed and abortion was legal and accessible, but Sharon knew she could not end the life of an innocent child, even one that was conceived in an act of violence. She developed an adoption plan that ensured her child would be placed under a loving family and saw to it very shortly after birth. Fast forward to 2012, when a social media connection led to a conversation which led to a meeting between Sharon and her daughter, Dorie [PHONETIC], now in her 40s, living here in Nebraska: a wife, a mother of a beautiful girl and twin boys. Her husband's a public school teacher and she's a dance teacher and she's become a full member and a very special part of our family, both the good and the bad. Since coming here in January, those like me who are proponents of LB626 have been called bigots, hateful, ignorant, disconnected, uninformed, misinformed, stupid, hateful, un-Christian. Did I say hateful? Scripture, First Corinthians 2:11 says, for who knows a person's thoughts except their own spirit within them? And I believe that to be true. Possibly the worst intended insult is I've been called a man. I've been accused of mansplaining--

KELLY: One minute.

von GILLERN: --like a man can't experience the pain of infertility, the pain of sacrifice or loss, the joy of hearing a baby's heartbeat for the first time, gratitude to a mother. Like a man can't know the value of an unborn life, like a man can't have the good judgment to know that the taking of a life is wrong. I don't apologize for being a man. For those who have said those things in this body or emailed those comments, you're wrong. I and other men and women who are proponents of the heartbeat bill want to see babies survive and thrive and moms be provided for and thrive in their own right. I encourage you to vote green on LB626. Thank you, Mr. President.

KELLY: Thank you, Senator von Gillern. Senator Erdman, you are next.

ERDMAN: Thank you, Mr. President. Good afternoon. I've been in Appropriations quite a bit today. Didn't get here in a lot of the debate, but I did hear some of it. And I've heard the reference being

made several times to pregnant people, about pregnant people. Not sure exactly what a pregnant people is, but I know what a pregnant woman is. And I would challenge anybody on this floor or anybody listening to show me one time when a person with an XY chromosome gave life to another human being. But we're changing our pronouns nowadays. It's pregnant people. It's not pregnant women. But all of you that are listening at home and those of you in the balcony and anybody on the floor, you can be thankful your mother was pro-life, otherwise you would not be here; pretty simple. This bill is about hearing a heartbeat and then making a decision to snuff out, to kill, to eliminate that life. That's what this is; plain and simple. Nothing else. If you hear a heartbeat, that's a life. And if you stop the heart from beating, in my opinion, that's murder. It's not healthcare. It's murder. I don't know any other way to say it more simple so that no one can miss it, no one. It's a heartbeat. It's a life. Deal with the science. The science is true. I yield the rest of my time to Senator Ben Hansen.

KELLY: Senator Hansen, you have 3:02.

HANSEN: Thank you, Mr. President. I'm going to make sure I don't say pregnant people otherwise Senator Erdman might throw something at me. So on the-- I kind of want to kind of just go off a little bit about what Senator Wishart said earlier. There's something she said I agree with and there's something she said I don't agree with. And the idea that when she was explaining her rationale for-- you know, her position on this bill, she did talk about the idea that women should have more of a decision on the choice of ending a pregnancy because they will take care of the child typically in more instances than men will. I disagree with that aspect. I will agree with her on one aspect that I think we have been seeing a rising concern culturally in our, in our country, socioeconomically in our, in our country about a fatherless society. And when we're talking about why, why, why-- I think if we're trying to get to the crux of the matter, why are there so many, quote unquote, unwanted pregnancies? And I hear a lot of them. It seems like a lot of instances are that there may not be a father around. There may-- may not be able to afford having the child. There was issues with contraception. And so arguments have been brought up about the idea that women are primarily going to be the one taking care of the children, which I'm not going to disagree with. And so just as much as we show and we put emphasis on responsibility of

the mother to keep the child because of certain actions, whether mistakes or not, I think we should put equal emphasis on the responsibility of the father. I think that's something we haven't really been talking a whole lot about. I know Senator, Senator Fredrickson touched on that a little bit between him-- our conversation earlier.

KELLY: One minute.

HANSEN: But I'm hoping that's something we can kind of look introspectively on as a country about where are the fathers? And the empirical evidence shows unanimously that a two-parent household is better for the entire family, the family unit; the child does better, the mother does better, the family does better. So I'm not going to take away any responsibility from the fathers who are not doing their job and taking care of their children, which is what they should be doing. As hard as it is sometimes-- and decisions we make sometimes in life are difficult. I think we need to be there just as much as we put an emphasis on the mothers. Thank you, Mr. President.

KELLY: Thank you, Senator Hansen. Senator Machaela Cavanaugh, you are recognized to speak.

M. CAVANAUGH: Thank you, Mr. President, colleagues. We are putting women, people-- women are people-- and patients at risk with LB626. Senator Erman, kindness, compassion and inclusivity don't cost a thing. Saying "people" is just being kind and compassionate and inclusive to those that identify differently. It doesn't cost anything. Senator Hansen, I appreciate our relationship a lot. I don't appreciate our relationship today. In the Executive Session on LB626, Senator Day and I attempted to have a conversation with our colleagues on the committee. And to ask me questions today on the microphone in this public forum that you refuse to even engage in in that instance is disrespectful to me as your colleague. And to try and get me to say something that is preposterous like that I think that people should murder babies at 40 weeks is beneath you in this conversation. And I am disappointed because I do have a great deal of respect for you. And this is a hard conversation and I would hope that you would have more respect for me than that. I have asked medical professionals that are here in the building today to tell me what viability is. Viability is generally defined on more than gestational age and requires multiple

opinions. That being said, most of us would agree that viability as determined by gestational age, size of the fetus, organ development, based on ultrasounds are all things that are taken into account when determining viability. Viability generally has to be agreed on by at least two board-certified physicians. There are so many things that I believe are problematic in this bill that I'm never going to have the time to truly unpack in my five minutes every couple of hours. That is why Senator Day and I compiled a minority statement, a minority statement that clearly lays out our concerns that were not taken up in committee. If you want to speak to those concerns, Senator Albrecht, they are in the minority statement, in addition to the questions that I asked you during the hearing that you refused to answer. A child-- the loss of a child is a tragedy. The loss of Senator Jacobson and his wife's child is a tragedy. And it is personal. It is personal, just like it is personal for all of us. This is a personal bill, which is part of the problem. We are legislating something that is deeply rooted in each of us in a different way. And it is personal for each of us in a different way, whether it is personal for us for our personal experience or personal for us because of our religious beliefs. It is deeply personal and it should be treated seriously and the conversation should be serious. And those are gotcha questions and they are not helpful or productive to the conversation. What I am concerned about is the focus on my personal reproductive health. And to disregard Medicaid postpartum--

KELLY: One minute.

M. CAVANAUGH: --SNAP eligibility, TANF eligibility, sentencing reform, housing crisis, childcare crisis, all underlining circumstances that play into factors as to why birthing people seek an abortion pre-viability. We're not having a real and serious conversation. We're having a sound byte conversation. And I would like to see us do better than that. I do appreciate the shoutout for fiery redheads. Thank you, Senator von Gillern.

KELLY: Thanks, Senator Cavanaugh. Senator Briese, you're recognized to speak.

BRIESE: Thank you, Mr. President. I rise again in support of LB626. My comments will be brief. You know, this clearly is a contentious issue. Passion is pretty high on both sides. But, but for me, it's clear cut.

It's about protecting innocent life, innocent life with a heartbeat. And this bill represents a reasonable place to land. It accommodates the concerns of a lot of folks here. The bill specifically excludes ectopic pregnancies. It excludes in vitro fertilization. It creates exceptions for medical emergencies, sexual assault and incest. And in assessing whether something is a medical emergency, the language refers to the medical judgment that could be made by a reasonably prudent physician. Not would, but could. That gives the medical community extremely wide latitude in that area. So, yes, as Senator Holdcroft told us a little while ago, this is quite friendly to the medical community. LB626 is reasonable legislation that most importantly protects innocent life. I support it. I would urge your support. And with that, I would yield the balance of my time to Senator Hansen. Thank you.

KELLY: Senator Hansen, you have 3:40.

HANSEN: Thank you. Senator Briese, and thank you, Mr. President. So let me describe a little bit about how the legislative process works in case-- for those who are listening or in the stands who may not understand, like, the process about how this becomes a bill. So we have a, we have a committee. We have the HHS Committee, which this bill went to. We have a hearing on it. And then after the hearing, we have an Executive Session. So during the Executive Session, it gives a chance for senators to discuss their feelings on a bill. It gives them a chance to-- their, their, their ability to introduce an amendment if they so choose. At any time, a senator can sit there and say, I want to add this to a bill. I think maybe that's something we should look at doing as a committee amendment and then we can take it to a vote. None of that happened during the Executive Session. People voiced their opinions, I just don't think they like what they heard. Or we just-- we're a difference of opinion and we couldn't reach a consensus and we voted on the bill, which is what-- really what happened. I said my piece. Others wanted to keep discussing it, wanted to try to change our minds, which makes sense. That's what they're trying to do. They wrote a minority report, might get it, but sometimes just because we're not saying something doesn't mean we're not listening or we just disagree. That's what happened. We voted on it. It got out of committee. So that's where we're at right now. I appreciate Senator Cavanaugh's comments about typically, most of the time, we do get along. Some days are like this. Eh, we have a difference of opinion.

We can say that. I appreciate her vigor and her ability to get up there and voice her opinions so I can't take that away from her. But what happened in the Executive Session is just we said our piece. All of us who voted for this bill, in my opinion, how I felt, we set our piece and we just disagreed. And so that's why this bill gets on the floor for all of us to discuss further and that's kind of where we're at now. So that's mainly kind of, I think, what I want to say. So thank you, Mr. President.

KELLY: Thank you, Senator. Senator Lowe, you're recognized to speak.

LOWE: Thank you, Lieutenant Governor. I yield my time to Senator Slama.

KELLY: Senator Slama, you have 4:55.

SLAMA: Thank you, Mr. President, and thank you, Senator Lowe. I appreciate it and I want to take a quick moment to just address again, we're having revolving arguments here on some of the legal language, terms and definitions. I did want to push back against Senator Dungan outlining how in page-- let me get the copy of my bill here. How on page 4 of LB626, we explicitly outline in Section 6, "no woman upon whom an abortion is attempted, induced, or performed shall be liable for a violation of the Nebraska Heartbeat Act." Now, the argument seems to be-- and I'm sure he'll get up and correct me if I'm reading this argument the wrong way-- is that because we don't have specific language for doctors to this end, that we are somehow leaving them open to liability. However, it's really clear in this language the women receiving care aren't covered under the, under the Uniform Credentialing Act. The doctors are. Since the doctors are covered, we don't need explicit language to cover them. The women who opponents of this bill constantly argue that we're going to criminalize for seeking an abortion are not. So, yes, we do have to explicitly outline in this bill because otherwise opponents of the bill will scream from the rooftops that somehow they'll be held liable for a violation of LB626. It's moving the goalposts. It's not an honest argument. Now, moreover, if we're talking about liability for doctors, well, let's hear from the doctors and what they had to say about their experiences and how LB626 would impact their experiences. Dr. Bonebreak, which was referenced by Senator Albrecht earlier: only those-- any physician providing best medical practices is safe under this framework, the

framework of LB626. Only those who would have reason for concern would be physicians whose conduct is so far outside the mainstream, so indifferent to human life that a well-informed physician could never have made the same decision. Again, Dr. Bonebreak is the former chair of the Nebraska Maternal Morbidity and Mortality Review Team. Dr. Elena Kraus, who spoke over the noon hour and was very wonderful in sharing her experience: whether a medic-- medical emergency exists is left to the reasonable medical judgment of the physician. This gives broad latitude to physicians in the many difficult and complex medical situations we encounter. I cannot think of a high-risk medical situation where this bill would restrict the available treatments to patients based on sound medical reading. Dr. Sean Kenney, another OB-GYN: I don't-- when people say I don't understand how I can do reasonable medical judgment, we do it all the time already. LB626 would not compromise the physician's ability to take care of these womens. Dr. Robert Plambeck, another OB-GYN: I have treated and cared for thousands of pregnant women-- not birthing people, pregnant women, to use that term is an erasure of what women go through in bringing life into this world-- and their babies, including complicated and sometimes life-threatening health situations. And I see nothing in this bill that prevents me or any doctor from providing appropriate and necessary medical care to a pregnant woman or from terminating a pregnancy in the rare and tragic instance when the mother's life is at stake. Now, the reason why Senator Hansen got Senator Cavanaugh on to the mike, it wasn't to have a gotcha question. It's to see where the opposition genuinely stands. We have yet to hear from a senator in opposition of this bill whether or not they see it fit to--

KELLY: One minute.

SLAMA: --have abortion up to the time-- thank you, Mr. President-- abortions up to the time of birth. Not a single person has got up and said, well, I don't support abortions on demand. Not a single person has said, well, what they're doing in Colorado with Dr. Carhart where they have abortions after 27 weeks is bad. Not a single person has made that argument. And what Senator Hansen was working to do with Senator Cavanaugh is get her to say, you know what? Yeah, we should have some limit on when a mother can choose to end their child's life. Because if we're not going to say up until the point of birth, what-- are we going to say four-year-olds, three-year-olds, two-year-olds? What's your cutoff? It's a really simple question that we as

policymakers are asked to answer. So we're discussing six weeks right now. What's your number? Thank you, Mr. President.

KELLY: Thank you, Senator Slama. Senator Hunt, you are recognized to speak.

HUNT: Thank you, Mr. President. Talking-- I'll put one thing out there. Talking about this abortion till birth "got you" question stuff, that doesn't happen. And if any of you listened to any of the doctors who have been trying to talk to you, you would know this. What we are talking about today is you trying to limit access to abortion care. You want to ban abortion care and that actually makes you the extremist, moving it to six weeks before most women even know that they're pregnant. They don't even know that they're pregnant at the time. And you're trying to deflect from the topic at hand and if you have further questions about how abortion care actually works, how pregnancy actually works, you can talk to one of the doctors out in the Rotunda who has been here trying to reach you to give you these medical facts. Colleagues, today is day 60. And so today we've learned that we can go 60 days without passing a bill and maybe next year, that's what happens. Maybe next year, for our short 60-day session, we'll be in the same exact place because I've got gas. I've got time, I've got energy, and I don't care if we do this again. And after Senator Arch's speech last night, I have lost all respect for him. I've lost all belief that he is willing to exercise leadership in this body. All of the negotiation in good faith, all of the trying to discuss how to move forward, he's leaving the schedule up to the Westboro Baptist Church, evidently. He had the power to not schedule LB574 Thursday because they are coming that day and he gave up that power. Senator Linehan talking about how there's only a few doctors in Nebraska who perform abortions so this doesn't really affect most healthcare providers. But banning the standard of care, preventing doctors from using their best judgment affects the entire landscape of healthcare in a state. It's so much more than just abortion care. I think that because abortion has been such a political issue, we tend to think of it as something that is isolated alone on this island, that there's healthcare and then there's abortion, which is not healthcare. But the truth is that abortion care is integrated into every part of women's healthcare, from miscarriage management to helping somebody become pregnant, contraception, people who have been struggling with infertility, managing a complicated pregnancy, people

who are facing other medical issues and they need this kind of care integrated into their treatment. I mean, really, all of these things. And especially when we're dealing with complicated pregnancies, doctors often have to send their patients to neurologists, pulmonologists, cardiologists, radiologists, all kinds of other doctors. So all of this care is integrated and it's like Jenga. If you take one thing out of the tower of the healthcare infrastructure that we have in Nebraska, the whole thing becomes weaker and we can lose people. People will die because you're removing access to healthcare from them. So doctors are consulting with the entire house of medicine to help their highest-risk patients have the most successful pregnancy outcomes possible. And they too understand how the system is currently failing pregnant people at all levels. And not only that, but in a state where we are criminalizing care, where politicians are inserting themselves in the doctor-patient relationship, what's next? Every year we have some kind of abortion ban. Every year we block more access to care. So what's next, guys? Senator Albrecht, what do you want to introduce next year? They just keep coming one after another. It's our imperative to stand up and make sure that people understand that our healthcare providers went to medical school to help people--

KELLY: One minute.

HUNT: --to take care of us, and that this is a way that they are taking care of the people of Nebraska. I trust doctors. I trust healthcare providers. I trust Nebraskans. And I don't think any of us in here-- I mean, it goes without saying, blah, blah, blah, we say this every single time we get up on the mike. None of you know what you're talking about. The obvious refusal by you to acknowledge that a six-week fetus does not have a heartbeat tells you that you're not interested in learning information. You're not interested in being corrected with anything that might conflict with your religious views. You are not qualified to make this decision and people will die and be harmed because of it. Thank you, Mr. President.

KELLY: Thank you. Senator Hunt. Senator John Cavanaugh, you are recognized to speak.

J. CAVANAUGH: Thank you, Mr. President. Well, I will again rise in support of the IPP and opposed to LB626 for all the reasons that I have stated, things Senator Hunt just stated. But I can kind of try to

answer what I think Senator Dungan's point was. The-- this bill, LB626, has language that mirrors the language that was in a bill passed a few years ago banning other later-term abortions. And that was a specific criminal act and it has the exact same language which states or references that the person upon whom the abortion is performed will not be held liable. In that sense, it's very clear that it's a reference to the criminal liability. In this statute, since this person who-- upon whom the abortion is being performed is not the doctor performing it, the question is why is that section there if not to state that the person is not going to be held criminally liable or liable in some sense? I would just say, you know, if we're going to do history lessons, I went back and I looked at LB38 and LB316. LB38 was 1977 when this Legislature passed a bill that included the section of statute we've been talking about, which creates a Class IV felony for failure-- or for performing an abortion not in compliance with accepted medical practices. When LB38 was passed in 1977, there was a definition of what accepted medical practice was. In 1979, the Legislature repealed that section. That definition is no longer in the statutes. That means we cannot rely upon that definition when determining what that section of the statute means. We need to look to the rest of the statute. And what Senator Dungan correctly pointed out is when the courts look to the statute, they will read the entirety of the statute together and make-- and interpret it in a way that makes a consistent, logical sense and views it as, as one thing. And so when you have a definition of accepted medical practices for abortions in one section of statute and you have a crime for not filing except for medical practices when you perform an abortion, the courts are going to read those two things together logically. It is logical for them to read the definition of accepted medical practices that's currently in the statute in conjunction with the, the crime for failure to comply with accepted medical statutes. That's the concern that's been raised repeatedly by myself, by Senator Dungan, by others. It was raised in this testimony. Actually, one of the testifiers at the hearing raised that exact question. But the other part that was in that statute in LB38 in 1977 was the definition of what an abortion is. And it included a definition that said an abortion is-- shall mean an act, procedure, device or prescription administered or prescribed for a pregnant woman by any person, including the pregnant woman herself. That also was repealed in 1979. So at that point in time, the Legislature had chosen to criminalize the conduct of the woman when

she received an abortion. That's not currently the case under these statutes. However, as the concern I raised earlier, just because people cannot be charged under this section of statute, does not mean they are not charged under other sections of statute as well. Which is what we saw this last year in Madison County, where a young woman was charged with several other crimes. None of them were the-- receiving the abortion itself. And so that's one of the concerns that we have here when we raise this concern, where-- this is not a theoretical concern. This is based upon what is happening in this state and other states when we seek to continue to criminalize healthcare. When someone receives that care--

KELLY: One minute.

J. CAVANAUGH: --thank you, Mr. President-- even when we have expressly said they shouldn't be charged with a crime under it, they're still being charged with crimes. And so when we're having this conversation about whether or not this bill creates criminal exposure for doctors, it is under the language of this bill and the statute as it is currently constructed, not the statute as it was constructed in 1977 or '78 and repealed in 1979. So that is what we're talking about and that's why we continue to go back to this conversation. Thank you, Mr. President.

KELLY: Thank you, Senator Cavanaugh. Senator Ibach has guests in the south balcony, 11th and 12th graders from Elwood Public Schools. Please stand and be recognized by your Nebraska Legislature. Senator Blood, you're recognized to speak.

BLOOD: Thank you, Mr. President. Fellow senators, friends all, I continue to stand in support of the motion from Senator Hunt and against the gestational age ban. I want to go back to what I talked about earlier in reference to Section 5. Senator Slama has touched down on it. Senator Albrecht still continues to not give me an answer on it. I understand the connection that Senator Slama has made, but the question that is not been answered is how will this protection for being anonymous be maintained with the bill's requirement that the physician shall keep a written certification as to sexual assault in the woman's medical record? And can a doctor keep a file in an anonymous form, like with a number assigned to its patients, and how will that work? That's something that is missing. I keep being told

today you need to trust us. We worked all summer long on this bill. Well, you told us the same thing last year and you told us the same thing with LB814. With LB14 [SIC], which did pass in this body-- and to be really frank, I voted for it in the first round and I offered amendments, not motions to stall it, but amendments to make it better. This body passed a bill that took away parental rights from the father. You said it was about the children, about the babies, and what you did was you made it harder for doctors to help those mothers in need. And we're not talking about going to an abortion clinic. We're talking about being in a medical environment. You traded forceps for fetal demise. So you were all OK with a poison be injected into a mother's womb that then would force that mother to give birth to a dead fetus. So I don't trust you. I don't trust you because when you take a bad bill and we try and help you make it better, you don't want it to be better because of the topic. And then I got lots of hate mail, which was fine. And I let everybody know what that bill did, where people thought you moved the needle. You didn't move the needle, you just bought into the story. And then last year, I pointed out on the floor that the way the bill was written, that it would affect people who would want to participate in IVF. Now, as a Catholic, our church is against IVF. I don't know if I agree with that and the Catholic Church came out against IVF here in our body. When I asked Senator Albrecht about it on the floor, she told us that's between a doctor and her patient. Exactly, Senator Albrecht. This is all about a doctor and their patient. We have no business getting involved in this. I asked you a really simple question this morning and I'm still waiting for you. And no offense to Senator Slama because I know that she's on the ball today, but I asked you that question, not Senator Slama. I'd like an answer. It's your bill. I have other concerns about the bill, but one thing before I start picking apart the bill further is when Senator Hansen asked us if we should have limits. Senator Hanson, we already do have limits in Nebraska. Abortion is safe and legal here in Nebraska. We have compromise legislation that protects women and children, but also protects our medical community. Sometimes you have to find a balance. It's not all or nothing. Not that we belong making those decisions anyway, but let's be honest and put it on record that we already do have compromise. We already do have some limits. I am concerned about Section 4 of LB626. It states it is not a violation of the act if a physician performs or induces an abortion in the case of pregnancy result--

KELLY: One minute.

BLOOD: --resulting from sexual assault as defined in Section 28-319. The question I have is, Senator Albrecht, does the exception for sexual assault or incest require a conviction of sexual assault or incest? Because I think that that is not clear in your bill. This section specifically provides the statutory references for these crimes. It does not state a reported sexual assault or-- assault or an alleged crime of incest, but instead references the actual crimes themselves, which would indicate to me that these crimes must be established or proven to permit the abortion procedure. So, Senator Albrecht, I hope that you actually stand if someone who throws you some time and can answer these questions. And I have more coming in a couple of hours when I get to talk again. Thank you, Mr. President.

KELLY: Thank you, Senator Blood. Senator Aguilar, you are recognized to speak.

AGUILAR: Thank you, Mr. President. Members of the body, I rise in strong support of LB626, as well as my opposition to the postponement last--when the United States Supreme Court made the choice where they chose to send the decision on abortion back to the states. To emphasize again, nothing was abandoned or outlawed. It was a choice that was sent back to the individual states to make. In the time since that decision, my office received many phone calls and emails with people literally from across the entire country weighing in on their opinions on the issue of abortion. Some said that this will lead us down a path of limiting the rights of other marginalized groups, such as racial minorities and the LGBTQ community. Nothing could be further from the truth. This is a choice to defend life, period. Never forget that this is a singular issue we are fighting for, no matter how many times others try to distract or misrepresent our efforts. Everyone deserves the rights of all types of medical care is a phrase that is often gets used. Shouldn't that right be extended to the unborn as well? Another phrase that unfortunately gets misused is government is protecting our most vulnerable. In my mind, there is no group that qualifies more as our most vulnerable than the unborn. Who will stand up for them and protect the rights? Who will be their voice? I, for one. Thank you, Mr. President, and I yield the balance of my time to Senator Slama.

KELLY: Thank you, Senator Aguilar. Senator Slama, you have 3:00.

SLAMA: Senator Aguilar, thank you. It's good to have you back. It is great to have Senator Aguilar back. Sorry, I just had a moment there. I do want to respond to Senator Blood's references and I have my notes in front of me. I know the answers in advance and I know Senator Albrecht knows the answers in advance-- in advance. I can't just yield her time. So I'll ask her a couple of questions. Would Senator Albrecht yield to a question?

KELLY: Senator Albrecht, will yield to some questions?

ALBRECHT: Yes, I will.

SLAMA: Thank you, Senator Albrecht. Senator Blood mentioned that she was concerned that under the rape exception, it might require a police report to be filed or even that the rapist be convicted before the rape exception is ever used. Under LB626, is there any truth to that?

ALBRECHT: No, there's not.

SLAMA: Can you tell me a little bit more as to why?

ALBRECHT: It's very clear that the abuser and others cannot get access to any, any of the records. It's, it's-- there's no way that, that they would be held liable unless the woman presses charges.

SLAMA: So--

ALBRECHT: The woman gets her options when she goes in to talk to the doctor about being raped.

SLAMA: Thank you very much, Senator Albrecht. So we're not requiring any kind of formal police report or conviction under this exception at all? Just clarify.

ALBRECHT: No, no, we are not.

SLAMA: Wonderful. Thank you, Senator Albrecht. I, I appreciate you answering those questions, addressing Senator Blood's concerns, because evidently it matters to her who's the one saying the responses. I, I would like to take a moment to personally address a

few of the things that Senator Blood brought up in her own turn in that this is somehow a gestational age ban. If you're applying that as a negative term, Nebraska already has a gestational age ban in place. It's at 20 weeks. We're talking about bringing it to six weeks. By bringing that up as a derogatory term, you infer that you don't support any gestational age ban. So that gets back to the question of--

KELLY: One minute.

SLAMA: --do you support any restrictions on abortion whatsoever? And it is the role of the Nebraska Legislature to determine when because I think an overwhelming majority of Nebraskans-- this has been backed by poll after poll-- say that abortion on demand up until the point of birth is inappropriate. Moreover, just to very briefly respond to Senator Dungan's mention of sexual assault, under 28-319, a ten-year-old cannot consent to sexual activity. It's 28-319 (1). State v. Dady was the case on point there that said that a ten-year-old cannot consent to sexual activity. It would be a violation of 28-319. A ten-year-old getting pregnant would absolutely fall under the rape and incest exception for LB626. Thank you, Mr. President.

KELLY: Thank you, Senator Slama. Senator Hardin, you're recognized to speak.

HARDIN: Thank you, Mr. President. Senator Blood referenced the need for balance as we approach LB626, inferring that LB626 is out of balance. We have 200,000 in Nebraska and 63 million across America who would say that it's already out of balance. There is some science behind embryonic heartbeats. The Lozier Institute talks about the fact that there is a functional beating heart in every human being by six weeks of gestation. The heart is the embryo's first functioning organ, which starts to develop as early as 16 days after fertilization. The first heartbeat occurs approximately 22 to 23 days after fertilization, which is the sixth week of gestation in pregnancy. The heart forms very early in embryogenesis because the embryo's survival requires circulation of oxygen carrying blood, a fact that is validated by all embryology textbooks. Like this one, The Developing Human, which is a leading embryology textbook used in medical schools across the U.S. And it says by the end of the third week, the blood is circulating and the heart begins to beat on the 21st or 22nd day. The

cardiovascular system is the first organ system to reach a functional state. The embryonic heartbeat can be detected using Doppler ultrasonography during the fourth week, approximately six weeks after the last normal menstrual period. Even at this early embryonic stage, the heart has begun to form primitive heart valves that act as physical barriers that prevent the backflow of blood through the heart tube and assist in the forward propulsion of blood as it is pumped through the heart and out through the rest of the body. Anyone who denies that an unborn child is alive and has a beating heart at six weeks is blatantly ignoring the science. Thank you, Mr. President. I would yield the rest of my time to Senator Albrecht if she would like it.

KELLY: Senator Albrecht, that's 2:32.

ALBRECHT: Thank you, Mr. President. Thank you, Senator Hardin. And to Senator Blood, I, I believe I've talked about this at least three times in my-- once in my opening and a couple of other times. But I'm going to read again to this reply that people ask about the rape exception. It might be required with a police report to be filed or even that the rapist be convicted before the rape exception is ever used. LB626, in Section 5, says what procedure the physician must follow to perform an abortion under the rape exception. He must-- they must write it down that the abortion is because of rape. So write it down and then they have to-- that's all that they have to required-- that's all that's required of the healthcare provider under Nebraska Revised State Statute 28-902 and put it in her private medical file. That's it. All Section 28-902 requires when the rape victim is 18 or older and therefore all of LB626 requires is that the doctor give the woman her options. That's it. No police report is required, no arrest is required and no conviction is required. An abortion can proceed under LB626 Section 5 (2). Thank you, Mr. President.

KELLY: Thanks, Senator Albrecht. Senator Dover has guests in the north balcony: fifth, sixth and seventh graders from Christ Lutheran School in Norfolk. Please stand and be recognized by your Nebraska Legislature. Senator Halloran, you are recognized to speak.

HALLORAN: Thank you, Mr. President. Good afternoon, colleagues. Good afternoon, Nebraska. Alveda King. Alveda King comes from a legacy of dreamers. She's the niece of Martin Luther King Jr. Her grandfather,

Dr. Martin Luther King Sr., was a dreamer and so was her father, A.D. Williams King, who was a high-profile leader in the civil rights movement. Dr. Martin Luther King Jr. dreamed of having his children judged by the content of their character and Alveda King dreams of the rights of babies who are artificially breached before coming to term in his or her mother's womb. Quote, my mother wanted to abort me and that was basically a family's secret. My grandfather stopped her and said that he had a dream and saw me perfectly. He was a prophetic dreamer like Martin. Alveda is a pro-life activist and a post--post-abortive mother. Today, she has six living children, but in the early 1970s, she suffered a voluntary abortion. Soon after Roe v. Wade in 1973, Alveda became pregnant. And at age 22, she walked into a Planned Parenthood clinic and underwent an abortion. Roe v. Wade made it too easy for me to make the fateful and fatal decision to abort my child. The doctor advised that the procedure would hurt no more than having a tooth removed, she said. However, the procedure damaged her cervix and forced her to miscarry another baby months later. The physical toll on her body and the emotional strain of the abortions led to the demise of, demise of her first marriage. Over the next few years, Alveda experienced medical problems and had trouble bonding with her children who were born after the abortions. Quote, my children have all suffered from knowing that they have a brother or sister that their mother chose to abort. Often they ask if I ever thought about aborting them, she said. As a result of her abortion, Alveda suffered from eating disorders, depression, nightmares, sexual dysfunctions, and a host of other issues and the guilt made her very ill. I prayed often for deliverance from the pain caused by my decision to abort my baby. I suffered the threat of cervical and breast cancer and experienced the pain of empty arms after the baby was gone. And Alveda divorced two more times in her life, but she says when she met Jesus in 1983, he opened her eyes to the reality of what she had done and forgave her for destroying her babies. God rescued me from a cycle of death and the only thing that kept me from losing it and knowing I will one day see my babies in heaven, she said. Alveda was a, was an unlikely woman to become a pro-life activist. The painful experience behind her abortion helped her uncover the lies used by the abortion industry. Today, she is driven by a spiritual conviction to defend the most vulnerable of human beings. I join the voices of thousands across America who are silent no more. We can no longer sit idly by and allow this horrible spirit of murder to cut

down, yes, cut out and cut away our unborn and dist-- and destroy the lives of their mothers, she said. In 2000, Alveda traveled with REAL Women's Voices to Washington, D.C., to lobby Congress and then Illinois Senator Barack Obama. But she says when the group arrived in his office, the senator walked out the back door. I saw him and said, hello, Senator Obama. He looked down in the floor, walked away. It's a response Alveda is used to, but she says it won't stop her from mounting the steps of Congress to keep the issue of abortion before lawmakers. She also urges women around the country to go to their pastors and speak out. Tell them abortion is bad for children. It's destroying families.

KELLY: One minute.

HALLORAN: By taking the lives of our young and wounded and wounding the wombs of the lives of their mothers, we're flying in the face of God. We cannot play God. If we continue down the path of destruction, we will be met at the gates by our, by our doom. This is the day to choose life. We must live and allow our babies to live. We must end the pain of post-abortion trauma. If the dream of Martin Luther King-- Dr. Martin Luther King Jr. is to live, our babies must live. Our mothers must choose life. If we refuse to answer the cry of mercy from the unborn and ignore the sufferings of the mothers, then we are signing our own death warrants. The niece of Martin Luther King Jr. recognized Planned Parenthood's racist goal of discouraging reproduction of people of color. She has clearly seen the bigotry and racism of the abortion industry, primarily Planned Parenthood. Vote green on LB626. Thank you.

KELLY: Thank you, Senator Halloran. Senator Moser, you're recognized to speak.

MOSER: Thank you, Mr. President. Colleagues, Nebraskans, I rise in- [RECORDER MALFUNCTION] I signed on to the bill to cosponsor it because I think it's a critical issue in our state and in our country. In the last 50 years, 200,000 Nebraskans died in abortions, 200,000. Who stands up for those 200,000? This bill is an attempt to, going forward, to stand up for the unborn. A couple issues were brought up about the incongruity of being in support of LB626 and then being in favor of capital punishment, or that we don't take care of Nebraskans after they are born. But the parallels between abortion and capital

punishment are I think it's very incongruent. I don't think they're comparable. The number of people who died by capital punishment in Nebraska in the last 50 years, it would be a handful of people, a handful. How many people died by abortion? Two-hundred thousand; 200,000 versus a dozen. And the people who did suffer from capital punishment had attorneys, judges, juries to judge their actions. Who's here to support the 200,000 that were aborted? The other issue I want to take issue with is not taking care of Nebraskans after they're born. If you look through the budget book-- the one I have in my desk is last year's-- about 35 percent of our budget is spent on social service issues, programs trying to help people. And look through the list: Medicaid is \$921 million; child welfare aid, \$172 million; developmentally [SIC] disability-- disabilities, \$157 million; public assistance, \$86 million; behavioral health, \$72 million; children's health Insurance, \$23 million; aging programs. \$11 million; public health aid, \$6 million; community health centers, \$7 million; special education, \$231 million; the homestead exemption, \$101 million; early childhood programs, \$8.6 million; community-based ju-- juvenile services, \$6 million. It adds up to about 35 percent of our budget. We do care about Nebraskans before they're born, and we care about Nebraskans after they're born. But I still am-- think that LB626 deserves our support, and I hope that 32 of my other colleagues vote with me when it comes to cloture. Thank you.

KELLY: Thank you, Senator Moser. Senator Day, you're recognized to speak.

DAY: Thank you, Mr. President. A couple of things have happened since the last time I was on the mic. The first thing, we've been talking a lot about the exceptions to this bill, and I think there's a few people that are hanging their hats on-- on these exceptions. And the first thing that I'm going to say is we know, absolutely verifiably, because of bills in other states, that the "life of the mother" exception and the exception for rape are-- do not function that way. They are non-- they are unworkable. And are we seriously insinuating that because there is no requirement in the bill for a police report to get an abortion, that that will not be a consequence of this piece of legislation? If a person is required to report that they were raped in order to get an abortion, it will inevitably, in some cases, maybe not all, lead to more accusations of rape, including what some senators have even mentioned is a problem for them, the potential for

false accusations of rape. Additionally, doctors are mandatory reporters when it's a minor. So if a child comes in 10, 14, 18 years old and says, I was raped, I need an abortion, that doctor is legally required to report it to law enforcement. So it is absolutely nonsense when we're saying that this will not become a problem legally with law enforcement. A rape accusation will inevitably lead to involvement with law enforcement, law enforcement with children, potentially law enforcement with children who were raped by their own family members. That's what we're talking about. That is a consequence of this bill passing. Examples from other states: Last summer, a mississippi woman sought an abortion after said-- after she said a friend had raped her. Her state prohibits most abortions but allows them for rape victims, yet she could not find a doctor to provide one. In September, an Indiana woman learned that a fetal defect meant her baby would die shortly after birth, if not sooner. Her state's abortion ban included an exception for such cases, which, I will mention as a side note, LB626 does not create an exception for a fetal anomaly, so if it is a nonviable pregnancy, if the baby is going to die, you are required to carry it until you spontaneously go into labor and that baby suffers until it dies. Her state's abortion ban included an exception for such cases, which LB626 does not, but she was referred to Illinois or Michigan. An Ohio woman carrying triplets faced a high risk of dangerous complications, including delivering too early. When she tried to get an abortion in September through Ohio's exception for patients with a medical need, she was turned away. The abortion bans enacted in about half the states since the Supreme Court overturned Roe v. Wade in June, do not prohibit abortion entirely. Most make exceptions in certain circumstances, commonly to protect the health or life of the patient or in the case of rape or incest.

KELLY: One minute.

DAY: And as conservative state lawmakers prepare to take up new restrictions on abortion in upcoming legislative sessions, exceptions will be at the heart of debate. But in the months since the court's decision, very few exceptions to these new abortion bans have been granted, a New York Times review of available state data and interviews with dozens of physicians, advocates and lawmakers revealed. The last thing-- I only have a few seconds left-- is, in addition to the fact that we know the exceptions in this bill are unworkable and will not function as exceptions, it is disingenuous to

represent that the medical community supports this type of legislation. Every major medical organization is opposed to this. The Nebraska Medical Association testified in opposition. Someone from ACOG testified in opposition. The AAP is in opposition. The APA is in opposition. Doctors agree. They do not support restrictions on abortion. Thank you, Mr. President.

KELLY: Thank you, Senator Day. Senator DeBoer, you are recognized to speak.

DeBOER: Thank you, Mr. President. The government should not be involved, period. The government shouldn't be involved. That's my position. There are a number of competing ideas and interests we're balancing here. So the proponents have asked, what is the compromise? I think 20 weeks is the right balance. That's the right compromise. Look, I don't like abortion, but I don't want the government to get even more involved. I don't want the government to be more involved than what it already is in that question in Nebraska. And most Nebraskans are probably at where I'm at on this. It should be between the woman and her doctor and her God. So for me, I'll agree that abortion isn't just healthcare, but it isn't the same as killing babies either. It's abortion. It's its own thing. To me, it's serious, but at six weeks it isn't the same as killing a baby. And when that changes? Well, that isn't an easy thing to get to the bottom of for me, which is why it shouldn't be us who decides it for everyone else. It should be a mother, her doctor, her spiritual leader. When we talk about when does life begin, you don't-- you don't actually mean life, because a blade of grass or a chicken is alive; you mean something like personhood or something like that. When we talk about that, what we're having is not a scientific debate, but a philosophical and theological one, and that is why we get lawsuits around the country in states where these sorts of laws have been passed, where religious leaders are filing these lawsuits, saying that these bills, these laws violate their religious freedom. Science can test hypotheses, but it cannot draw conclusions from the results of those tests. Does this or that thing react to stimulus? Science can test that question, but science cannot speak to whether the result of that test has any effect on questions like when does personhood begin. Our state, the world, people in this state, don't agree about when exactly personhood happens. It isn't a simple question. What constitutes personhood? If someone is on life support with a heartbeat, we can take them off.

What constitutes personhood? What are its traits and limits? Is personhood even the right test? It just isn't clear when personhood begins and because it isn't clear, it shouldn't be legislated for everyone based on one group's beliefs. This debate shows that we don't all agree on when personhood begins. The balconies show that we don't all agree about when personhood begins. And no amount of debate, no matter how long we stood here, no amount of debate would get us to consensus on that point. I believe that. But if we can't agree on that pivotal piece of information, on that theological or philosophical question, we shouldn't legislate it any more than we already have.

KELLY: One minute.

DeBOER: Twenty weeks, that's where we're at. Nobody thinks it's perfect, but it has worked and the government should not get even more involved. Thank you, Mr. President.

KELLY: Thank you, Senator DeBoer. Senator Hughes, you are recognized to speak.

HUGHES: Thank you, Mr. President. I rise in opposition to the postponement and in support of LB626. When I was campaigning for office this last year, Roe v. Wade was overturned and then, when there was not a special session called to consider abortion law changes, I realized quickly that, if elected, I would likely be debating a potential abortion law change when I came here. There were several concerns I had, and this bill addresses those concerns, specifically, exceptions for rape and incest; no criminal penalties for doctors; no criminal or civil penalties for women who have an abortion; and exceptions for medical emergencies, including miscarriages. Let's be frank for a moment. Nebraska has had a restriction on abortions for the past 13 years. Our current restriction, even with its criminal penalties for doctors who violate the law, which LB626 does not have, have resulted in no doctors being prosecuted. Opponents of this bill state that no OB/GYNs will stay in Nebraska if we pass this bill. Let's look at the statistics for a second, which makes it pretty clear that most of our OB/GYNs do not perform abortions for any reason. According to the Nebraska statistical reports on abortion for 2021 from the Nebraska Department of Health and Human Services, there were five physicians who performed abortions in our state that year. Of the five physicians, three of them together only performed a combined

total of 15 abortions. The other two performed a combined total of 2,345 abortions, or 99.4 percent of the state's total. The total of 2,360 abortions in 2021 is larger than the population of the third largest town in the 24th District, with which I represent. Since the Dobbs case last year that overturned Roe v. Wade, states across the country have revisited their abortion laws. Our neighbors to the north in South Dakota have enacted a complete abortion ban with the only exception to preserve the life of a pregnant female. We are not considering such a proposal here. There have been statements made that people will flee our state if we pass this bill to change the restriction on abortion we already have on the books. What kind of signal are we sending if we are unwilling to do more to protect the lives of those who could be born in Nebraska? I'm also going to read a little bit of one of the testifiers on this, Dr. Sean Kenney, from Nebraska. I've known their family. Our kids went to preschool together. Part of his testimony, he is a board-certified maternal fetal medical- medicine specialist and OB/GYN. He's been practicing maternal fetal medicine in Lincoln for the last 25 years. He cares for people as far out as Grant, Nebraska, and as far north as Valentine. He was born in Nebraska, grew up in Nebraska, and raised his kids in Nebraska, and part of his testimony was: When people talk about ruptured membranes, pre-- previable, the risk of infection to the mother, it's clear that when someone just has ruptured membranes with no evidence of infection, there's really no urgency to get someone delivered because there's no risk to mother. Now, once the infection is detected, we change our mind and go ahead and deliver someone, and so once infection is detected, they go ahead. If you have a fever, if a patient has a fever, you call and you come back and you take the precautions, they take the temperature, and regardless-- regardless of gestational age, we will go ahead and deliver them, and so the chance of someone getting sick in those situations is low. Everyone talks about that, but that's what we do. Pa-- he had a patient in the hospital at that time-- same thing. She was infected. They delivered her because she wanted to save the baby. He said, I'm very pro-life and it hurts my feelings to lose that baby, but I saved the mother. She's pregnant now again, and hopefully this time will have a better outcome. So when people say, well, I just don't know if I can do that, they do it-- we do it all the time. And when people say, I don't understand how I can do reasonable medical judgment, we do it all the time. Right now, we're doing it because we're worried--

KELLY: One minute.

HUGHES: --even about malpractice suits. LB626 would not compromise the physician's ability to take care of these women. We will do whatever it takes to take care of women and provide lifesaving care. If the mother dies, the baby dies, so there's never a choice to only pick the baby. We'll do chemotherapy if we need to do chemotherapy, and that will help the mother, but that will also help the baby if the baby survives, and so it's just not an issue. I support this bill. It recognizes the doctors that specialize in treating people and that babies will survive, and I ask you to support it. Those are the words of Dr. Sean Kenney. Thank you, Mr. President.

KELLY: Thank you, Senator Hughes. Senator Murman, you're recognized to speak.

MURMAN: Thank you, Mr. Lieutenant Governor. And I stand up again in support of LB626 and against all the amendments. I'm glad that fetal anomaly was mentioned just a little while ago. I do have experience in my immediate family with a couple of what would you-- you could define as fetal anomalies over my lifetime. Our second daughter, it's no secret here in the body, that was born with a disorder called Rett syndrome, and when she was born, we didn't know what the cause was or anything like that. They, the-- the doctors, strongly suspected that it was a-- some kind of a genetic mutation, but they didn't know that for sure. And when she was about 13 years old, around 1999, I believe, they did figure out that it is a mutation on the X chromosome. They know exactly where it happens. At that time, of course, when my wife was pregnant with Whitney, there was no way to diagnose her condition in utero. But since then, in the la-- about the last ten years, it is possible to diagnose Rett syndrome with-- in utero. So a percentage of girls with Rett syndrome now are actually aborted, and I think that's a tragedy. Whitney is easy to take care of. She's smiling and happy. You know, over 90 percent of the time she will look at you with loving eyes, and most professionals think that it's in a praxis. She actually understands a lot more than what she can respond to. By the way, she can't talk or use her hands very well or walk, so-- so it's very difficult for her to respond. But, you know, I bring this up only because I think if-- if abortion is allowed, it's a slippery slope, you know, if we allow abortion for certain things. And like I said earlier, I-- a human life in utero is still a human life, so I'm

against all abortions. But if-- if that is allowed, if abortion is allowed, it becomes a slippery slope and-- and, you know, pretty soon you're-- will be-- or eventually it can be like China's doing that-- or has done, abort simply because of the sex of the baby. So just another example, something that's happened in-- in my immediate family, our oldest daughter then, our other daughter, in other words, our first grandchild, they lived in Papillion at the time, but she was diagnosed-- or the baby was diagnosed in utero with a deadly condition, and the doctors did say that the baby would live until about-- most likely 'til about five-and-a-half months pregnant and who would die at that time, and-- and it's possible that the baby could have survived till birth, but it would die at birth or soon after birth. So Kelsi, our oldest daughter, did-- did decide to go ahead and keep the pregnancy. You know, we have heard of-- of doctors--

KELLY: One minute.

MURMAN: --that have been wrong. Of course, they were right, and this time she carried the baby until about five-and-a-half months, and Ellie is buried in-- in Papillion now. But, you know, I-- I've-- I'm one of the older people in this body and I-- but I do feel young until I look in the mirror, and then I realize I'm not that young. But I'm-- I-- I'm going to quote from Psalms 127:3-5. Lo, children are the heritage of the Lord and the fruit of the womb is his reward. As arrows are in the hand of a mighty man, so are children of the youth. Happy is a man that hath his quiver full of them. So I'm just encouraging all women and all families to appreciate the children that their God has blessed them with and keep those pregnancies and-- and keep those children. Like Senator Moser said, if it's just impossible to take care of them--

KELLY: That's your time.

MURMAN: --we do it at the state level. Thank you.

KELLY: Thank you, Senator Murman. Senator McDonnell, you're recognized to speak.

McDONNELL: Thank you, Mr. President. Good afternoon, colleagues. I'm in favor of LB626, the Heartbeat bill. When I ran in 2016, of course, you go door to door and a number of questions are asked of you on a

number of different subjects and you talk with people and-- and I think 90 percent of the people, if they had time, wanted to talk about something. And then there was a percent of those people that really wanted to share some things that would just really pull at your-- your heartstrings. And during that, that '16 campaign for approximately close to a year, I had two women share with me their experience. And one was more of a family member. The other one was extremely personal. And having that discussion about being pro-life from conception to natural death and-- and in between, we did agree on-- on some things. And of course, we-- we disagreed also. But the-- the tragedy of it, the pain of it, and for-- for one of these women, it was many years ago, prior to having the discussion with me, and I really appreciated them sharing with me. Again, we didn't agree totally on-- on my position, but they did-- they did help me. And at that point, again, my position was still pro-life from conception to natural death and in between. And I think sometimes we forget that in between, I think sometimes we forget that-- that end of life, but that's also to be discussed. Senator Albrecht, I've been-- I've been in Appropriations, in and out, a number of us have, Appropriations Committee, today. And-- and so I apologize if-- if you've already been asked this question, but I think it's important for us to-- to talk about some of the testimony, and one of it was Dr. Sean Kenney's testimony. So, Senator Albrecht, if you're available, I'd like you to just give us a review of-- of Dr. Kenney's testimony in front of the committee, and I'd yield the remainder my time to Senator Albrecht. Thank you, Mr. President.

KELLY: Thank you, Senator McDonnell. That's 2:42 seconds, Senator Albrecht.

ALBRECHT: Well, thank you very much, Senator MacDonald. I'm happy you're with us on LB626. I will say that right before you came to the mic, I believe it was, Senator Hughes read the whole testimony on-- on the doctor, and it's basically the doctors are saying when it comes to, you know, medical emergencies, you know, they're going to use their own medical judgment. They've not yet-- and no one's been called on the rug, to our knowledge, for doing something so egregious that it would-- would come to the fact that they would lose their license or-- or something that pProfound. But I-- I do believe that the doctors that came to-- to actually help testify on behalf of the proponents on LB626 absolutely have been working for decades, two and three decades,

and-- and they're still working. They love what they do because they know how far they can go. They know what it takes to take care of both patients, the mother and the baby. We're talking about some amazing professionals that-- that know what it takes. We've been at this, at our 20-week, for 13 years. Senator Flood carried that bill back in his time. And it's so important to know that-- that we're not out looking for problems in our hospitals and with our doctors. This bill is talking about elective abortions that are done outside of these hospitals by abortionists. I don't believe we have abortionists in our hospitals.

KELLY: One minute.

ALBRECHT: I do believe that there will be a different standard of care written up for what we're talking about here today, because they are going to have to start taking care of the rape victims. But remember this, it's less than 1 percent for rape and incest in the state of Nebraska. Now, will people just come in and say that they are? It will still go on their record and they will be given their options, but at this time, we should have no concerns for any criminal penalties for our doctors doing their job. Thank you, Mr. President.

KELLY: Thank you, Senator Albrecht. Senator Conrad, you are recognized to speak.

CONRAD: Thank you, Mr. President. And just to put a finer point on it, I'm glad I came in the queue after Senator Albrecht. But, colleagues, just note that Senator Co-- Albrecht noted during re-referencing that this does set a new standard of care. She saw fit, because she was terrified of that statement, to walk it back earlier in the debate, and in her last time at the mic just a few moments ago, she talked about how this new bill will establish a new standard of care. So there you have it, and it kind of makes the point in regards to the criminal penalties. But the point that I wanted to make initially was that I have deep admiration and respect for each of my colleagues, including those with deeply held religious beliefs that inform their decision making on this topic. However, just be honest about it. If your religious beliefs drive your position on this topic, be honest about it. Don't wrap it up in junk science or junk medicine. Don't quote push polls. Don't quote poorly designed sources to make your point. Don't cherry-pick testimony from pro-life activists who I'm

sure, no doubt, are caring, compassionate doctors, but who are not speaking for the majority of Nebraskans-- doctors who practice in this area. Look at the committee statement. Pro-life activists and some individuals and some religious entities are the ones who came to support this measure. The people opposing this measure include the Nebraska Medical Association; the Nebraska Coalition to End Sexual and Domestic Violence; the American College of Obstetricians and Gynecologists; experts and doctors in maternal and fetal-- fetal medicine that practice in Nebraska; a host of family physicians; the Nebraska Nurses Association; mental health professionals; and a host of individuals. That tells you all that you need to know. Absolutely, religious activists have a right to petition their government and seek change. Absolutely, people have a right to have their religious beliefs inform their personal decision making. But you do not have the right, solely based on your religious beliefs, to put women and Nebraska doctors at risk, because it flies in the face of what the appropriate role of government is, and that is not to shame, that is not to judge, that is not to criminalize women and doctors, which this measure does. It's time for Nebraska legislators to stop playing doctor and to start playing legislator. And to be clear, this isn't a philosophical exercise. We aren't coming up with hypothetical situations. We are looking at well-documented, well-established cases from across the country, in our sister states that have passed identical near abortion bans that have harrowing impacts for families, for moms, for doctors. Those are being litigated. They are costing their taxpayers an extraordinary amount of money to litigate those. And they are causing real harm and heartache and headaches and pain for people who have unintended pregnancies and who need abortion care and for people who have very, very wanted pregnancies who need abortion care for a host of different reasons. And we've heard a lot about those very formative, early moments, which I know were important to me and my husband when I became a mom, when we became parents and we got little glimpses--

KELLY: One minute.

CONRAD: --into our child's development, but you don't get a full glimpse about fetal anomalies until way after six weeks and everybody knows it. You get that ultrasound, that critical ultrasound, at 18, 20 weeks. And this pushes abortion care out of reach for the toughest of cases, for the most heartbreaking of cases. And you know what? When we

made the same arguments in Nebraska on the 20-week ban, they said, don't worry, that'll never happen. And guess what? It happened. And Speaker Flood said it's working exactly as it was intended. And guess what? People who pushed measures like this in Texas said those hard cases won't happen. They happened and who doubled down? The proponents, and they said the laws are working as designed. So be clear about your obligation. Be clear about the role of government. Be clear about what this does to women in Nebraska who are going to be facing--

KELLY: That's your time, Senator.

CONRAD: --life-challenging situations. Thank you, Mr. President.

KELLY: Thank you, Senator Conrad. Senator Ibach, you're recognized to speak.

IBACH: Good afternoon. Thank you, Mr. President. I want to just restate that I am a pro-life individual and I'm very proud to have the endorsement of the Right to Life organization. And after listening to debate today, which is very, very healthy and productive, and to different stakeholders, I understand why it may be easy for individuals to say we do or we don't need to be-- to adopt LB626 into law. And within the four corners of this bill, I do believe that LB626 achieves this by limiting abortion after six weeks, while allowing for exceptions for rape, incest and the life of the mother, and that's come up several times today. So to better inform myself about-- for this debate, I requested the transcripts, because I sit on Judiciary so I was not able to sit in on the hearing for this. And there have been numerous issues that were raised and stood out for me, as well as many of my constituents, because they email about-- me about these issues often. And for instance, Dr. Patel, who's here today-- and I had a really good conversation with her this morning-- she testified that maternal morbid-- morbidity rate-- morbidity rates nearly doubled from 33 percent to 57 percent in Texas after they adopted restrictions similar to LB626. And she also attested that the treatment for patients is being delayed while medical practitioners discuss the legal implicat-- implications of providing care with these hospital attorneys, and sometimes these lead to worse outcomes. I think her-- her concerns are very valid and-- and I really appreciated her coming and visiting. Today-- today's debate, I feel like, in my county, which

I-- or in my district, which I listen to my constituents often, we have fewer OBs than we used to. And as a matter of fact, in 2021, we have 15 fewer than-- in Nebraska than we-- than we had in 2-- 2019, and 44 counties in Nebraska currently do not have an OB/GYN. Most of them-- and in western Nebraska, we only-- most of them are not in western Nebraska. And actually, in Dawson County, we have one and that's the only one that I have in District 44. So I really have been putting a lot of this information together and listening today when I wasn't in Retirement, and I really feel like today's debate really isn't about allowing abortion on demand or late-term abortions. I really think it's about deciding whether or not the six weeks is appropriate-- an appropriate cutoff for individuals to receive an abortion. And everyone today has a different opinion about when this cutoff should be and-- and how we should proceed. And I would just conclude with my district has been very vocal, as I've mentioned before, both in support and in opposition, and I take their comments to heart and I-- I-- I just want them to know that I'm listening and I am in full support of LB626 today, for us to vote it through to General File, which allows us to continue this debate. And I know many of you received an email this afternoon from a constituent of mine-- his name is Tim [PHONETIC]-- and I would urge you all to read that as we go forward. With that, I'll yield my time back. Thank you, Mr. President.

KELLY: Thank you, Senator Ibach. Senator Vargas, you're recognized to speak.

VARGAS: Thank you very much. I want to thank Senator Ibach for a couple of things that she did, one, speaking to some of the doctors that are here in the balcony. I think she referenced Dr. Patel, which I appreciate. And I hope more people know that there are doctors that are in-- you know, outside of-- or in the Rotunda right now that are more than willing to-- to talk and engage on this issue. And I think it is incumbent upon us to also look-- look outside of-- hearing the different perspectives outside of one's own. And I do appreciate Senator Ibach for doing that. And for others, that offer is still on the table for the other healthcare providers that are out in the Rotunda. I remain in opposition to LB626, and I want to try to touch on a couple different points here. I still believe that we should not be inserting ourselves, as elected officials, in the medical decisions and the healthcare decisions that are between a woman and their doctor

and-- and their family, quite honestly. This is a personal decision, this is a difficult decision, it's a private decision that we should be respecting, and that's-- that's the reason why I'm against this bill. But fundamentally, the other sides of this, which I've been talking about recently, is there-- there is an economic component. And-- and I have-- I-- I know it's difficult to sort of say that. We're talking about healthcare access, but we're always talking about not just whether or not a bill is right and wrong, but what are the impacts that a bill is going to-- what-- what is this going to do to our state? What does this say about our state? And for those that are viewing this solely from a lens of ideology or belief or even religion, I'm trying to view this through a lens of, what does it do when we tell other individuals, both within Nebraska and outside Nebraska, and especially women and-- and-- and young professionals and people in the healthcare fields that are doing everything that they can to become Nebraskans, stay Nebraskans. And we pass a bill like this, the impact that we're seeing in other states and the anecdotal evidence that we see from surveys continues to be that people, in many cases a majority of people, are looking to then seek otherwise places to live, to grow their family, to practice medicine, to-- to practice being an OB/GYN or family medicine, that's an inherent problem that we have with this. There are long-term unintended consequences by moving forward with this bill. And again, as I've said in the past bills, a bill that is a strong opposition from the Nebraska Medical Association, I don't debate whether or not there are some healthcare providers or doctors that are either side of this issue or even might identify with one aspect of this or are potentially neutral, but when an entire association of healthcare providers is saying that they don't support this, we should listen. When we are hearing from young women, OB/GYNs in the field or are looking to be in that specialty that are saying, this is a reason I might not stick around, that I'm not going to stay in this state, I'm not going to practice and-- and start my-- my career and work and the countless number of constituents that have contacted me saying that this is a reason that makes this another reason for me to not stay here in the long term, for every single bill, I think about the long-term impact of whether or not we're telling somebody that they can live and be a Nebraskan. My fear and concern is that we are making it harder, harder on our-- harder for women, harder for our healthcare system by passing this bill.

KELLY: One minute.

VARGAS: I think-- thank you very much. I remain opposed to this bill. I will yield the remainder of my time to Senator Day.

KELLY: Senator Day, you have 47 seconds.

DAY: Thank you, Mr. President. And thank you, Senator Vargas. A couple important points that I wanted to mention, number one, Senator Hughes mentioned on the mic just a few minutes ago chemotherapy. I think it's important to point out-- I hope everybody is listening-- that chemotherapy and a diagnosis of cancer or a previous diagnosis of cancer would not fall under the exception in this bill. We know that because we have examples from other states. I have an Ohio affidavit here related to-- affidavit of Dr. Sharon Liner in support of plaintiff's motion for temporary restraining order, followed by preliminary injunction from Ha--Hamilton County, Ohio. Point 14: one 25-year-old presented for consultation the week after SB 23 took effect. This patient is already the parent to one child. This patient was undergoing chemotherapy--

KELLY: That's your time, Senator.

DAY: Thank you, Mr. President.

KELLY: Thank you, Senator Day. Senator Wishart, you're recognized to speak.

WISHART: Thank you, Mr. President. I continue to rise in opposition to LB626 and in support of the motion to indefinitely postpone this legislation. When you look around the world at countries that have more or less freedoms for women, you can pretty much line up those countries in terms of their health outcomes, their democracies, the outcomes for children. Why would we as a state, and it looks more and more like as a country, want to be taking away freedoms and rights for women, when you look around the world at countries in which women don't have rights and there are so many more health disparities and violence and war? And-- and the list goes on. Where women have more rights, communities thrive. That's just a fact. And, colleagues, I think most of us recognize that, as well, just in our own lives, recognizing the benefits that mothers and-- and women bring to this

world. When I was preparing for this floor debate, I had my office and some of the team that's been working on this just go through history and get a sense of women's rights in this country since the 1920s, and it's always staggering to me how recent some of our rights that we enjoy today, that I enjoy today, be-- became law in this country. For example, it was just ten years ago where we lifted the ban on women serving in the military. Before 1974, it was legal for financial institutions to refuse loans to unmarried women, 1974. I was born 11 years after that. That's-- that is not that long ago, colleagues. Senator DeBoer was born at that time. These rights that I enjoy, our rights that were paved by a lot of women before me, including my mom standing up and being a voice for women in this world, and it's my duty as a woman to be that voice for the future generations. And this bill, this bill is not good for future generations. We have so many opportunities in front of us as a Legislature and as a society to put in place the type of community in which being pregnant, having children, growing a family is-- is what women and men want to do.

ARCH: One minute.

WISHART: It's things like paid family leave, like expanding healthcare access. It's things like reducing domestic violence. And yet what we're choosing to do, instead of doing all of those other opportunities that have been shown to reduce, to lead to less abortions and lead to better outcomes for women and children and families, instead, we decide to take the route of just removing choice, of stripping women of the rights and the freedoms that we have worked on and strived for, for so long, the right to our own autonomy, to the freedom to make decisions about our body. Colleagues, let's choose these other avenues. Let's work together on those other avenues. Thank you.

ARCH: Senator McKinney, you're recognized to speak.

McKINNEY: Thank you, Mr. Speaker. I'll yield the balance of my time to Senator Day.

ARCH: Senator Day, 4:50.

DAY: Thank you, Senator McKinney-- McKinney. I appreciate that. I am going to circle back to what I was just mentioning a minute ago.

Senator Hughes had mentioned chemotherapy on the mic, and I think it's important to point out that even a previous course of chemotherapy, a need for chemotherapy because of a subsequent diagnosis of cancer, would not fall under the exception in LB626. We know this because we have examples of this happening in other states. I have here again in Hamilton County, Ohio, an affidavit of Dr. Sharon Liner in support of plaintiff's motion for temporary restraining order, followed by preliminary injunction, point number 14: one 25-year-old presented for consultation the week after SB 23 took effect. This patient is already the parent to one child. This patient was undergoing chemotherapy for recurrent cancer and had already missed one treatment due to falling-- finding out she was pregnant. At the time of her visit. She was found to be eight weeks pregnant with cardiac activity, making her ineligible for an abortion under the law in Ohio-- same thing here in Nebraska. Due to the patient having cancer and being unable to obtain treatment for her cancer while pregnant, We sought documentation to support a medical exception to SB 23 for this patient. Her provider of care did not feel comfortable providing this and the patient had to travel out of state for her abortion to res-- resume her cancer treatment, which caused even further delay. Cancer chemotherapy does not fall under the exception in this bill. Also, earlier, Senator Slama had mentioned that-- let's see, Senator Slama said that no one from the medical community expressed concern about criminal-- about criminal penalties, and that is not true. Dr. Daniel Rosenquist, who spoke on behalf of the Nebraska Medical Association, said in his testimony-- I have the transcript here-- while LB626 does not explicitly contain a criminal penalty, we have heard from members who fear that criminal penalties from other statutes may be attached to provisions of the bill-- of this bill. Nebraska Statute 28-336 provides that the providing of abortion, while using anything other than accepted medical procedures, is a Class IV felony. While it is not clear whether such a law is intended to apply to perceived violations of LB626, even the threat of criminal actions could have a detrimental effect to patient care, especially at the very critical early stages of pregnancy, under this bill. So a few things that we have outlined today, number one, the rape exception will not actually function as an exception to rape-- or, excuse me, an exception for rape. It's unworkable and will cause multiple legal problems and involvement with law enforcement in the lives of patients. Doctors are mandatory reporters, as are we all for minors. If a child comes in

requesting an abortion because they were raped or because of incest, the doctor is required to report it to law enforcement, so, yes, law enforcement and the justice system will be involved because of this bill. Number two--

ARCH: One minute.

DAY: --every major medical organization opposes this piece of legislation and le-- pieces of legislation like this. It is disingenuous to stand up on the mic and use testimony from a few outliers in the medical community as validation that doctors support this legislation. Someone from the Nebraska Medical Association, as I just mentioned, Dr. Daniel Rosenquist, on behalf of them, testified in opposition. Someone from ACOG testified in opposition. The American Psychological Association opposes further restrictions on abortion. The American Academy of Pediatrics opposes further restrictions on abortion. All major medical associations oppose LB626. The exceptions will not function as exceptions. You should know that if you're voting green on this bill.

ARCH: Time, Senator.

DAY: Thank you.

ARCH: Senator Dover, you are recognized to speak.

DOVER: Thank you, Mr. President. I stand in support of LB626 and I oppose the IPP and I yield time to Senator Albrecht.

ARCH: Senator Albrecht. 4:40.

ALBRECHT: Thank you, Mr. President, and thank you, Senator Dover. I do understand that the-- there have been some people off the floor, that would be our Appropriations Committee, they have much work to be completed in the next few days, so I appreciate the time that they're yielding to me now. I do want to-- I know Senator Ibach is not in here right now, but I just wanted to be clear that our law is not the same law that-- that is in Texas today. So despite what opponents might say, the law is not identical. And doctors have experience with this in Nebraska for the last 13 years, as I talked about Senator Flood back in 2010. We truly have given our doctors the latitude to take care of anything within a reasonable medical judgment. If there's any

concern for the woman's health, they know what they need to do to act on this. So, yes, so that's that. I'd like to talk a little bit more, too, about-- I know Senator Vargas has a concern about OB/GYNs wanting to do business in Nebraska or wanting to leave because of our-- our programs here. But I just wanted to-- to-- to give some stats on what we've uncovered in getting ready for this particular debate. The Accreditation Council for the Graduate Medical Education, which is the ACGME, is responsible for accrediting medical training programs for physicians in the United States. The ACGME has stated clearly that the medical schools and residency programs in states that restrict abortion will still be accredited to certify the OB/GYN doctors. The ACGME statements states, quote: Obstetrics and gynecology residency programs may be located in jurisdictions where there are legal restrictions on induced abortions. Requirements have been added for programs in jurisdictions where there are such residents, end of quote. These requirements are if a program is within the jurisdiction that legally restricts this clinical experience, abortion training, the program must provide access to this clinical experience in a jurisdiction where there is no such legal restriction present; or, if a resident is unable to travel to another jurisdiction for this clinical experience, the program must provide that residents with a combination of didactic teaching activities, including simulation and assessment on performing a uterine evacuation. Summary: In state-- in a state that restricts abortion, an OB/GYN program may send the OB/GYN residents elsewhere to get training specifically in abortions, or may do so-- simulated abortion training onsite. Look at some of the states that have already passed pro-life laws at least as strong as LB626. Some of them have multiple medical schools, which would be located in Texas, Tennessee, Ohio, Wisconsin, Georgia, Kentucky, Indiana, Oklahoma, Missouri, Louisiana, and many others. Their medical schools are still accredited to certify the OB/GYNs and are doing so. OK. And again, I was reading before I was on the mic a few other things. If this law passes--

ARCH: One minute.

ALBRECHT: --one would say doctors will leave the state and students won't come to Nebraska to study medicine. To the contrary, worries about physicians leaving the state are premature. Ninety percent of the obstetricians do not perform elective abortion, so this law will not affect the day-to-day practice of most OB/GYNs. In fact, since

more babies will be born, obstetricians will close their practice in Nebraska because delivering babies is the-- the reason most of them choose this profession. The decision to revoke a license would be made by a committee of physicians and medical professionals who are likely to be generous as they know how difficult medical decisions can be. Thank you, Mr. President.

ARCH: Senator Kauth, you are recognized to speak.

KAUTH: Thank you, Mr. Speaker. I want to look at the women's health aspect of this a little bit. Abortion involves a local anesthetic and a surgical procedure. It involves risks to the woman, not just to the babies. In Nebraska, two doctors performed 99.4 percent of the 2,360 babies that were aborted in 2021, so this is clearly not a discussion between a woman and her doctor. This is an assembly line of abortion. Let's go back to the risks. Abortion is not without risk. In 2007, a woman filed a lawsuit against Planned Parenthood of Nebraska in Council Bluffs. She's known as "Jane Roe." I selected this case because it highlights the potential for it to go very, very wrong. Jane Roe called for an appointment and was told to listen to a recorded message. That was her preamble. She was given an appointment and at 12 weeks, she went in. She was given paperwork and briefly met with a counselor, who told her she would be given a shot in her cervix and that would deaden the pain and then she would hear some suction. An ultrasound revealed a tilted uterus and the doctor commented on it. She was given Valium and waited until mid-afternoon before she was finally seen. By then, the Valium had worn off. I'm now going to read from the lawsuit itself. It is very graphic. After being called back to the examination room, plaintiff was attended by two Planned Parenthood employees and Defendant Severson. Plaintiff was laid back on an examination table and her feet were placed up in stirrups. She then felt an injection into her cervix. The shot was painful and she cried out and told the attendants and Defendant Severson of the painful nature of the injection. Shortly thereafter, plaintiff heard a suctioning sound and felt pressure in her uterus. Plaintiff immediately complained of excruciating pain and told the attendants and Defendant Severson that something was terribly wrong and to stop the procedure. The defendants refused. Plaintiff continued to complain of pain and continued to plead for the procedure to be stopped. Defendant Severson refused and continued moving the suctioning device into the plaintiff's uterus. Plaintiff told Defendant Severson and the

attendants that the pain was unbearable. Rather than stopping the procedure or providing the plaintiff with pain medication, Defendant Severson told the plaintiff, we can't stop, and instructed the attendants to hold her down. A third employee of Defendant Planned Parenthood was called into the room and they forcibly held the plaintiff down while Defendant Severson continued the suctioning procedure. After the procedure, plaintiff was in acute pain, nauseous and bleeding from the vagina. A pad was placed over her vaginal area. Her underwear and shorts were placed back on her by a Planned Parenthood employee, and she was asked to walk to the recovery room. She advised the employee she was in too much pain. She was assisted to the recovery room by Planned Parenthood employees and seated in a recliner and offered juice and cookies. When she continued to complain of pain, she was provided a heating pad. She was not provided additional medical treatment at that time. She continued to be in pain and notified Planned Parenthood attendants on numerous occasions. She was finally given a prescription for 800 milligram ibuprofen to be filled after she left the center. Plaintiff's friend came back to be with her and noticed that she appeared pale and in distress. The plaintiff continued to complain to the Planned Parenthood staff that she was in pain. They attempted to take her blood pressure but could not obtain a reading on the blood pressure monitor. Defendant Severson then came to the area plaintiff was seated and tried to obtain a radial pulse. He also could not do so. No other medical treatment was provided at that time. In attempting to get to the bathroom, plaintiff passed out, fell to the floor and suffered a seizure-type event. She was on the floor 10 to 15 minutes, during which time--

ARCH: One minute.

KAUTH: --Planned Parenthood's medical treatment-- thank you. The gist of this is she went for a procedure that she was told was easy. It would just be a shot and some suctioning. She nearly died. She lost her uterus. She lost an ovary and a fallopian tube-- tube. She also lost four pints of blood. The argument that to carry a child is riskier than getting an abortion is not factual. Abortion is a surgical procedure, and the vast majority of these women are not getting abortions from their doctors who know them, who would have known that this woman had a tilted uterus. Those doctors know how to protect them. I think it's striking that we have doctors who protest this bill but won't do abortions. That is very, very telling. When we

hear about the AMA being against this bill, please know only 25 percent of America-- of Nebraska doctors are members of this association. Using the AMA's political stance to rationalize abortion is misleading at best. Thank you, Mr. Speaker.

ARCH: Senator DeKay, you're recognized.

DeKAY: Thank you, Mr. President. First of all, I'll state that I am not in the medical field, I am not a religious scholar, but I am strong in my Christian faith. Earlier today, I received an email from a con-- constituent after I testified on the floor and I'll read that to you. It said, who made you God? When is it up to you to decide when life begins? The medical term is "fetus," not "baby." Why do you think you can force your nitwit religion on everyone? I would ask if Senator Raybould would yield to a question.

KELLY: Senator Raybould, will you yield to a question?

RAYBOULD: Yes, I will.

DeKAY: Thank you, Senator. Earlier, you testified that you protect all lives and I greatly respect that. You also stated that you are a pro-choice Catholic and believes that life begins at conception. The question is, how can life start at conception but at six weeks that life could still be terminated? My question is, I would like to know what the definition of life is.

RAYBOULD: Thank you, Senator. You know, I've said before that my faith is very important to me, and I know that there are other religions out there that do not believe that. So, for example, with the Jewish faith, they believe that life starts when the child is born and that child takes their first breath. In the Muslim community, they believe that-- that life does not start until the-- the soul is possessed, after 120 days. So when I talk about this, I talk about it in-- with my faith, but all the other faiths of people, fellow Nebraskans that we represent. And so there is a disconnect on when people say life begins. Catholics say at conception. The Jewish faith, which we're based on Judeo-Christian, is a very big part of Christianity and Catholicism from the Old Testament to the New Testament. They make it very clear that it starts at birth when the baby takes that breath. Muslim faith has a different opinion. And then I read the whole list

of other faith-based organizations, from Lutherans to United Methodist to United Church of Christ and so on. The list is long of other faiths that have a different belief system, that you and I represent members of these different churches, that don't believe some of the same things that you believe or that I believe. But as Nebraskans we honor in our Constitution religious freedoms, and not to impose our own faith on that of another religion. Did I answer your question, sir?

DeKAY: Absolutely. I appreciate your answer.

RAYBOULD: OK. Thank you.

DeKAY: One thing that I've never done and never will is try to push my religion on anybody in this body or anywhere else out-- out in the street or any public venue. But I do believe, as is stated in the Bible, that God knows who the soul is before the child is ever conceived, and I'd like to keep that in mind with myself going forward. And that's where I'm coming from with all of this. With that, I will yield the rest of my time to Senator Albrecht.

KELLY: Senator Albrecht, that's 1:15.

ALBRECHT: OK. Thank you, Senator DeKay, and thank you, President. Again, I'm going to continue on with some of these questions that people have had. This law will increase suicides and maternal mortality. To the contrary, suicide and maternal mortality articles predicting worsening in restrictive states are making premature predictions--

KELLY: One minute.

ALBRECHT: --because of the law. The laws have only been implemented since 2022, and there is a lag in the evaluation of the maternal mortal-- mort-- mortality data. The most recent CDC numbers look at the years of 2017 through 2020. Prior to the overturn of Roe, abortion restrictions were minimal, governing facilities' admitting-- admitting privileges, informed consent and parental consent, etcetera. There is not a plausible explanation of for how minor laws governing abortion should impact suicide or maternal mortality. U.S. maternal mortality data is known to be incomplete, but comprehensive records leakage studies document a woman as twice as likely to die from any cause in

the year following the abortion compared to childbirth and six times likely to commit suicide. Many women who suffer anxiety and depression, substance abuse, high-risk--

KELLY: That's your time, Senator.

ALBRECHT: Thank you.

KELLY: Thank you, Senator Albrecht. Senator Hansen, you are next in the queue.

HANSEN: Thank you, Mr. Speaker-- or Mr. President. Sorry, I was off having a discussion. So I'm going to maybe try to do something maybe a little bit unprecedented. I'm going to actually try to find some common ground in the topic of abortion and this bill with my colleague, Senator Hunt. And so I-- this is a genuine question. I'm actually just kind of curious to get your opinion on it, because I think this is something maybe we can agree on. Would Senator Hunt yield to a question?

KELLY: Senator Hunt, will you yield?

HUNT: Yes.

HANSEN: I'd like to bring up the topic, and this has not so much to do with this bill, but may be something which pertains to this topic that maybe you and I can agree on with gendercide. So there are certain countries, such as China and India, that may, whether it's culturally or socially, you know, or economically, where they decide they may want to abort somebody, a gender, typically a female, for certain reasons, and I view that as a case where abortion is not appropriate. I was curious to get your opinion on that.

HUNT: I think what's not appropriate is a culture that creates the conditions where people have to make a decision like that. So, I mean, it's apples and oranges, and I'm not going to agree with you on that.

HANSEN: OK. I was trying. I was trying to find something that maybe we can agree on. And if you're willing, I would like to propose the same question than I did to Senator Cavanaugh to you. What time during the pregnancy of a woman do you view abortion to be appropriate or not appropriate? Is it 20 weeks because of viability? Is it 30 weeks

because of X, Y, and Z? Is it 15 weeks? I'm just curious to get your opinion.

HUNT: I trust doctors with patients to make the right decision about that. There are abortions later in pregnancy that are usually, you know, around very heartbreaking circumstances and we have to make sure that stays legal for people who need them. Nebraska bans abortion at 20 weeks. If this bill doesn't pass, Nebraska will still ban abortion at 20 weeks. So I feel with this question that you're playing games. Abortion later in pregnancy is extremely rare and it's for the most heartbreaking situations. And you're the one who thinks there should be zero abortions, so you're the extremist.

HANSEN: OK, fair enough, just wanted to get your opinion on that. So I know we disagree on some of that stuff. And so like I mentioned to Senator Cavanaugh, I think the reason I kind of ask some of these questions, I'm trying to bring up some of this stuff, I'm trying to find-- figure out where the opposition is coming from. I know it seems like it's kind of varied. Some believe at 20 weeks, some believe at more, some believe at less. It seems like the supporters of this bill have kind of a-- kind of an equal footing on where they think life begins and where we should protect it. And so those are reasons why I asked some of those questions. I don't mean to do-- I don't want it to be a gotcha question. And so one of the questions I'm-- and thank you, Senator Hunt. I'm not going to ask any more, but one of the questions I just want to propose to-- maybe to the body is, how many abortions is too many? Is nine too many? Is one too many? These are the questions I'm trying to get to heart at, about do we feel that it's right, and if we do, how much do we feel that's right? It's just try-- I'm trying to look introspectively about how we feel about abortion in general and why we feel we should stop it at 6 weeks or 12 weeks or 20 weeks. I know these are difficult questions that sometimes people don't like to ask. I know we like to get up here and, you know, read our stuff and give our opinions, but I'm just trying to take a different approach. I'm trying to engage other people. I'm trying to maybe get some debate going, because I actually care what other people think to some extent.

KELLY: One minute.

HANSEN: So-- so with that, I'll yield the rest of my time back. Thank you, Mr. President.

KELLY: Thank you, Senator. Senator Sanders, you are next in the queue and recognized to speak.

SANDERS: Thank you, Mr. President. Good afternoon, colleagues, and good afternoon, Nebraskans. I rise again in support of LB626 and in defense of babies with a beating heart. Earlier I spoke about the scientific consensus that life begins not just when the heart starts beating, but at conception. Let me be clear here. If life begins at conception, then a baby in utero is alive. If a baby is alive, it is given the right to life via the 14th Amendment. If the right to life is protected via the 14th Amendment, abortion is unconstitutional. It is as simple as that. I want to believe that my colleagues do not believe in ending an innocent life. I want to speak briefly about the unborn child's ability to feel pain. A study published in the Journal of Medical Ethics in 2019 suggests that science can't rule out that unborn babies feel pain as early as 12 weeks. My family has some experience with the capabilities of developing babies in utero. Our son Kyle [PHONETIC] lives in California, is a pediatric anesthesiologist. In fact, Kyle has regularly been the anesthesia provider for babies in utero doing procedures. Yes, the babies feel pain and has their own anesthesiologist. He is quite skilled at what he does and we are proud of his accomplishments. I mention Kyle because we also know that unborn children can feel pain during abortion. That might not always be the case, but we know that this pain can take place as early as 12 weeks. Babies at 12 weeks' gestation can currently be aborted under the Nebraska law. This is just one of the reasons why we should be supporting LB626. It is unreasonable to end the life of an innocent human being, and causing pain while accomplishing that goal is barbaric. That child can certainly feel pain. Abortion stops a beating heart. We have heard the claim that there is not a real heartbeat at six weeks but science disagrees. We know that hearts-- we know that the heart starts to beat around six weeks of gestation. It beats about 110 beats per minute after just six weeks on average. It peaks during the ninth week and more-- more than twice the mother's heart rate. By the end of the sixth week, a baby's heart will have beaten over 1 million times. These numbers are from Harvard-trained Dr. Tara Sander Lee. In closing, I ask the body to think about this issue. We know these

babies are alive. Some senators opposing this bill have said as much. That should be the end of the conversation. It is not OK to end a baby's life, and abortion does exactly that. We know there's a real heartbeat and we know where the science leads. Colleagues, if you're unsure where you stand, it is not too late to do the right thing. I urge you all to vote for LB626 and protect the innocent life. Thank you, Mr. President, and I yield the rest of my time to Senator Slama.

KELLY: Senator Slama, that's one minute.

SLAMA: Thank you, Mr. President. Let's see what I can do with one minute. Thank you, Senator Sanders. Again, we're dealing with some pretty rapid-fire arguments on the floor, and I'm coming up soon in the-- on the mic, so I'll be able to expand a little bit more. But just to directly respond, I think Senator DeKay asked a really interesting question of Senator Raybould, and she mentioned that one of the religious traditions mentioned that life begins at 120 days. So my question, if we are meant to respect all beliefs that we represent, through that line of thinking, are we supposed to be legalizing abortions up to four week-- four months postpartum? We have to draw a line as legislators between our religious and our personal beliefs and what is right. And to me, what is right is LB626 and protecting an innocent life at six weeks. Thank you, Mr. President.

KELLY: Thank you, Senator Slama. Senator Jacobson, you're recognized to speak.

JACOBSON: Thank you, Mr. President. Since being on the mic for the last time, I did get some emails. It's truly amazing how insensitive some people can be, but that really doesn't deter me from forging ahead and doing the right thing here. I talked about the joy of having a child and the disappointment of losing a child. And I can guarantee you, there's no greater pain that you'll ever feel than the loss of a child. I don't know how many times I've had customers who lost a child, and I have a conversation with them and I say, you know, people come up to you and say, I really understand what you're feeling, and I will tell you that inside I'm telling myself, trust me, you have no idea what I'm feeling. And I share that with others who have lost a child, and they immediately identify with that. You can't compare it to any other kind of pain. But I'm going to tell you that, from losing our ch-- our son, Julie and I are both deeply people of faith. I

believe that my life has been guided through divine guidance. I grew up dirt poor. There was no reason I should have never had any success. I was able to go to the university. I was able to meet my wife. We've had a good life, and I don't think that's by accident. I can also tell you that the loss of our son made me challenge some things, but I always had faith that God would never give us more than we could handle, and I don't believe he ever does. And we were fortunate that within a year or so later, when we lost John, Julie followed up with another miscarriage in the first trimester. And that's when we decided, you know what, there's a message here. We went to a pre-adopt class. We learned that it could be years before we could adopt. We ended up being able to have an opportunity, a potential to adopt a baby. We went to bed that night and Julie woke up the next morning and said, Mike, we're going to get this baby, she's going to be a little girl and she's going to have brown hair and brown eyes. Our daughter Mary has brown hair and brown eyes, and I can tell you all the sorrow that we felt with the loss of John was replaced when we adopted Mary. What a tremendous gift. Her name is Mary because Mary is-- the definition of "Mary" is "gift from God," and truly she has been. A year later, we were able to adopt our son Joshua. There's no doubt that we were meant to be their parents. We thank God every day that their birth mothers chose life and gave us an opportunity to be parents. Mary got married a year ago in June. Her birth mother joined us at the parents' table at the reception. Her birth mother came up to me and said, Mike, I never questioned my decision to place Mary for adoption. She's been an open adoption. We stayed in touch all through the years. And she said, everything has come full circle for me today, being here to watch the child they gave birth to be married and become the wonderful woman that she is today.

KELLY: One minute.

JACOBSON: Thank you. I can tell you that that's-- that is unconditional love by someone who saw the bigger picture and saw that there was a purpose and great things can happen. I also got a text from an individual who I've known many, many years ago who had a daughter was born with spina bifida, and he-- she lived for 15 months and he talked about those 15 months are some of the happiest li-- years of their lives or the happiest time of their lives because of the daughter and how proud they were of her. God does not give us more than we can handle. Thank you, Mr. President.

KELLY: Thank you, Senator Jacobson. Senator Fredrickson, you're recognized and this is your third opportunity on this motion.

FREDRICKSON: Thank you, Mr. President. And good afternoon, colleagues. So I want to go back to a little bit of what I've articulated earlier on the mic. And again, I'm still grappling with the question of if the goal of LB626 is to decrease abortion in Nebraska, I still don't understand how that occur-- like how this achieves that goal. And again, I point to the data that I'm happy to share with folks that show, when there are abortion bans and restrictions in place, there are still similar rates of abortions that occur. The difference is that they're higher risk. And I want to go back to kind of the big picture here, and I spoke a little bit earlier about this, the idea of like sort of I don't think that we have the infrastructure in Nebraska for this law, and I speak about this from a social service perspective. And again, in 2008, when we passed the safe haven law, we had to really revisit that because we saw that we did not have the ability to take care of what was happening at hospitals. The infrastructure wasn't there. And I worry that through passing bills like LB626, we-- we further risk that infrastructure, frankly. I've had conversations with UNMC students who aren't really sure if they will stay here. And I know that that's been mentioned on the mic and there-- that's been sort of seen as it's too premature. And I appreciate that. Senator Albrecht mentioned earlier that the schools won't list-- lose their accreditation, but Senator Albrecht also mentioned that the schools will have to send these trainees to states where they can be trained in abortion care. And I think that that's really important because that says it all, colleagues. That-- that-- that says that medical providers need to be trained in this intervention. It's not saying you can forego this practice or you can forgo this training and still be accredited. You still have to receive the training in order to be accredited, so this argument that this is not healthcare doesn't quite land with me. I want to-- just a little bit earlier, Senator Ben Hansen had mentioned on the make something about the role of fathers and it kind of brought a little bit of a smile to my face because my son has two fathers. So I thought to myself, wow, has he hit the jackpot, is he going to be the most developmentally healthy child in the state? And I don't know that-- if that's the case or not, but it did bring up-- and I appreciate Senator Jacobson sharing his personal experience, as well, because I'm a

parent through adoption as well and that, going through the adoption process, has really, for me, solidified where I stand on this issue. Becoming a parent has been, without any doubt in my mind, the greatest gift of my life. And I, like Senator Jacobson, am grateful every day that our son's birth parent made that decision to choose my husband and I as our son's parents. And we intentionally chose an adoption agency that worked with birth mothers and gave them full autonomy throughout that process. It went through options counseling, and those options included access to abortion.

KELLY: One minute.

FREDRICKSON: And we chose that because making a decision to carry a child the term and to place that child in adoption is extraordinarily-- I can't think of a bigger decision one would make or sacrifice, frankly, and it's essential that we allow for that decision for birth parents. Thank you, Mr. President.

KELLY: Thank you, Senator Frederickson. Mr. Clerk, for some items.

CLERK: Mr. President, quickly, your Committee on Agriculture, chaired by Senator Halloran, reports LB562 to General File with committee amendments. Additionally, new LRs: LR89 from Senator Lippincott; LR90 from Senator Murman; LR91 from Senator Wayne; LR92 from Senator John Cavanaugh and Senator John Lowe; LR93 from Senator John Cavanaugh. Those will all be laid over. Additionally, motions and amendments to be printed: Senator Machaela Cavanaugh to LB565; Senator Armendariz to LB684; and Senator Raybould to LB753. That's all I have at this time, Mr. President.

KELLY: Thank you, Mr. Clerk. Senator Slama, you're recognized to speak.

SLAMA: Thank you, Mr. President. Good afternoon again, colleagues. I rise still in support of LB626. Just to touch on a couple of points that were raised on the floor before I get to my main line of discussion for this turn, which is the legal status of abortion and its impacts on abortion rights, so engaging Senator Fredrickson a little bit, but I-- I do want to go back because Senator Day-- you know that when Senator Day is misquoting you, you've probably hit a nerve. So Senator Day misquoted me on testimony from pro-life OB/GYNs,

taking the comments of pro-life OB/GYNs out of context as my own comments, simply not the case. I'm hoping she just wasn't paying attention. But also one of her previous turns on the mic, she expressed fear that the police would be automatically called if a ten-year-old came in pregnant and claimed that she was raped. Yes, the police should be called if a ten-year-old is pregnant and goes to the doctor seeking an abortion, claiming she was raped, absolutely, like that goes without question, like that shouldn't even be a concern in your mind about this bill, that if a ten-year-old's walking in saying not only that they're pregnant, issue number one, and issue number two, that they were raped in getting pregnant, yes, you should call the police. And-- and it gets back to this fearmongering about reasonable medical judgment, whether it's a ten-year-old coming in or whether it's a cancer patient. And the truth of the matter is, is that, once again, once this bill passes, this will be the friendliest pro-life law for doctor in the-- doctors in the United States. There are no criminal penalties for doctors. There are no civil penalties for doctors. We're defining reasonable medical judgment very broadly and providing a massive safe harbor for the judgment of physicians, more so than any other pro-life law in the United States, which Senator Albrecht has done a wonderful job of doing. Most states and our own 20 week fetal pain law, which has worked well for 13 years-- again, no one's been arrested, no one has died-- say that reasonable medical judgment means a judgment that a medical emergency exists would be made by a physician knowledgeable about the case and the treatment possibilities. So, yes, this does encompass a woman with cancer. It encompasses a woman with failing kidneys. It encompasses a woman who is at high risk for stroke as a result of this pregnancy. It absolutely covers those issues. And to pretend that our laws in Nebraska are the exact same as those that are in place in Texas or Ohio or Indiana are just disingenuous and untrue. But to come back to another one of my colleagues-- and Senator Fredrickson and I get along really well and I am delighted to not be his row mate, but just one row away, catty-corner-- he did bring up that-- a claim that gets made a lot, which is that legal status of abortion does not impact abortion rates. And I appreciate that he's got statistics. I have my own statistics and a study here that I'll-- I'll quote from. And if anybody else wants to yield me time, I'll continue reading it, but I do think it's important that when we're discussing it, we do see that when abortion-- the legal status of abortion, when laws are-- like

LB626 are put in place, rates of abortion, both legal and illegal, go down. So this is a paper published by Dr. Michael New, May 23, 2018: How the Legal Status of Abortion Impacts Abortion Rates. One argument frequently made by supporters of legal abortion is that the incidence of abortion is not affected by its legal status. However, an extremely broad body of economic and public health research clearly indicates that various legal protections of unborn children reduce the incidence of abortion. Furthermore--

KELLY: One minute.

SLAMA: Thank you, Mr. President. Furthermore, there is also a significant body of academic research which shows that even incremental pro-life laws prevent some abortions from taking place. This memo will summarize the academic research that analyzes how the legal status of abortion impacts the incidence of abortion. And the spoiler alert is that his findings show that the legalized abortion status numbers are skewed by Eastern European countries that legalized abortion after the fall of the United-- Soviet Union. So that kind of spoils the surprise of the paper, but I will get into it more on my next turn on the mic. Thank you, Mr. President.

KELLY: Thank you, Senator Slama. Senator Raybould, you're recognized to speak and this is your third time on the motion.

RAYBOULD: Thank you, Mr. President. I appreciate all the dialog that we've had today, but I do want to point out one very clear correction. Holland Institute did a recent study in March showing that 60 percent of Nebraskans want abortion to be safe and legal, and right now abortion is safe and legal at 20 weeks. I know of no Nebraskan I have ever spoken to across our great state of Nebraska has ever felt that abortion on demand is what they want all the way up to the actual birth. I think that's a fallacy. Nobody believes that. We have abortion, safe and legal, up to 20 weeks. And as I started my first time at the mic talking about faith and I quoted the Nebraska Constitution about where our religious freedoms are enshrined and protected, and I'll just read one more time: No person shall be compelled to attend, erect or support any place of worship against his consent, and no preference shall be given by law to any religious society, nor shall any interference with the rights of conscience be permitted. And so going back to there are so many other faiths, we

talked about when does life begin, and it's based on a lot of different faith organizations and their belief system, and I think it's important. I read a huge list from United Methodist to Lutheran Women's Caucus, Christian Church, United Church of Christ, Catholics for Free Choice, American Ethical Union, American Baptist Churches, etcetera, because it-- this does matter. These organizations and I failed to mention some of the Jewish federations as well. These organizations are the very organizations that are suing issues like this in their state of Florida, of Indiana, in Missouri, and in-- in Kentucky and in Ohio based on this type of religious discrimination. And I just want to read from a United Methodist pastor and-- and their comments that sort of sum up my whole discussion on this faith issue. The pastor reads: As a United Methodist pastor, I believe one can be faithful and support reproductive rights rather than casting shame and judgment. The church I belong to offers care and support to individuals and families as they face challenging circumstances. In fact, the Christian right's efforts to fuel the flames against abortion is rooted in the Heritage Foundation's political desires, following their efforts to rally around the racist policies of Bob Jones University. It is at this time that conservative theologians shift their narratives from life beginning at breath to life beginning with a heartbeat. I share this because there may be people who have been hurt by this theology, and they deserve to know that it begins with political motivations. As a pastor with a master's in divinity from Southern Methodist University, I want to be clear that they are not the only voice in the Christian tradition and are based more in mid-century nostalgia than biblical scholarship. If there was a genuine care to reduce or eliminate the need for an abortion, there are ways to do this, like research-based sex education, access to contraception, access to healthcare, improved support for early childhood education in childcare and living wages. Those supports are not on the table. This effort is purely about the control of other people's bodies. As a Christian pastor, I believe it is time to end--

KELLY: One minute.

RAYBOULD: --thank you-- I believe it is time to end the practice of making the most vulnerable people in our community bear the brunt of a culture war. We see this in bills regarding compressive [SIC] sex education. We see this in the opposition to discussions of race and equity and inclusion. Our state will continue to lose young

professionals if we continue down this path. The law banning abortion will burden those in poverty and create trauma in those who need medical care. Placing obstacles between an individual or a family and the healthcare decisions they make with a medical profession [SIC] is antithetical to the Christian tradition that professes to follow a healer. The Christian calling in this work is to expand access to healthcare, to expand care and support. And that's why I say it is not my place to make healthcare decisions for anyone else. I trust Nebraskans to do it based on their own family and their own faith. Thank you, Mr. President.

KELLY: Thank you, Senator Raybould. Senator Ballard, you're recognized to speak.

BALLARD: Thank you, Mr. President. I stand in support of LB626, and would like to yield-- yield the remainder of my time to Senator Slama to continue her thoughts.

KELLY: Senator Slama, that's 4:51.

SLAMA: Thank you, Mr. President. Good afternoon, colleagues. It's been too long. Just very quickly, to respond to Senator Raybould's comments, while I appreciate her openness to accepting and embracing the traditions of different religions, I-- we have to admit that that-- that embrace is not absolute. All we have to do is crack open the tenets of Sharia law to understand where we draw the line in the United States when it comes to embracing all religious traditions. Back to my paper, which will be really helpful to continue to read, "How the Legal Status of Abortion Impacts Abortion Rates," published by Dr. Michael New, May 23, 2018, Part 1: The Impact of Broad Legal Protections for the Unborn. In both 2012 and 2016, the UK medical journal The Lancet released studies which presented abortion rate data from nearly every country in the world. Additionally, in March 2018, the Guttmacher Institute released a study entitled "Abortion Worldwide 2017: Uneven Progress and Unequal Access." Three studies-- the three studies are similar. They collect and analyze abortion data from a wide range of countries. They all find that global abortion rates have declined since the early 1990s. Additionally, all three studies present data which demonstrate that abortion rates are declining faster in developed regions of the world than in developing countries. The cross-country comparisons in these studies typically receive

considerable amount of media attention. The findings purportedly indicate that countries where abortion is legal have similar abortion rates to countries where abortion was legally restricted. In short, abortion rates appear to be unaffected by whether abortion is legal or illegal. These findings receive a great deal of uncritical coverage from mainstream media. Commentators and pundits frequently cite these studies who argue that pro-life laws are an ineffective strategy to prevent abortions from occurring. However, a closer look at these three studies indicates that there is far less than meets the eye. According to Guttmacher, only seven developed countries have significant legal protections for the unborn. Conversely, 94 developing countries have significant restrictions on abortion. Most of the countries that restrict abortion are located in Africa, South America, Latin America and the Middle East. These countries have much higher poverty rates and cannot be compared to industrialized democracies in North America and Europe. Furthermore, none of these three studies did the authors attempt to hold constant poverty rates, economic growth, demographic shifts, or any other countervailing factors that might affect the incidence of abortion. As such, these two Lancet studies and the 2018 Guttmacher study provide extremely little information about how the legal status of abortion actually impacts abortion rates. The best study on how the legal status of abortion impacts abortion rates was authored by economists Phillip Levine and Douglas Staiger and appeared in the Journal of Law and Economics in 2004. Unlike The Lancet studies and the Guttmacher study, the authors considered how changes in abortion policy affected the incidence of abortion. After the fall of communism, many Eastern European countries shifted their policies regarding abortion. Specifically, abortion was largely illegal in Romania during the Cold War. However, starting in 1990, abortion on request became legal in the first 12 weeks of pregnancy. Albania and Bulgaria also liberalized their abortion laws in 1991 and 1989, respectively. Conversely, Poland, where abortion had been legal during the first 12 weeks of pregnancy, enacted significant legal protections for the unborn in 1993. In their study, Levine and Staiger used time series-cross sectional data to analyze how the legal status--

KELLY: One minute.

SLAMA: --thank you, Mr. President-- legal status of abortion impacted abortion rates in a range of Eastern European countries. The authors

hold constant economic growth, inflation rate and age composition of women of childbearing age. Their findings provide overwhelming evidence that the incidence of abortion is affected by its legal status. They find that countries where abortion is legal only to save the mother's life or for specific medical reasons have abortion rates that are only about 5 percent of the level of countries in which abortion is legal on request. Thank you, Mr. President.

KELLY: Thank you, Senator Slama. Senator Holdcroft, you're recognized to speak.

HOLDCROFT: Thank you, Lieutenant Governor. I rise in support of LB626 and in opposition to the IPP motion. And again, let me emphasize, this bill is about saving babies with beating hearts. I would like to read an article from John Stonestreet and Roberto Rivera at the Chuck Colson Center. Sixty-four years ago, a young Italian woman named Edi Bocelli, pregnant with her first child, was hospitalized with appendicitis. Her doctors advised her to abort the child because they said the baby would be born with some disability. A devout Catholic, Edi deliberately refused, but the doctor prognosis was correct. Her son Andrea was born with congenital-- congenital glaucoma and was completely blind-- blind by age 12. Despite being unable to see, Andrea was born with other gifts. One in particular stands out. His voice has been called the most beautiful in the world. According to Ce-- Celine Dion, if God would have a singing voice, it must be-- it must sound a lot like Andrea Bocelli. In fact, Bocelli's albums have sold over 90 million copies. His 1999 album, Sacred Ar-- Arias, is the biggest selling album by a solo classic artist in history and his 1996 single "Con Te Partirò," translated "With You I Shall Leave," is one of the biggest-selling singles of all time, putting him on a list that includes Lady Gaga, Maroon 5, and Adele. Bocelli has sung for presidents, prime ministers and popes. He was even named one of the world's 50 most beautiful people by People magazine. In 2010, Bocelli told his mother's story in a video entitled "Andrea Bocelli--His Unknown Story that Touches Hearts." Sitting in the piano after describing his mother's decision to not abort him, he adds: Maybe I am a partisan, but I can say that it was the right choice. Bocelli told an Italian newspaper that he was inspired to share his story by a missionary in Haiti who works with children and women facing difficult pregnancies. Because of my personal convictions as a devout Catholic, said Bocelli, I am not only fighting against something, I am fighting

for-- for something, and I am for life. The video went viral. Bocelli said he hopes it will help comfort those who are in difficult situations and who sometimes just need to feel that they are not alone. In his way, Bocelli's story is reminiscent of the important work of pregnancy care centers, which also exist to remind women facing a difficult pregnancy that they are not alone. The comfort and support they provide helps women choose life, just as Bocelli's mother did. Bocelli's story reminds us of the part of a challenging pregnancy played in-- in the story of our redemption. It's easy for us to forget that God gave Mary the option to say no. Her reply, may it be done unto-- may it be done according to thy will, are similar to the words that Edi Bocelli and countless other women have echoed throughout the ages. With that, I will yield the rest of my time to Senator Albrecht.

KELLY: Thank you, Senator Holdcroft. Senator Albrecht, that's 1:15.

ALBRECHT: Boy, I just really like that gentleman. It's too bad we can't play music in here. We could make everybody mellow out. Not that we aren't already tonight. It's been a great day. OK, so I'll read quickly this-- some people say this isn't a real heartbeat. There are just electronic pulses. To the contrary, there is a beating heart in every living human-- human being at six weeks' gestation. The heart is the first organ to form and function in the developing human embryo. The heart is a vital source of circulation and nutrients and oxygen carrying blood once the nutritional requirements of the embryo can no longer be met by diffusion from the placenta alone. About 22 days after fertilization, six weeks' gestation, the heart starts to beat, pumps blood rhythmically. The heart beats around 110 beats per minute at six-and-a-half weeks, or 6.2 weeks, increasing to approximately 159 beats per minute from 7.6 to 8 weeks and peaking during the ninth week to twice the heart rate of the mothers at over 170 beats per minute.

KELLY: That's your time, Senator Albrecht.

ALBRECHT: Thank you, sir.

KELLY: Senator Lippincott, you are recognized to speak.

LIPPINCOTT: Thank you, sir. I'd like to relate another little airline story, if I could. I am for LB626. One day I was deadheading from one place to another, from Salt Lake City to Atlanta, Georgia. Deadheading

means you're in the back of the airplane. You're not flying. You're just moving the crew from one location to another. And I was sitting back in coach and building my nest back there and along came a young lady to sit down beside me. She was traveling from Salt Lake to Atlanta and then on to someplace in North Carolina, if I remember correctly. This was about five or six years ago. And so I'm dressed in my pilot uniform, so obviously she knows what I do for a living, and so we had some light chitchat for a few minutes. And she told me she lives in the Los Angeles area and she's in the film industry and she's in the movies. And I asked her, well, what kind of movies? And she told me she's in the adult movie industry. Now she was young. She was about 30 years old or so, about the same age as my two sons were at the time. So I had this kind of feeling of paternal instinct since she was the same age as my boys. And I remember my feeling at that moment and I thought, there are men, adults, gray hair like me, that are profiting off this young lady, and they'll use her for a few years, wad her up, throw her away, and it really made me feel upset. We talk about choices, and right now another industry, that's the film industry with pornography, but now I'm going to shift and talk about the industry to end lives. And specifically, like Planned Parenthood, for instance, they perform approximately one third of all abortions in America. Last year, they received 37 percent of their income from our tax money. We're paying for it. That tax money was approximately \$620 million last year. Now, I'm reminded of a quote from Thomas Jefferson way back when. He said this: To compel a man to subsidize with his taxes the propagation of ideas which he disbelieves and abhors, is both sinful and tyrannical. True then, true now. Right now, Planned Parenthood has 63 percent of their abortion clinics in black and brown neighborhoods. Blacks make up approximately 12 percent of the population, and browns, Hispanics, make up approximately 17 percent of our population, but two thirds of all the Planned Parenthood clinics are in black and brown neighborhoods. We don't hear any clamor about that. We should but we don't. And I think about how an industry that is using young ladies and it really-- it makes me sad.

KELLY: One minute.

LIPPINCOTT: One more time, Thomas Jefferson said, to compel a man to subsidize with his taxes the propagation of ideas which he disbelieves and abhors, is both sinful and tyrannical. We need to protect the fairer sex, and I just-- I see them used to a large degree for the

bottom line, the profit margin of an industry, Planned Parenthood.
Thank you, sir.

KELLY: Thank you, Senator Lippincott. Sen-- Senator Bosn, you're recognized to speak.

BOSN: Thank you, Mr. President. Again, I stand in support of LB626. I'd like to speak to a couple of the statements that have been made in an effort to avoid any misinformation for those who may be watching this in some capacity. There was discussion about a 10-year-old and a 13-year-old having, quote, consensual intercourse, resulting in a pregnancy and being not able to have an abortion under this bill. I would ask everyone to look at State v. Dady, that's D-a-d-y, which did make the determination that a ten-year-old victim is incapable of apprising the nature of sexual conduct, therefore, it would allow for an abortion under those circumstances. Additionally, someone else made the comment that a 10-year-old who wants an abortion-- or who was sexually assaulted, excuse me, would have to file a police report, I-- unless I am misreading the existing law, that is already the law. This LB626 does not affect that. This bill has no impact on that existing requirement. We've spent a considerable amount of everyone's time today discussing criminal penalties and their possibility. I will again point out there are no criminal penalties in this bill. I am aware of no other statute in the state of Nebraska that has criminal penalties without expressly stating a criminal penalty. You cannot read a criminal penalty into a bill where no criminal penalty is expressly stated. You can't imply it. You can argue that the loss of one's medical license is too harsh. We can argue about that. You can disagree with that potential consequence, but you cannot conflate the loss of a medical license and the maximum sentence of two years' imprisonment or a \$10,000 fine under a Class IV felony. Those are not the same things. Primacy and recency, so I'll say it again. A baby with a beating heart deserves to be protected. I support this law and I would ask everyone to vote in favor of it. Thank you. I yield the rest of my time.

KELLY: Thank you, Senator Bosn. Senator Linehan, you are recognized to speak. Excuse me, Senator Linehan. I made a mistake, and Senator Dorn is next in the queue. I apologize. Senator Linehan, you're recognized to speak.

LINEHAN: Thank you, Mr. President. Thank you, colleagues, for still being here, and for those who are watching, there's just a few things I want to push back on. And because the queue is so-- so full, meaning several senators are in line to speak, it's hard to get up and respond when things are said, so-- and I'll try not-- I'm not going to be personal, so I'm not going to say who said what, but it's been said on the floor today that none of you know what you're talking about. I don't know, I'm offended by that. I-- I have four children. I-- I know what pregnancy is. I know what abortion is and I know what-- what it is to go through a pregnancy. So I don't know how you can say, like, none of you know what you're talking about. I know what I'm talking about. We've had this whole conversation that, you know, when life begins, depending on what religion you believe. I don't-- life begins at the beginning. It's like everything else. It begins when it begins, and that is not what this bill is. It doesn't say that as-- that there's no abortions. I have people on the outside who are like, why don't you all compromise? This is a compromise in the hearts of many in this body. Many in this body doesn't believe that we should have any abortions unless it's for saving a mother's life. So this bill is not-- and you keep comparing it to states where they've outlawed abortion, period. That's not what this bill is. This bill is a compromise from Senator Albrecht's heart to try and do the best we can until we change more hearts. There's also somebody who made-- I shouldn't characterize it-- a remark that, oh, we've got nothing done, we've got no bills passed. We've gotten a lot done and we will get all our bills passed. And Senator Arch, from my opinion, deserves a lot of credit for keeping this place, as much stress as we have, as much anger as there seems to be, keeping this place running. And, yes, if some of us want to stay here till 10:00 every night, that's what the Speaker will have us do. And to blame the Speaker for somehow who's going to show up tomorrow, who showed up yesterday, who's here today, that is not-- he has no time. It's not-- it's just wrong. And unless you want to stand up and take some of the grief the Speaker has to take every day, I would expect that we all, whether-- regardless of what party we are in, give him the respect he is due. It's a very tough job and in my opinion, he's doing an excellent job. Finally, one of the things I've heard again and again today is it should be between the patient and their doctor, their doctor; or, put it the other way, it should be between the doctor and their patient. That has been said multiple times today. But here's the problem. That's not the reality

of the situation. Again, I think it was Senator-- and I will give her credit for this. Senator Hughes stood up. There were five doctors in Nebraska who performed abortions last year. Three of them performed 15, which probably was medical situations where it was to save the life of the mother. Two-- two doctors performed 2,345 abortions. Now those doctors, that wasn't their patient. They didn't have a relationship with 2,345 patients. The way this works is you find out, because I was--

KELLY: One minute.

LINEHAN: You find out you're pregnant, you're scared, you make a call, you go to Planned Parenthood, they give you an abortion. There's no doctor patient relationship. So, please, I know this is emotional and I people have strong feelings on both sides, but let's drop the patient-doctor relationship. Thank you, Mr. President.

KELLY: Thank you, Senator. Senator Albrecht, you're recognized to speak. This is your third time on the motion.

ALBRECHT: OK. Thank you very much, Mr. President. At about this time, I know we'll probably go to dinner at about 5:30, come back at 6:00, probably have cloture around 7:00, so I think it's appropriate that I start running through the bill for maybe people who are just tuning in to find out what this Heartbeat Act is all about. Section 1 names the Act as the Nebraska Heartbeat Act. Section 2 provides that the act shall apply only to intrauterine pregnancies, those existing inside the uterus. Section 3 defines terms; 3(1) defines abortion as it includes both surgically and performed and chemical abortions. It also makes clear that none of the following may be considered abortions under the Nebraska Heartbeat Act: removal of ectopic pregnancies; removal of the remains of a child who has already died in the case of a miscarriage; an act done with the-- with the intention to save the life of the unborn; the accidental or unintentional death of an unborn child; or the termination or loss of an unborn child's life before implantation in the uterus, including due to IVF. Section 3(3) defines medical emergency. Under this definition, medical emergency means any condition which in reasonable medical judgment so complicates the condition of the pregnant woman that it is necessary to terminate the pregnancy to save her life, or for which a delay in termination will create a serious risk for substantial impairment of a major bodily

function; 3(5) defines reasonable medical judgment as a medical judgment that could be made by a reasonably prudent physician knowledgeable about the case and the circumstances; 3(6) defines unborn child. Remember that not every unborn child is protected by the Nebraska Heartbeat Act, only those who are in the uterus and have a heartbeat and where there is-- where an exception is not present. Section 4 is the heart of the bill. It says what a doctor is required to do when asked to perform an abortion; 4(1) says that the doctor must estimate and record the child's gestational age, perform an ultrasound in accordance with the standard medical procedure to listen for a heartbeat, and record the result of the ultrasound; 4(2) says that it shall be unlawful for the doctor to perform an abortion before estimating and recording gestational age and testing for a heartbeat or after determining the unborn child has a detectable heartbeat; 4(3) lays out the exceptions: life of the mother, medical emergency, rape and incest. If an exception exists, the doctor may perform an abortion and is not required to test for a heartbeat. Section 5 lays out the rules for what the doctor must do if he performs an abortion due to one of the exceptions, the medical emergency, rape or incest. Section 5(1) says that if the abortion is performed due to medical emergency, the doctor has to explain the medical emergency in the woman's medical record; 5(2) says that if the abortion is performed due to rape or incest, the doctor has to note in the medical file record that rape or incest is the reason for the abortion and must also note in the record that he has complied [SIC] with all the duties that a health care provider already has to do under the Nebraska law, under Nebraska State Statute 28-902, when he is approached by a victim of sexual assault or incest and which are applicable to the case. Note neither LB626 or the Nebraska State Statute 28-902 require medical professionals file a police report unless the victim is under 18. Even in those cases where the victim is under 18, the police report can be filed before or after the abortion is performed. Section 6 says that no woman who has an abortion--

KELLY: One minute.

ALBRECHT: --will be liable for the violation of the Nebraska Heartbeat Act. Sections 7 through 13 lays out the process for what happens when a doctor is alleged to have violated the Nebraska Heartbeat Act, the same process that happens any time a doctor is alleged to have committed any kind of unprofessional conduct under the already

existing Uniform Credentialing Act. Sections 9, 10 and 11 specifically state that if it is found that the doctor or abortionist has performed an unlawful abortion in violation of the Nebraska Heartbeat Act, his license is to be subject to revocation. Section 14 is the sever-- severability clause, stating that if for some reason a court finds something in the act to be unconstitutional, the rest of the act shall not be affected. Section 15 is the repealer clause stating that the old am-- amended statutes shall be repealed and make way for the new amended statutes as outlined in this bill. And Section 16 is the emergency clause stating that the bill shall take effect upon passage and approval.

KELLY: That's your--

ALBRECHT: Thank you.

KELLY: That's your time, Senator. Thank you. Senator Dungan, you're recognized to speak. This is your third time on the motion.

DUNGAN: Thank you, Mr. President. Good evening, colleagues. I rise yet again in opposition to LB626 and in favor of the motion to IPP this bill. I have a couple of things I want to wrap up and say, but first I just want to briefly respond to Senator Bosn, and I know Senator Slama also brought up this case again, this State v., I think it's, Beatty [SIC] case. I did get a chance to read that. And I don't want to get too into the weeds because then we're going to find ourselves just arguing about the findings of a Nebraska appellate case. But at the end of the day, that case did not say that a ten-year-old is automatically incapable of assessing whether or not they have the capacity to agree to these things. Now let me be very clear. I personally think that a ten-year-old obviously can't agree to those things, but I do want to make sure that we're being accurate and not misstating the law. And so to pretend like it is just automatic that a ten-year-old is inherently covered under that statute, 28-319, is incorrect. I would urge you to go read the entirety of the Opinion and look at what the court found. They disagree with what's being shared on the mic. But beyond that, colleagues, I want to talk a little bit about the people that I spoke to in my district before coming here. I talked to thousands of folks knocking on doors and having conversations about a number of issues. And one of the most striking things that I heard on a regular basis was when I would knock on

somebody's door and we would talk about the issues and they would say to me, I am personally pro-life, but I don't think the government should be involved in this decision. There were a number of folks that I spoke to who told me really harrowing stories, personal stories about themselves, about families, about friends, about loved ones, similar to what we've heard here today. And I think it's obviously incredibly difficult to share those stories. But despite those stories that they told me, they would still say, oh, no, no, I would never, you know, get an abortion myself, I don't agree with that, but I don't think the government should be involved in that decision. And I found that incredibly compelling because it created this gray zone that exists on this issue that I think too often we forget exists. We hear people talk about abortions on demand. We hear people talk about the false easy access of these abortions. But what we forget is that there's a bunch of people who find themselves in the middle who personally don't agree with this issue, but they don't want the government to step in and say what they can and can't do, and I want to make sure that those voices get heard here today as well. In addition to that, as Senator Albrecht said, we're coming to the end here, or at least before dinner break. I'm probably not going to get to talk on the mic again, given what the queue looks like, but I want to reiterate some of the points that I've made. I absolutely believe that this bill opens up doctors to criminal penalties. And I'm not trying to use fear tactics. I'm not trying to scare doctors. I'm both looking at this and reading this law and its plain reading and how it applies to other statutes that are currently on its book-- on our books, and I'm listening to doctors who themselves have reached out to us and expressed a fear that they're going to be criminally prosecuted. The last thing that we want are doctors who are in these critical moments in hospitals and emergency rooms, wherever it may be, thinking to themselves, if I do X, Y, and Z, am I going to be facing a felony. And even removing the criminal aspect from it, the last thing I want a doctor doing when they're making these critical decisions is thinking, am I going to lose my license? Now, obviously, of course, we trust doctors to make tough decisions every day. Doctors, of course, have to use reasonable medical judgment on a regular basis. I'm not saying that's a new standard, but what is new is imposing upon medical professionals these new obligations and requirements that they have to consider when they're in these life-or-death moments.

KELLY: One minute.

DUNGAN: Thank you, Mr. President. And what we know is that in other states where, no, not the same law, but similar laws have been enacted, it has led to doctors being afraid that they're going to lose their licenses. And that fear that is legitimate, that paralyzing fear or that break that they have to take to go find out whether or not they're going to get in trouble for doing something, has led to actual harm, not hypothetical harm, not the potential for some damage that we're blowing out of proportion. Go look at the cases from Texas, from Ohio, from Missouri. We have documented people here that I'm not going to spend the whole time reading because you can look it up yourself, but we have actual stories of pregnant women who almost died because they're not being provided care. And that is not hyperbolic. That is not fear mongering. It is true. And to ignore it is to choose ignorance. I would urge you to vote against LB626. Think about the medical professionals who have reached out to you, who have expressed these concerns, and please think about the people who are being put at risk--

ARCH: Time, Senator.

DUNGAN: --by this kind of law. Thank you, Mr. President.

ARCH: Senator von Gillern, you're recognized. This is your last opportunity.

von GILLERN: Thank you, Mr. President. My last opportunity to speak today to the body, I want to remind us of some of the truths that we've heard today and some of the facts around LB626 and get past some of the hyperbole. Knowing the passion around this issue, I'm not surprised at the level of email traffic and conversation and letters and calls that it's generated. But what has, frankly, shocked me is the level of misinformation that exists around LB626. And what I'm most disappointed with is the disinformation campaign actively from the medical-- many parts of the medical community, just intentional levels of disin-- disinformation that they participated in. Obviously, many of them that have reached out through email or phone calls or whatever have not read the bill because they don't know some of the things that are excluded or are provided for within the bill. I was at-- I was in the company of an OB-- OB/GYN physician, who was a

former abortionist at an event a number of months ago. And he-- he had a quote that I've tried to remember. He said, don't ever let a physician claim high ground on you just because they went to school longer than you did. And this is coming from a physician. That's the end of the quote. From that I draw the-- the terms knowledge does not equal wisdom, knowledge does not equal compassion, knowledge does not ensure pure-- pure motives. So I want to continue debunking some of the lies. We've already talked about many of these. Ectopic pregnancies, Section 3(1)(b)(i) says abortion shall under no circumstances be interpreted to include removal of an ec-- ectopic pregnancy. That probably was maybe 50 to 75 emails that I received. In vitro fertilization, I got a-- a-- actually a polite email from an old high school acquaintance concerned about her daughter and her family not being able to use fertility treatments, in vitro fertilization. It's clarified, page 1, line 18, couldn't be less true that in vitro is-- is not available to-- to patients in Nebraska. Medical emergencies, that horse has been whipped pretty well today. I think we have a pretty good understanding that doctors have a great deal of latitude when it comes to medical emergencies and the standard of care that provides in any other circumstance-- is provided for with an LB626. Miscarriages, thanks again to the disinformation team, I received an angry email from a family member who was irate because his mother, my sister, had five miscarriages and I was supporting, supposedly supporting, legislation that would have prevented her care, all lies which had to be rectified. Malformations and fetal anomalies have been talked about a number of times today. Typically, as we know, those are not discovered until after 20 weeks, and so the current limitations on abortion in Nebraska would already apply to those. And again, we don't see doctors going to jail today because they're treating patients that have physical or fetal anomalies. What happens in the case of rape? That's been covered ad nauseam. I'm really disappointed Senator Day was so angry about the fact that LB626 did not require a greater level of documentation in the case of a rape. Well, I'm certain if it did require a greater level of documentation, she'd be irate about that. The lies that have been told about LB626 since it was announced are simply too many to count. And as hard as it is for many in the room to believe, it's about compassion, it's about grace, it's about loving the least of these and the most vulnerable in our society. And with that, I yield the remainder of my time to Senator Slama. Thank you.

ARCH: Senator Slama, 1:15.

SLAMA: Thank you, Senator von Gillern. I appreciate your really thoughtful approach to this debate. And the points you bring up about misinformation are so valuable because--

ARCH: One minute.

SLAMA: --that misinformation-- thank you, Mr. President-- that misinformation about what women could be facing as a result of this bill will absolutely harm more women than LB626 itself. So let's read from the bill: For the purposes of the Nebraska Heartbeat Back-- the Heartbeat Act, abortion means a prescription or use of any instrument, device, medicine, drug or substance to or upon a woman known to be pregnant with the specific intent of terminating the life of her unborn child. Abortion shall under no circumstances be interpreted to include ectopic pregnancy, removal of the remains of an unborn child who has already died, an act done with the intention of save the life or protect the health of the unborn child, accidental or unintentional termination of life of an unborn child during the practice of IVF or another assisted reproductive technology, the termination or loss of life of an unborn child who is not being carried inside of a woman's body. We have to counter this differ-- this disinformation. It is-- it is more dangerous than anything we're debating today. Thank you, Mr. President.

ARCH: Senator Erdman, you are recognized to speak. Senator Machaela Cavanaugh, you're recognized to speak and this is your last opportunity.

M. CAVANAUGH: Thank you, Mr. President. Colleagues, good evening. Dr. Abigail Delaney testified at the hearing. Abortion training during my medical education was limited. As someone who had always thought of myself as pro-life, I chose not to pursue extra training in abortion. In my first year out of practice, a patient showed up with a fever and high heart rate at approximately 16 weeks' gestation. She was ultimately diagnosed with an overwhelming intrauterine infection known as septic abortion. There was a fetal heartbeat. The institution I was at required several hoops to go through to allow a termination of a pregnancy with a heartbeat. I had to contact an ethics committee. I had to obtain the signatures of two other practitioners. Once those

hoops were completed, I realized that her patient's blood pressure was dropping. Her heart rate-- rate was rising even further. The patient's condition was worsening, and because she was remote from delivery, she required an emergency surgery known as a dilation and evacuation to save her life. As a young clinician who had not had training in second trimester D&Es, I had to call another provider in to perform this procedure. Despite years of training, despite the desire to help people, despite everything I had believed, it was actually my pro-life stance that ultimately put this patient's life in danger. Because I was reticent to acknowledge abortion as healthcare, because I had opted out of obtaining abortion training, all I could do was assist as the other doctor who provided the necessary life-saving operation. I can tell you there has not been a day that has gone by since that-- that day in the operating room where I don't think about that patient, a mother of three who-- and how she was saved that day. Senator-- Senator-- no. Dr. Emily Patel also testified: Maternal morbidity and mortality as a public health crisis in the United States. Among industrialized nations, the U.S. ranks last and sees three times more maternal deaths than the next industrialized country. Preliminary data indicates that states with bans like LB626 will exasperate the existing maternal health crisis. Multiple studies have shown the negative impacts of restrictive abortion laws. For example, in 2021, Texas passed a six-week ban similar to LB626. One study examined what happens when the amniotic sac breaks prematurely. After the Texas law passed, it was illegal to offer termination in this situation, and the maternal morbidity nearly doubled from 33 percent to 57 percent. Despite doctors sounding the alarm, some legislators are set on taking medical decisions away from patients and physician. I recently took care of a patient I will call Jane. She was a mother of two and hoped for a third child. However, Jane had significant medical complications such that her life was at risk should she continue the pregnancy. During one of our visits, we discussed those risks and her options. Jane was terrified for her health, worried she'd leave her children without a mother and anxious about her potential outcome. She looked at me and asked, if there is an abortion ban here, who will take-- who will take priority, me or the fetus? I felt like I couldn't give her a straight answer due to the ambiguous nature of this proposed law. Why should patients worry they will not receive appropriate healthcare, that best practices will not apply because of a law that is not based on medical science? This law will ask physicians to discount their

training and act in a medically harmful way at the expense of the patient's health and well-being. Colleagues, we heard from dozens of medical professionals at that hearing, and we have even more testimony that wasn't heard from that hearing about this bill. And it is-- it is just rude to say that they-- doctors are saying the sky is falling. They are medical professionals and you are trying to change their entire training and expertise and you are acting like they are hysterical--

ARCH: One minute.

M. CAVANAUGH: --hysterical women showing up and saying the sky is falling. It's rude. It's dismissive. It's demeaning. Why? Why can't you just stick to the facts? Senator Bosn can stick to the facts as she sees them. Why can't the rest of you talk about this in a less disparaging way to the medical professionals who are sitting up here, listening all day, who are standing out there answering your questions if you would just go out there? You ask them to answer your questions. They send you notes to tell you they're here and you throw those notes away. This is real to them. This is real to birthing people in Nebraska. Stop being so rude and dismissive in your comments. Thank you.

ARCH: Senator Lowe, you're recognized. This is your last opportunity.

LOWE: Thank you, Mr. President. Senator Day passed out a sheet early this morning showing the five stages of a-- five-- weeks five, six, seven, eight, and nine, and I believe she was duped. The pictures are misleading. In an article published by The Guardian that purports to show that an unborn child is not visible until ten weeks of pregnancy, is intentionally misleading, says a board-certif-- certified OB/GYN. The phot-- photos accompanying articles, she says, have been manipulated-- have been manipulated because the embryo would be clearly visible at this stage of de-- development. I can kind of agree with that because a lady that was sitting up in the north balcony sent an email of her six-week photos and her eight-week photos-- she's now 19 weeks pregnant-- and both the fetus was visible. And in there it says, can you see the heart? She was meaning-- meaning it that you can't see the heart in those photos, but you can. It's there. You just have to look very closely. I appreciate the lady in the north balcony that sent those photos so that I could review them. And as-- if you

know, it is the north balcony that doesn't want this bill. With that, I'd like to yield the rest of my time to Senator Slama.

ARCH: Senator Slama, 3:20.

SLAMA: Thank you, Mr. President. I-- I do think that Senator Cavanaugh's comments about pregnant women and about the concerns that doctors are raising really points to where I was at on my last turn on the mic in that, yes, really dangerous misinformation is being pushed. If someone is going to their doctor and the doctor is acting like LB626 would impact this woman from a criminal or a civil liability perspective, the doctor knows that's false. We-- like you don't even have to be an expert on how legislation works to see that on page 4, lines 17 and 18, no woman upon whom an abortion is attempted, induced, or performed shall be liable for a violation of the Nebraska Heartbeat Act. And it comes off as disingenuous in so many ways, the least of which being that two doctors in Nebraska account for 99.4 percent of all abortions in the state. So to act like there's a slew of doctors whose day-to-day operations of cycling women through abortions will somehow be changed and the world will be shattered just isn't accurate. Focus on the facts. Focus on the text of the bill. Focus on the case law. Focus on what is accurate, not just what you're feeling, not just what gets you headlines on national news outlets. Yeah, if you say something spicy, you-- you, too, could get on MSNBC. But you know what? There's a woman listening to you at home who's going to decide to not seek medical care because she trusted what you said when you knew it was false and you're trying to get your moment in the sun. So, yeah, when you get an invite to whatever national news outlet you are excited to go to next and you're deciding how you're going to approach speeches on the floor, maybe take into account the people who are listening and actually have faith in some of the things that politicians on this floor say because you could truly be impacting their lives. And I-- I hope and pray it's for the better, but as we've seen at times during this debate, it's not. So please, for the next hour-and-a-half, or hour because we have a half-hour supper break, that we have to--

ARCH: One minute.

SLAMA: --debate this bill, stick to the facts, please. Don't just try to spout off something that's going to get you a viral video and scare

some woman who's having a miscarriage to not go get care until she's septic. You know what's in this bill. You can read this bill. It's a very easy bill to read. It's what? It's 12 pages, maybe a couple of pages of new text. The rest is existing statute. Read the bill, go from there, and know that you have a duty as a legislator to do better than some of what I've been seeing on the floor today. Thank you, Mr. President.

ARCH: Senator Briese, you are recognized to speak. This is your last opportunity.

BRIESE: Thank you, Mr. President. I rise again in support of LB626, and I would yield my time to Senator Albrecht. Thank you.

ARCH: Senator Albrecht, 4:50.

ALBRECHT: Thank you, Mr. President. Thank you, Senator Briese. I'd like to just visit. We didn't put a lot of emphasis on the media while this was-- bill was getting put together, but there was a doctor, Arthur Grinstead, a Nebraska OB/GYN, who was in support of LB626, in the Omaha World-Herald, Sunday, February 5, 2023, in the Midland Voices. Nebraska Heartbeat Bill provides sound 'life of the mother' protections. A group of Nebraska doctors held a press conference on the anniversary of Roe v. Wade to express their opposition to a Nebraska bill that would limit abortion to cases of rape, incest and life of the mother once a baby's heartbeat is detected. As a physician, I want to provide some clarification of the medical science behind LB626. The chief allegation made by Dr. Mary King at the outset of the press conference was that life and health of mothers would be put in jeopardy by this law. She stated LB626 is dangerous for pregnant people and medically irresponsible, citing incidents of ectopic pregnancies or when a patient's water breaks too early, causing her to be at risk of sepsis, hemorrhage, hysterectomy, or, in very rare cases, death. Another doctor in the room referred to heartbreaking cases of anencephaly, and the risk of those situations may pose to a mother in a highly rare situation. As someone who has spent several years working with pregnant women from all walks of life, I would share these concerns, if they were not already accommodated for in the legislation. The Nebraska Heartbeat Act explicitly permits abortions even, after the baby's heartbeat is present, when there is a medical emergency. Medical emergency is

defined as any condition which, in reasonable medical judgment, so complicates the medical condition of the pregnant woman as to necessitate the termination of her pregnancy, to avert her death, or for which a delay in terminating her pregnancy will create a serious risk of substantial and irreversible physical impairment of a major bodily function. Not only does the bill provide for abortion when necessary to save the life of a mother, it also gives medical professionals discretion to intervene to prevent permanent physical harm. There is also a provision that specifically allows for treatment of the ectopic pregnancy. These cases are so exceedingly rare that I have yet to encounter one and my physician mentor, who had been in practice for 40 years, had never seen one either. Those at the press conference suggested that doctors would be in danger of losing their license if they perform such interventions. In reality, medical professionals may rely on evidence-based guidance from their national and state medical associations, as doctors in other states with similar abortion limits are doing, for example, when a woman's water breaks prior to the time the unborn child can survive birth. The American College of Obstetrics and Gynecology advises: Women presenting with PPRM before neonatal viability should be offered immediate delivery or termination of pregnancy by induction of labor or dilation and evacuation. This is the standard procedure, and that is what will continue to be done in Nebraska after the passage of LB626. I believe the intentions of many of my colleagues with the mother-- with the "life of the mother concerns" about this bill are genuine, even though they are incorrect. Disappoint-- disappointedly [SIC], the tone of the press conference changed when Dr. Jody Hedrick took the podium. Dr. Hedrick parroted the anti-human rights, utilitarian talking points from Planned Parenthood and extreme abortion-on-demand proponents--

ARCH: One minute.

ALBRECHT: --claiming that saving more unborn lives from abortion will hurt Nebraska's economy. The true medical language of these talking points is fanci-- fanciful at best, and deadly at worst. I leave any-- I'll leave any fiscal arguments to the economists. But for doctors to speak of the value of human life in terms of dollars and profit margins is unconscionable violation of our Hippocratic Oath. Medical professionals are not charged with making a political calculation about the supposed impact of the GDP, but do-- but to do all within

our power to protect the mothers and unborn children who are in our care. These unborn children have a heartbeat, the unborn child's cardiovascular system starts to develop just three weeks after conception, and the heartbeat begins at the fifth week of pregnancy. The presence of the heartbeat indicates that the baby has a remarkably high chance, up to 98 percent, of surviving to birth. The good news is Nebraskans are compassionate--

ARCH: Time, Senator.

ALBRECHT: Thank you, sir.

ARCH: Senators, The legislature will now stand at ease from 5:30 to 6:00, when we resume debate on LB626. The next three senators to speak will be Senators Hunt, John Cavanaugh and-- and Blood. We stand at ease.

[EASE]

KELLY: Senator Hunt, you're recognized to speak and this is your third time before your close.

HUNT: Thank you, Mr. President. Good afternoon-- good evening, Nebraskans. Colleagues, you're all entitled to your own opinions and to your own faith, but you're not entitled to your own facts. The idea, one, that doctors would be able to carry on with emergency pregnancy care like they always have, or two, that this won't affect that many doctors so it's not a big deal is incorrect. That's not right. People, healthcare providers, doctors who are seeing patients every single day are going to be faced with additional complexities and barriers to care and all kinds of things that they're going to have to do to make sure that they're in compliance with this law. They're going to have to see what they can do to be in compliance with the law, if the law is even enforceable, if it, if it passes and we figure out how it's actually going to be enforced. On another level they're thinking about if this law passes, can they continue to practice here in Nebraska? I've spoken with many providers who practice in underserved areas, who love their jobs and love the people they serve, but they wonder how long they can stay here. And to be honest, a lot of them have their resignation letters ready to go based on this bill. Colleagues, the ambiguity is part of the point.

Confusion is the point. Fear is the point. Letting people know that their bodies are subject to the whims of random lawmakers and judges and religious organizations is the point. This is not law that we're dealing with. It's not best practices. It's not medicine. It's not healthcare. This is theocracy. This is white nationalism. And this is a racist-- I mean, I don't want to get into it, but this is a system that is built to oppress, oppressing as it, as it is meant to do, using the apparatus of the state to force their religious views on everybody else. It is what it is. No serious culture, no democracy, no free country can compel its residents to give birth. It's not a free country if people here are forced to give birth and be pregnant and that's what is going to happen under LB626. That's what we're seeing happen in other states. We know that that's the direction this is going. I received an email this afternoon. You know, we've all been getting lots of communication throughout the day today during this debate. And this person said, I will be leaving the state after I graduate residency-- she's here for residency for medical school, to seek training that I unfortunately cannot receive in Nebraska. I have loved living here, treating patients who have limited access to healthcare and have developed strong relationships with other providers. However, training in more complicated contraception and abortion care is simply not available here, and I strongly desire this to be as big a part of my practice as deliveries. I know that if LB626 were to pass, more physicians would leave and fewer would choose to move here to care for Nebraskans. To hear Senator Kathleen Kauth tell it, Kathleen Kauth who introduced one of the most hateful bills that's ever been introduced in the Legislature to take healthcare away from trans kids, from LGBTQ kids who are already some of the most vulnerable people, yet turn around and at the same time say that by supporting LB626 she's sticking up for the vulnerable people, which to her is two cells put together is a more vulnerable person than an actual living, breathing kid who she seeks to discriminate against. But she stood up and said, I know that there's people from states that have passed sanctuary laws for abortion who have put into their constitution the right to abortion, and they would move here because they want to live in a state that's banned abortion.

KELLY: One minute.

HUNT: Like, listen to yourself, what are you talking about? Senator Kathleen Kauth is a professional mediator and conflict negotiator. You

Google her, you can find all of her credentials and she's like so good at solving conflicts. The biggest conflict in this state right now in this Legislature is because of Senator Kauth. Go solve that conflict, Senator Kauth. Mediate that. You're standing up and saying, oh, you're gay, you want abortion care, you've got a complicated pregnancy, you need a D&C like, like Senator Jacobson and his family did, maybe you can move somewhere else and you're not welcome here. The message is loud and clear, colleagues, and they're receiving the message. Thank you, Mr. President.

KELLY: Thank you, Senator Hunt. Senator John Cavanaugh, you're recognized and this is your third time on the motion.

J. CAVANAUGH: Thank you, Mr. President. And I would ask if Senator Albrecht would yield to a question.

KELLY: Senator Albrecht, will you yield to a question?

ALBRECHT: I will.

J. CAVANAUGH: Thank you, Senator Albrecht. And I appreciate your last time on the mike, you kind of went through the line by line, section by section, and a part jumped out at me that I had originally wanted to talk about and I hadn't gotten a chance today. So now we're getting to the end, I wanted to touch on Section 16 is the emergency clause. So can we just visit a little bit about--can you tell me what, what an emergency clause is?

ALBRECHT: Well, the emergency clause, I would say on LB626 would relate to the passage of this bill and the text of the bill. They would have to-- the executive branch would follow through and make sure that, that once it passes, it takes on whatever the Legislature has, has agreed upon, and that as soon as it's passed, that the Governor would sign it into law and it would become law as soon as possible.

J. CAVANAUGH: So it essentially means that the bill, the contents of this bill will go into effect as law immediately, as opposed to any other bill that doesn't have an emergency clause would go into effect 90 days after the Legislature adjourns. Is that right?

ALBRECHT: Yes.

J. CAVANAUGH: OK. And so if, hypothetically, we were to pass this bill today and then lay it over and pass it next time, so say Governor signs it next Wednesday, so what happens after that?

ALBRECHT: Then they enact the law.

J. CAVANAUGH: So the next day, Thursday of next week, it would be law. Does that sound about right?

ALBRECHT: Um-hum.

J. CAVANAUGH: So I guess-- well, one question I would have is what's the emergency that merits the emergency clause in this bill?

ALBRECHT: Life of a, of a beating heart.

J. CAVANAUGH: OK. And so-- and that requires that this bill would go into effect without the 90-day layover period before a bill goes into effect under normal enactment.

ALBRECHT: Yes.

J. CAVANAUGH: OK. And so we pass the bill, the Governor signs it, it goes into effect immediately. What's the mechanism under which doctors will be notified that this is now the procedure they're going have to operate under?

ALBRECHT: I would personally suspect that the chief medical officer would be the one that coordinates that with them.

J. CAVANAUGH: So the chief medical officer would be responsible to inform every doctor in the state between when the Governor signs it on Wednesday and when doctors' offices open on Thursday to inform them that they're responsible to under this law.

ALBRECHT: I would certainly imagine between today with eight hours, we have four hours coming up and then we have another two hours on General, if this is progressing as it does, I'm quite certain that those that are involved would be making certain that things are written up in the standard of care and things would be handled at the state level as well as with the hospital and doctors.

J. CAVANAUGH: OK. And I, you know, I just told you I was going to ask you about the emergency clause, but you just mentioned the standard of care that needs to be written up. So are there internal regulations that the department are going to have to promulgate or, or release to enact this statute?

ALBRECHT: Just the rules of what the law and what the bill says.

J. CAVANAUGH: OK. I appreciate that. I won't keep you on the spot, Senator Albrecht, I just wanted to--

ALBRECHT: Thank you.

J. CAVANAUGH: --make sure that we got a chance to visit about the emergency clause. And I've talked about this. I talked about the emergency clause on Senator-- on a bill that-- Appropriations bill yesterday that Senator Clements presented. And in that bill had an emergency clause with a delayed effective date. So that bill had an effective date of July 1. And that was the reasoning for the delayed effective date there was that we have money, the budget funds until June 30, and so people run out of money July 1. But that's the reason for the emergency clause as well, because without that, those agencies would go unfunded until, say, September. And that's what Senator Clements and I talked about. There's been other bills with other delayed effective dates. I believe one of the General Affairs bills had effective dates for regulations to-- for the--

KELLY: One minute.

J. CAVANAUGH: --thank you, Mr. President-- for the department to promulgate regulations about importation of certain alcohols. And so that was an opportunity for them to inform those companies to then start regulating in that way. What we have here is an emergency clause that creates a new affirmative duty for doctors, and it's going to change literally overnight. The Governor will sign this bill, the next day doctors are going to be subject to the liability, however you want to define it under this bill the next day. And it is unclear to me how those doctors are going to be effectively notified of that to the point where we are certain they know what their obligations are. Not all the doctors are sitting up in the balcony, though it felt like it earlier today, but we can't rely on the fact that they're watching

television and reading the newspaper to make sure doctors know what they're supposed to be doing. There needs to be a mechanism, and that's why we have that delay of 90 days from adjournment to make sure rules get promulgated, to make sure people are informed.

KELLY: That's your time, Senator.

J. CAVANAUGH: Thank you, Mr. President.

KELLY: Senator Blood, you are recognized to speak.

BLOOD: Thank you, Mr. President. Fellow senators, friends all, I still stand in opposition to LB626. And I do support Senator Hunt's motion to indefinitely postpone the bill. And the reason I do is the reason that I have really not supported the last few bills. Because although I do appreciate the fact that Senator Albrecht says that she worked on this very hard and addressed a lot of the issues from the last bill that did not pass, I'm not in agreement with that. And there's some things that I want to address that have been said. And then I have some more questions in reference to the bill that I want make sure that we get on record. First, I want to make sure that I agree with Senator Slama and the fact that gestational age ban pertains to every abortion bill that we've had, because that's indeed what it is, but it's not meant in a derogatory fashion as what was said on the mike. Gestational age ban is the correct terminology, and it's based on embryonic cardiac activity in this bill. And you're not going to hear me say the word "womb" tonight either for the exact same reason, because we need to say uterus. It's a nonmedical term that is used to apply to some sort of emotional value to a human organ. A womb is not the correct medical term. Gestational age ban is the correct medical term. Uterus is the correct medical term. So there is nothing derogatory in using the correct terms. And it is insulting to be accused of being derogatory when you're just trying to be correct when it comes to the terminology. So one of the things that I would like Senator Albrecht to answer, and I think I'll take her on the mike and ask if she will yield to a question.

KELLY: Senator Albrecht, will you yield to a question?

ALBRECHT: Yes, I would.

BLOOD: Senator Albrecht, how would you describe reproductive coercion?

ALBRECHT: Reproductive coercion?

BLOOD: Um-hum.

ALBRECHT: I don't--

BLOOD: We've talked about it on the floor before.

ALBRECHT: Maybe you can help me out.

BLOOD: So it's when a woman becomes pregnant after a partner tampers with the birth control. Would you consider that sexual assault?

ALBRECHT: I'm certain if she went to a doctor, they would be able to validate whether that was or was not sexual assault.

BLOOD: So would disclosure be by a patient that her partner deliberately tampered with birth control fit into the exception proposed in the bill then you think?

ALBRECHT: I'm certain that we'd probably deal with that today. So to that, I would say a doctor would have the idea if its proper or not.

BLOOD: Proper or not. What do you mean proper or not?

ALBRECHT: Whether she-- whether it was tampered with and she was pregnant. And I, I-- it's not listed in this bill. So if they wanted to go talk to their doctor about it and see what, what they can do to help them and give them their options, that's what it would do in this bill.

BLOOD: So between a doctor and their patient again.

ALBRECHT: Yes, it would be.

BLOOD: So here's some of my concerns that I keep seeing. And again, I'm seeing legitimate concerns. I'm not trying to do gotcha moments here, Senator. I, I look at the statistics when it comes to abortion. And one of the words that I keep hearing is elective. Would you say that that was right, that you said this is only about elective pregnancies? What would you say is the definition of elective?

ALBRECHT: When you take the life of a, a baby with a beating heart because you either choose not to take it to full term for whatever the reason might be.

BLOOD: But, Senator, isn't every procedure elective, regardless of the circumstances?

ALBRECHT: No, not when-- in this bill, we're talking about elective abortions. We're not talking about going to a doctor and having something done electively. You can abort an appendix or you can abort a baby.

KELLY: One minute.

ALBRECHT: Those words are used differently. But in this particular case, we're talking about women who choose to, to abort their child.

BLOOD: When a doctor comes to you and you have to have a medical procedure, you're electing to do that procedure as opposed to denying it. Is that not correct?

ALBRECHT: That would be correct. But if that baby has a beating heart in this bill, it would not be elective.

BLOOD: But it is indeed elective if a doctor is telling you that you need to have this procedure, you have to agree to it, is that not true?

ALBRECHT: The doctor would have to if, again, everything is spelled out in the bill and they can call it what they like. But we're talking when people want to have-- to, to take the life of a, a baby with a beating heart.

BLOOD: I, I, I think we need to talk off the mike because I'm not sure we're connecting on this. Thank you, Senator Albrecht.

KELLY: Thank you, Senator Albrecht and Senator Blood. Senator Bostelman, you're recognized to speak. This your last opportunity on the motion.

BOSTELMAN: Thank you, Mr. President. I oppose the M012 and I do support LB626. I yield the rest of my time to Senator Slama.

KELLY: Senator Slama, that's 4:50.

SLAMA: Thank you, Mr. President, and good evening, colleagues. I'm grateful that we're back from the dinner break and the floor strategy for the opposition seems to have shifted to getting the bill introducer on the mike and trying to corner them with legal concepts that they would have no reason to be able to rattle off offhand. So to respond to Senator Blood's question that she totally didn't intend to be a gotcha question. One could argue under 28-319, I do remember the reproductive coercion discussion from last year and a baseline concern I had with Senator Blood's bill on that front is another concern that's being brought up, I think Senator Dungan touched on it. And we're centering around this very narrow interpretation within the bounds of 28-319. And I'd argue that reproductive coercion, when you are tampering with, intentionally, birth control, you are not getting consent for the sexual act that you are giving because you are tampering with the birth control. You are intentionally misleading your partner. That is why I think the reproductive coercion already falls under 28-319 and the definition of sexual assault. But I understand how that's debatable. We don't have much case law on that. And Senator Blood is right, it happens more often than you'd think, which is horrible and unfortunate. To Senator Dungan's point, State v. Dady, D-a-d-y, is very clear about a ten-year-old's ability to consent. And if the entire argument for a six-week abortion ban hinges on whether or not a ten-year-old can consent to sex and case law surrounding that, I mean, we are going down a rabbit hole and splitting hairs because what the opposition doesn't want to get to in their argument is that what they believe in and why they're pushing so hard against this is because they believe in abortions on demand up until the point of birth. And that's a really unpopular point. So we shroud it in these gotcha questions, these novel legal theories and how they would obscurely apply to this Legislation. They get the introducer up on the mike and try to quiz her. This isn't 20 questions. You can read the bill yourself. And if you have those novel theories or concepts that you want to get the senator up on the mike with for gotcha questions, it's not going to make a difference in the outcome of this bill. So at the end of the day, I get where the opposition is going at this point in debate. I'm grateful that we ended up getting within an hour left in debate before it got there of just shrouding it in gotcha questions and hyperbole intended to scare

senators at the last second to get them to shift their support of this bill. It's, it's not in good faith. I, I really do want to express my gratitude for where we've been thus far, and I hope we can refocus on the core of this bill and how in a reasonable sense, it would apply to pregnant women in the state of Nebraska. Thank you, Mr. President.

KELLY: Thank you, Senator Slama. Senator Hardin, you are recognized to speak. It's your last time on the motion.

HARDIN: Thank you, Mr. President. I stand in support of LB626 and I oppose the IPP motion. Senator Dungan, earlier you were mentioning that you were out knocking doors when you were "candidating" and it's hard work and you came across a lot of people in your district who were pro-choice people and that they're not very fond of LB626. It probably doesn't surprise you that in my district, and we all have about the same number of people in our districts, about 40,000 people. Way out west, most of the people there come down just the opposite. They like this bill. In fact, way out west, it's interesting, I spoke with the local pregnancy center director. They got a new ultrasound machine this year. I asked the director what percentage of those who get the ultrasound done end up changing their minds about having an abortion after they have seen the imaging, after they've heard a heartbeat. And she said it's almost 100 percent of those who see it, hear it that do not want to either have an abortion or they then agree to keep that baby and put that baby up for adoption. Almost 100 percent. I pressed her on the number and she said 98 percent. That's a very lopsided number. Why does that experience of seeing and hearing have so powerful an effect? I believe it's because a beating heart demonstrates life. And that's why we're here today. I would like to yield the rest of my time, Mr. President, to Senator Albrecht.

KELLY: Thank you, Senator Hardin. Senator Albrecht, that's 2:45 seconds.

ALBRECHT: Thank you very much. I appreciate it, Senator Hardin, and, and, Mr. President. I'm going to finish up on this last-- oh, what did they call this, the op-ed from Dr. Arthur Grinstead. So closing with the last two paragraphs: The good news is Nebraskans are compassionate and they recognize the science. A majority of Nebraskans are in favor of the heartbeat bill, which could save up to 2,000 lives a year. They, along with many in their medical field, are right to question

whether the press, whether the press performance was in the interest of mothers and their unborn children, or rather a tactical and political maneuver that serves extreme pro-abortion goals of abortion on demand. As the father of a son who was born very prematurely and a physician, I stand with mothers and the precious little lives they carry within them. I will continue to dedicate my life to the sound doctrine that my practice of medicine was founded upon: First, do no harm. Dr. Arthur Grinstead is an obstetrician who practices family medicine. And with that, I'll return my time to you, sir.

KELLY: Thank you, Senator Albrecht. Senator Halloran, you're recognized to speak. This is your last time on the motion.

HALLORAN: Thank you, Mr. President. Good evening, colleagues. Good evening, Nebraska. You know, over the years, there's been a, a whole new vocabulary that's centered around the abortion industry and about reproduction. There's comments that have been said on the floor, such as this bill will force people, force women to be pregnant. Well, on the face of that, that's kind of absurd. With the exception of rape and incest, nobody forces anybody to be pregnant. Last time I checked, a pregnancy is a result of consensual sex. Consensual, Senator Blood, means when both parties agree to it. All right, so no one's forcing anyone to be pregnant. It's an act that takes place between two adults that consent to do it and then find out later they're pregnant. And guess what? They've created a life, and now they're suddenly responsible for that bit of joy that they received. So other lexicon that goes around is, well, reproductive rights goes along the same line. We all have reproductive rights. We have the right to reproduce. Now, there are some entities that want to take that away. I spent ten minutes on the mike talking about Planned Parenthood would like to take that away from certain communities, people of color. They'd like to reduce the population, but we all have reproductive rights again for the same reason. As long as we're adults and we're consenting, we have the right to reproduce, but we don't have the right to take that life once conception has taken place. So the language is important. It, it's, it's meant to dissuade people that somehow maybe if we say it often enough that reproductive rights, we're taking rights away from somebody. No, everybody has the right to do what they do with their bodies regarding reproduction. But it doesn't mean it's a right once, once there's conception that's taken place. I would like to

leave the balance of my time to Senator Slama if she would wish to take it.

KELLY: Senator Slama, that's 2:30.

SLAMA: Thank you, Senator Halloran. I, I do appreciate that. And I, I also appreciated your review of the uncomfortable history of Planned Parenthood's ties to eugenics. It's, it's a history that we need to reflect on. And if we're going to be making the arguments that because Nebraska Family Alliance is support-- is in support of LB626, that somehow we're all going to follow their lead and ban abortions entirely, which isn't going to happen, then we have to be making the parallel as well that since Planned Parenthood is opposing LB26 [SIC--LB626], those in opposition, and again, this is a flawed line of logic - I don't want anybody getting up and saying that this is true because it's not. It points out a flaw on the other side's logic - that because Planned Parenthood opposes LB626 that the people who are going to vote in opposition to this bill support abortion eugenics. It's, it's an absurd line of thought. And I'm grateful to Senator Halloran for bringing that uncomfortable history to light. I would like to get back to the text of the bill and outline once again the exceptions to what an abortion is under LB626. Senator Albrecht has been wonderfully thoughtful in carefully crafting a bill with thoughtful exceptions. So: Abortion shall under no circumstances be interpreted to include the following: Removal of ectopic pregnancy; Removal of the remains of an unborn child--

KELLY: One minute.

SLAMA: --thank you, Mr. President-- who has already died; An act done with the intention to save the life or preserve the health of the unborn child; The accidental or unintentional termination of the life of the unborn child; or During the practice of in vitro fertilization or another assisted reproductive technology, the termination or loss of life of the unborn child who is not being carried inside a woman's body. LB626 doesn't touch IVF. It doesn't have anything to do with ectopic pregnancies. If you're facing a medical emergency, you can still have an abortion under this bill. It's a thoughtful, thoughtful bill, and I'd encourage a green light vote on it. Thank you, Mr. President.

KELLY: Thank you, Senator Slama. Senator Moser, you're recognized to speak and this your last opportunity on the motion.

MOSER: Thank you, Mr. President. Good evening, colleagues. Good evening, Nebraska. I continue to talk about the 200,000 babies that died in the last roughly 50 years. I think the discussion should, should center around them rather than the exceptions or the extenuating circumstances that people find themselves in when they're pregnant. Two hundred thousand babies could not have been from defective birth control, I don't believe. I don't think-- I think these were elective abortions. And it may have been legal with the interpretation of Roe v. Wade, but the passage of Roe v. Wade was a shock to many when it was first cited in the Supreme Court case. I don't need to ask 40 or 50 doctors what I think. I think abortion's wrong. With that, I would yield the balance of my time to Senator Albrecht.

KELLY: Senator Albrecht, that's 3:35.

ALBRECHT: Thank you, Mr. President, and thank you, Senator Moser. I know this possibly could be my last time on the mike, too. So, colleagues, I just appreciate the debate today. At the end of the day, it's all about protecting babies with beating hearts. The question before us will be, will we or will we not protect the lives of baby girls and boys in the state of Nebraska who have their own heartbeat and are guilty of nothing other than existing? Since Roe was overturned, 1,800 babies or more have lost their lives due to abortion in Nebraska. Every woman and every child deserves love. We can protect life, empower women. So let's start here. This is the bill that's right for Nebraska. Again, it protects women, it protects doctors, and it protects babies with beating hearts. Babies with a beating heart deserve to be protected. And I encourage your support for this bill. I thank you all for staying with us for the last eight hours. I couldn't thank my colleagues enough, so please vote for cloture, obviously a green vote on LB626. And once again, thank you all for your time. Thank you, Mr. President.

KELLY: Thank you, Senator Albrecht. Senator Day, you're recognized to speak.

DAY: Thank you, Mr. President. Yes, we are wrapping up debate. We have about half an hour left, I believe, before cloture. And as far as I know, I would assume that Senator Albrecht is-- it's possible for her to have the votes to move this to Select. She and I have a fundamental difference in what we believe are human rights relative to this bill. But it sounds like we do agree on one thing, and that is we do not want women to be criminally or civilly penalized for the outcomes of their abortions. And so related to that, I would ask if Senator Albrecht would yield to a question.

KELLY: Senator Albrecht, will you yield to a question?

ALBRECHT: Yes, I will.

DAY: Thank you, Senator Albrecht. So I have a bill in Judiciary, LB391, that provides criminal and civil immunity for people in terms of pregnancy outcomes. Would you be willing to attach LB391 to ensure that no women are prosecuted criminally or civilly for the outcomes of their pregnancy?

ALBRECHT: I'd have to learn more about your bill and what it entails.

DAY: OK. So it just simply provides criminal and civil immunity for pregnancy outcomes. It's less than a page in its entirety. I have it right here, LB391. You can find it on the Legislature website. I think that if we're serious about not criminalizing women for the outcomes, then we need to make sure that that is in statute so that we are protecting women if that, if that is really what we're doing. So would you be willing, if you have time, if this moves forward, to attach it on Select File?

ALBRECHT: I would be happy to look at your bill. I personally wanted this completely clean. There must be a reason you're bringing this. I don't know the circumstances of why you felt you needed to bring a bill like that when knowing that our bill does have protections for the mother. So I'd, again, need to talk to you more about it, but I'd be happy to do that.

DAY: OK. Thank you, Senator Albrecht. I appreciate your willingness to yield to my questions after a long day of debate. The reason that I brought the bill was because I was thinking ahead of time,

essentially. I knew that we had abortion bans coming. And my main concern with these types of bills is that women will be prosecuted for their pregnancy outcomes. And so that's why I brought the bill ahead of time. And there is no gotchas in the bill. There was no one that testified in opposition. No one from Nebraska Catholic Conference, no one from Nebraska Family Alliance that testified in opposition. So I would appreciate maybe going forward if this does move, if we would be willing to work on that together. Thank you very much. Appreciate that.

KELLY: Thank you, Senator Day and Albrecht. Senator DeBoer, you're recognized to speak and this is your last time on the motion.

DeBOER: Thank you, Mr. President. I don't know the last time I spoke three times on the same motion. So that's quite a thing. Earlier tonight, someone in here said, I'm not a philosopher or a religious scholar. And I was sitting over-- under the balcony going, I am, I am. It was kind of a funny moment and I could talk if I wanted to for a while about the Lex Talionis in Exodus that says a life for a life, but specifically not a life for hurting a woman who's pregnant so she miscarries. Exodus requires only payment of dollars in that case. But that isn't, that isn't relevant-- not dollars, payment of money-- that isn't relevant, I don't think. And so that's why I'm not here talking through specifics of theology or trying to do exegesis on the floor or giving religious history, because I don't think theological discussions should come into it when we're having this discussion on the legislative level. Entirely on an individual level, but not in our lawmaking. These religious questions are for clergy and individuals to hash out together and in their community, but not for lawmakers. And so no one is arguing for the adoption of every religious teaching. The point of discussing the variety of religious teachings on this subject isn't to suggest we should follow those teachings with our laws. It's simply to say the opposite, that we shouldn't use any religious theology to create law. These are questions of law. And we are a representational government trying to represent a variety of viewpoints on this topic. There are a variety of viewpoints on this topic in each of our districts. And no matter what we do here tonight, we cannot please all of the people in any one of our districts. But when I went door to door, it was almost universally true. It was weirdly almost universally true. I can think of-- I was thinking really hard, and I think of about five or seven exceptions that I was

asked to vote against bills like this. Almost universally true, wide variety of viewpoints. And it wasn't just folks of one party who asked me to vote against bills like this. It was across all the political ideologies. They told me they didn't want government more involved in these decisions. And I agree. I don't think government should be more involved in these decisions. Twenty weeks has worked for Nebraska. It isn't perfect. There's nobody who thinks it's perfect. But it has worked for Nebraska. I've heard several times today people saying the opponents of this bill want abortion on demand. They want it up to the moment of birth. That's-- I didn't hear that from a single person on this floor. But I will say, as for me in my house, that's not what I'm saying.

KELLY: One minute.

DeBOER: I'm saying 20 weeks. It's not perfect. It doesn't make everyone happy. It is a compromise already at 20 weeks for everyone. And usually when everyone's just a little bit upset and doesn't totally think we've found the right thing, but they know worst things, that's where we have found compromise. And Nebraska, I think, has spoken. Twenty weeks. Thank you, Mr. President.

KELLY: Thank you, Senator DeBoer. Senator Clements, you're recognized to speak, your final time on the motion.

CLEMENTS: This is my second time in my recollection, but thank you, Mr. President.

KELLY: You are correct, sir.

CLEMENTS: My daughter had an unplanned pregnancy after high school, and the boyfriend at the time was on drugs and he was gone from the picture immediately. She could not support the baby girl that she was going to have and I was, and, and I was kind of concerned what was going to be happening. I was very-- my wife and I were very blessed that she chose life and she chose adoption. And the adoptive parents were unable to have children. And that little girl is now 19 years old and a young lady in college and contributing to society and very thankful that we have her and that this bill would help us have more little girls like that. And we get to see her at least yearly and it's been a, a blessing in our lives. And so I ask you for your green vote

on LB26 [SIC--LB626] and I oppose the motion. I would yield the rest of my time to Senator Slama.

KELLY: Senator Slama, you have 3:30.

SLAMA: Thank you, Mr. President. And thank you, Senator Clements, for that really, really heartfelt speech. And I'm grateful for you and for Senator Jacobson and Senator von Gillern and Senator Murman and others for getting up and sharing your heartfelt experiences and why this bill hits close to home for you. And this is coming from a lot of, a lot of senators that normally don't make their personal lives known on the mike. So to see that courage in stepping up and sharing what your family's been through is really important. I'm also grateful to Senator Clements that our Appropriations Chairman can count to two or three. He's, he's a wonderful guy with numbers, and we're really blessed to have him here in the Legislature. I would like to double back to the text of the bill and go through again-- we went through in the last turn on the mike what the exceptions to an abortion is, and that includes things like ectopic pregnancies, IVF, a child who has already passed away. So a miscarriage or even an incomplete miscarriage would not be considered an abortion under this bill. I know some have raised that as a concern. It's in the exact text of the bill that it is covered. It is handled. It does not count as an abortion under LB626. Let's get into the section on medical emergencies, Section 3, subpart (3)(a): Medical emergency means any condition which, in reasonable medical judgment, so complicates the medical condition of the pregnant woman as to necessitate the termination of her pregnancy to avert her death or for which a delay in terminating her pregnancy will create a serious risk of substantial and irreversible impairment of a major bodily function. No condition shall be deemed a medical emergency if based on a claim or diagnosis that the woman will engage in conduct which would result in her death or in substantial or irreversible physical impairment of a major bodily function. And this section is critical because this is the life of the mother medical care exception, and to call it life of the mother is too narrow. This simply says that if a woman is facing a health crisis in which she's at serious risk for substantial and irreversible physical impairment of a major bodily function--

KELLY: One minute.

SLAMA: --thank you, Mr. President-- she can terminate the pregnancy. So for things like cancer or kidney disorders, heart failure, blood pressure struggles that could cause a stroke, these are all very common things that happen in pregnancy and they would fall under the medical emergency exception. So as we're coming to a vote on this bill here in the next 15 minutes or so, I ask that anybody considering where they'll be is to look at the exceptions to this bill if you're on the fence. Senator Albrecht has been wonderful about crafting thoughtful carve outs that have been a compromise and make this bill better. And if you have other compromises you'd like to see, please bring them to Senator Albrecht between rounds who'd be happy to discuss it, but please vote green on LB626. Thank you, Mr. President.

KELLY: Thank you, Senator Slama. Senator Conrad, you're recognized to speak. This is your third time on the motion.

CONRAD: Thank you, Mr. President. I continue to rise in, in support of the motion and in opposition to the underlying bill. A couple of points and then I wanted to share some historical experience as well. But bills like LB626 are a near-total abortion ban that put Nebraska women at risk and that put Nebraska doctors at risk. I trust Nebraska women and I trust Nebraska doctors to make the decisions that are right for them and their family. And I reject government overreach into private and intimate aspects of our lives, like the decision about when, if, and how to start or expand your family. A couple of points. Senator Slama and others who spend a lot of their time and energy on the mike during the course of this debate trying to somehow confuse or deflect about what happens when we hear about these heartbreaking stories from our sister states that have passed near abortion bans to young rape victims. The case that I mentioned for a ten-year-old rape victim, the point wasn't that her rapist wasn't charged. They were. They were charged in another state two weeks after that horrific crime. The point of the story, which caught national headlines, was that the young woman who was traumatized had to flee her home state to seek abortion care in another state. And after that happened, the doctor that performed the compassionate care for the ten-year-old rape victim was harassed and her license was at risk. That is the point of this story and everybody knows it. And to deflect from that is nothing but deflection. Additionally, look at the four corners of LB626, if that's where you want to confine your gaze, even though you know the entire statutory framework of Nebraska comes into

play, there is not a single repealer. Then go look in your statute books, Section 28 that has the criminal code. You can look for yourself. There is no repealer in LB626 to the scores of criminal penalties related to abortion care starting at 28-325 to 28-347, continuing from 28-388 to 28-394, continuing from 28-395 to 28-3,101. Go look for yourself. If there was no criminal risk for abortion care in Nebraska for women or doctors, there would be repealers on those laws. And there's not. Let me also push back on this misguided train of thought and dialog that there was no problems with the 20-week ban. Colleagues, I was here when the 20-week ban was adopted and I had a sincere and significant disagreement with my friend Senator Mike Flood, who was the proponent of that measure. But let me tell you why that's distinguishable for a host of reasons and how it's instructive to this debate. Number one, Senator Flood did make changes to that measure when he heard about fetal anomalies and heartbreaking diagnoses like twin to twin transfusion syndrome, which has not been addressed in this measure, where a parent and a doctor has to make a heart-wrenching decision to reduce one pregnancy to save the other pregnancy. That is not afforded for-- that kind of medical exception is not afforded for in LB626. Senator Flood took that kind of medical feedback into account on the 20-week ban, and it's not here. It also doesn't take into account multiple pregnancies and the risk and the need for selective reduction to protect the health and life of the mother and other viable pregnancies.

KELLY: One minute.

CONRAD: The other thing that's important to note about why that's distinguishable is that the 20-week ban impacted a minuscule percentage of abortions. Senator Albrecht and the proponents of this measure have been clear, this near-total ban will end over 85 percent of abortions in Nebraska. The scope and scale is entirely different. And again, let's be clear about that hard-lived experience when Nebraska passed that 20-week ban, which is on the books, abortion care is safe and accessible and legal in Nebraska, but highly restricted. Senator Flood and others said these bad, hard cases will never come to fruition. I ask you to Google Danielle Deaver and see the anguish that she and her family went through when they faced a nonviable pregnancy and she neared death and had to carry--

KELLY: That's your time, Senator.

CONRAD: --that baby because of that law. Thank you, Mr. President.

KELLY: Thank you, Senator Conrad. Senator Vargas, you're recognized to speak. This is your last time on the motion.

VARGAS: Thank you very much. Thank you very much. You know, usually I step off to the side because I don't want to be in the picture or the camera when Senator Conrad is speaking, but I, I wanted to be next to her while I was hearing her speak on this with the kind of energy that we should be speaking on this issue, and how personal it is, especially since she was here during a time where we, we already put more restrictions into place. There's a couple of things that I wanted to speak about. One is, I wish we were working on more substantive issues that address the other concerns that come out of this bill. I know I've heard that we care about children and families and making sure people have an informed choice is what I've heard. We need to focus on a whole slew of other things and other bills on making sure people have food and we address food insecurity, making sure we're addressing homelessness, making sure that we're addressing maternal and child health. Something that I've worked on with Senator DeBoer and many other senators in the past. And Senator Cavanaugh has been leading that effort for years. Expanding postpartum Medicaid coverage to make sure more individuals have that coverage [INAUDIBLE]. I hope we have as much of a commitment to those different issues for women and for families and for children that we do about this bill. Because if not, we're creating a double standard for who we actually care about. And the concern that I have is about the inequities that exist. Many studies are telling us that, and I'm referencing the study right here, researchers have found that a total abortion ban could increase the number of maternal deaths by 24 percent with the greatest impact on black women at 39 percent. There are subgroups of individuals in our community that are going to be more detrimentally impacted by this. We already see those, those gaps exist currently right now with maternal and child health. We do. And the data keeps telling us that in these other states, this is exactly the big concern that they have. It's going to be even worse for low-income people. It's going to be even worse for black and brown women in communities. That's a concern that I really have with this bill. And I've been on the mike and have been talking about the economic impacts and the workforce reasons, because I care about that. One of the things I wanted to reference is health and law and business, an article about hospitals fear abortion

bans will worsen staff shortages, that there's an antagonistic atmosphere that can be created. Ohio's Cleveland Clinic expects to lose doctors who would rather move than work under a state statute that bans abortion usually around six weeks of pregnancy in this-- in their bill. They think that there's going to be more individuals in Indiana. Indiana Hospital Association warned its state lawmakers that a special session to ban nearly all abortion was creating an atmosphere that will be perceived as antagonistic to physicians. In a lawsuit challenging Louisiana's near-total abortion ban, doctors filed affidavits detailing their fears that medical students won't apply to residency programs in the state because abortion training won't be available--

KELLY: One minute.

VARGAS: --and its fears continued on for other subspecialties. One individual said that she could not practice in a state where she could not provide patients with the full spectrum of care that would be needed. Colleagues, I remained opposed to LB626. There are my personal reasons that I don't think politicians should be making these decisions that are personal. They should stay between women and their doctors. But there are long-term implications if we pass a bill like this on the economics, on our workforce, on our brain drain that are important to get into the record, in addition to, I hope, that we take up these other bills that really, truly do address the issues affecting low-income families, children and families that we are saying we care about. Thank you very much.

KELLY: Thank you, Senator Vargas. Senator McDonnell, you're recognized to speak.

McDONNELL: Thank you, Mr. President. Good evening, colleagues. I'd like to thank Senator Albrecht for her work on, on LB626 and throughout this process and her willingness to answer my questions and I know other people's questions and, and the idea of being pro-life from conception and natural death and, and in between. And some of the things that Senator Vargas mentioned that, that are important that we can work on going forward and making sure that we are taking care of that, that individual and, and that, that woman that does need our help and that family. And there's a number of ways to do that. We have 819 bills that's been introduced and the idea that if you start

looking at some of those bills and, and how they, they help people in different parts of our state, sometimes east, west, north, south in the state, but they do make an impact on children's lives. They make an impact on, on all of our lives at a time. When we all do better, we all do better. And that's the opportunity we have with some of this legislation that's been introduced that is sitting right now. And we're having a good discussion today. And I appreciate everyone that's been up here. And as someone serving on Appropriations, I've been most of the time downstairs, but I do appreciate the work that Senator Albrecht's done and others and, and I am supporting LB626, and I will yield the remainder of my time to Senator Hansen. Thank you, Mr. President.

KELLY: Senator Hansen, that's 3:48.

HANSEN: Thank you, Mr. Lieutenant Governor. I'm going to say something that might be a little controversial. A heartbeat is the universal sign of life. I would venture to say before any of us in this room heard about the term "heartbeat bill" or "Heartbeat Act," most of us would agree with that. We would agree that when you heard a heartbeat, that was the universal sign of life. But it seems like the narrative changes when we talk about abortion, which is personal to a lot of people here. I get it. But a baby with a beating heart deserves to be protected. And no pun intended, I wholeheartedly believe that's what this bill does. And I want to thank my Senator-- my colleague, Senator Joni Albrecht, for introducing this bill and for allowing us to speak on it and for the debate that's happening today. This bill is about the heart-- the heartbeat of a baby and elective abortions. I would like to envision a Nebraska where every life is celebrated, valued, and protected. Every life, especially ones with a heartbeat. You've heard opponents of this bill start off a lot of their statements with the theme, we are putting women's lives at risk. I would say we are putting the life of the unborn at risk. That's where I'm at with this bill, and I look forward to furthering this conversation on Select File. And I'm actually curious to see what Senator Day's amendment is. I'll read it, but let's vote green on LB626 and protect the beating heart of the unborn children of Nebraska. This is an important decision. I appreciate everyone listening and for the conversation today. I am a green on LB626 and red on M012. Thank you, Mr. President.

KELLY: Thank you, Senator Hansen. Senator Wishart, you're recognized to speak.

WISHART: Thank you, Mr. President. I believe that we are coming to the end of this debate. I rise again in opposition to LB626 and in support of the motion to indefinitely postpone. You know, when I was coming here this morning, I was telling some of my colleagues, I just don't know what to talk about today. It feels as if so much of our words when we talk on the mike fall on deaf ears that people have made up their minds on this legislation. There are still so many unanswered questions regarding LB626. And colleagues, I am not convinced by the debate today. And the reason I'm not convinced by the debate today is because we are hearing these same responses on this bill when we ask about criminal exposure for women, criminal penalties for doctors. Those same responses are what was given to us last year on a bill that almost passed by one vote and would have made Plan B illegal, would have made IVF illegal. It's all right to say no today to this legislation. If any of you have concerns about this, I'd encourage you to do that. I will yield my time, the rest of it, to Senator Conrad.

KELLY: Senator Conrad, you have 3:09.

CONRAD: Thank you, Mr. President. And again, good evening, colleagues. Thank you to Senator Wishart for the time. To be clear, I support all Nebraska women and all of their choices, and I am eager to work with members of this body to build up adoption services that our child welfare providers lovingly provide all across the state. And I brought legislation to do just that. I'll be looking for your names as cosponsors on those measures. I also support those who decide to become a parent or expand their family. But 50 percent of women who seek abortion care in Nebraska tell us they do it for economic reasons. So we have to take that to heart and we have to improve access to family planning care and the social safety net. I have measures before the body to do that. I look forward to your cosponsorship. We may never find agreement and we may have sincerely held beliefs in regards to whether or not people should have the ability to end a pregnancy. I believe that they should have that right and that that right is private and it belongs between a person and their doctor. And it is not appropriate for a big government solution. And let me be clear, colleagues, we already have a host of abortion restrictions on the books in Nebraska. It is highly regulated. We are

not starting from scratch. But a near-total abortion ban, which this measure is that comes into play before most women know that they are pregnant, is inhumane and will have a variety of harmful consequences, intended or unintended. We can do better together to figure out a way to end a lack of maternal healthcare in Nebraska--

KELLY: One minute.

CONRAD: --to build up supports for families so that they can decide to become parents or expand their families. We can build up adoption services together, which we need to, and we can ensure that under appropriate restrictions and standards, Nebraska women and doctors still have an ability to live a life with dignity and autonomy away from government overreach. The status quo on abortion rights in Nebraska allows us to do this. This radical ban does not. Thank you, Mr. President.

KELLY: Thank you, Senator Conrad. Mr. Clerk, you have a motion on the desk?

CLERK: I do, Mr. President, pursuant to Rule 7, Section 10, Senator Albrecht would move to invoke cloture on LB626.

KELLY: Senator Albrecht, for what purpose do you rise?

ALBRECHT: I'd like a call of the house and roll call in regular order. Thank you.

KELLY: There's been a request to place the house under call. The question is, shall the house go under call? All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

CLERK: 40 ayes, 1 nay to place the house under call.

KELLY: The house is under call. Senators, please record your presence. Those unexcused senators outside the Chamber, please return to the Chamber and record your presence. All unauthorized personnel, please leave the floor. The house is under call. Senators Kauth, McKinney, and Wayne, please return to the Chamber and record your presence. The house is under call. Senators McKinney and Wayne, please return to the Chamber and record your presence. The house is under call. Senator Albrecht, Senators McKinney and Wayne are not here. How do you wish to

proceed? McKinney is on the way We now learned. All unexcused members are now present. Members, the first vote is the motion to invoke cloture. There's been a request for a roll call vote regular order. Mr. Clerk.

CLERK: Senator Aguilar voting yes. Senator Albrecht voting yes. Senator Arch voting yes. Senator Armendariz voting yes. Senator Ballard voting yes. Senator Blood voting no. Senator Bosn voting yes. Senator Bostar voting no. Senator Bostelman voting yes. Senator Brandt voting yes. Senator Brewer voting yes. Senator Briese voting yes. Senator John Cavanaugh voting no. Senator Machaela Cavanaugh voting no. Senator Clements voting yes. Senator Conrad voting no. Senator Day voting no. Senator DeBoer voting no. Senator DeKay voting yes. Senator Dorn voting yes. Senator Dover voting yes. Senator Dungan voting no. Senator Erdman voting yes. Senator Fredrickson voting no. Senator Halloran voting yes. Senator Hansen voting yes. Senator Hardin voting yes. Senator Holdcroft voting yes. Senator Hughes voting yes. Senator Hunt voting no. Senator Ibach voting yes. Senator Jacobson voting yes. Senator Kauth voting yes. Senator Linehan voting yes. Senator Lippincott voting yes. Senator Lowe voting yes. Senator McDonnell voting yes. Senator McKinney voting no. Senator Moser voting yes. Senator Murman voting yes. Senator Raybould voting no. Senator Riepe voting yes. Senator Sanders voting yes. Senator Slama voting yes. Senator Vargas voting no. Senator von Gillern voting yes. Senator Walz voting no. Senator Wayne voting no. Senator Wishart voting no. Vote is 33 ayes, 16 nays, Mr. President, to invoke cloture.

KELLY: The motion to invoke cloture is adopted. Members, the first vote is on the motion to indefinitely postpone. There's been a request for a roll call vote regular order. Mr. Clerk. The question is the adoption of M012 to indefinitely postpone. All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

CLERK: 14 ayes, 33 nays on the motion to indefinitely postpone.

KELLY: The motion fails. The question is the advancement of LB626 to E&R Initial. All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

CLERK: 33 ayes, 16 nays on advancement of the bill.

KELLY: The bill advances to E&R Initial. Mr. Clerk, for items. Raise the call.

CLERK: Mr. President, next item on the agenda, LB254, introduced by Senator Brewer. It's a bill for an act relating to the Legislature. Amends sections 50-114, 50-402 79-1312, 79-1313 and 79-1316. Requires the Legislative Council through the Executive Board of the Legislative Council to develop and maintain a publicly accessible digital internet archive of closed-captioned video coverage of the Legislature as prescribed; changes provisions to the Nebraska Educational Telecommunications Act; changes powers and duties of the Nebraska Educational Telecommunications Commission; harmonize provisions; provides a duty for the Revisor of Statutes; and repeals the original section. The bill was read for the first time on January 10 of this year and referred to the Executive Board. That committee placed the bill on General File. There are committee amendments as well as other motions and amendments, Mr. President.

KELLY: Senator Brewer, you're recognized to open on the bill.

BREWER: Thank you, Mr. President. Good evening, colleagues. I'd like to start by thanking the Executive Board and Senator Briese for advancing this bill to the floor today. This bill came out of committee 8-0 and was prioritized by the Executive Board. I also want to thank all the citizens that came and testified on behalf of this bill. I also would like to remind folks that this bill actually started in 2017, it was then-Senator Geist's bill. I would like to thank the Clerk of the Legislature for his valuable insight, cooperation to make sure that all of the issues were properly addressed. I also want to thank the legal counsel for the Exec Board, Trevor Fitzgerald. He also made sure the language of this bill did exactly what we needed it to do. Last year, this same bill was LB777, and it also advanced to General File from the Exec Committee. But like many bills last year, it just ran out of time. Here's the bottom line on what this bill does. Almost every other state already has public-accessible online archive of video recordings of the legislative debate and committee hearings. This bill is what we need to do in order to have Nebraska catch up with all of the other states and their capability. I just want to make this very clear at this particular point, the video archive we are creating with this bill belongs to the Executive Board of the Legislative Council and will be

administered by the Clerk of the Legislature. This body owns this information and controls how it will be accessed by the public. In 1934, Senator George Norris said that the Unicameral idea that he was promoting around Nebraska would be so the work of the people was transparent and the people would become the second house. I include-- I introduced this bill because I wanted this body to live up to this ideal. Forty-six other states, our federal Congress, countless cities, counties, Indian tribes, all kinds of local units of government all over Nebraska already have video archives for their proceedings online and have for many years. Norris said, To get good government and to retain it, it is necessary that a liberty-loving, educated, intelligent people should be forever watchful to carefully guard and protect those rights and liberties. I don't think waiting four to six months for a copy of a written transcript from this body is what Norris had in mind. It is difficult at best for folks to be able to understand what happens in this body and in these hearings without this capability. A shareable online video in-- of everyday operations here is exactly what we need. Nebraska has had the technology and capability for a long time. I can watch virtually anything I want on the Internet except our Legislature in session. Norris said, Every act of the Legislature and every act of each individual must be transacted in the spotlight of the public. It's time to fulfill his promise to Nebraska and pass LB254. Thank you, Mr. President.

KELLY: Thank you, Senator Brewer. As stated, there are committee amendments. Senator Briese, you're recognized to open.

BRIESE: Thank you, Mr. President. Good evening, colleagues. The committee amendment, AM698, is a white copy amendment that replaces the bill and makes several changes. First, the amendment requires that the Executive Board develop policies and procedures surrounding both the creation and ongoing usage of the video archive system. With the development of any new system, there will be details that need to be worked out, including whether the archive should include things like committee briefings and interim hearings held outside the Capitol. Another one would be how long and in what format videos should be stored. And finally, how to prevent inappropriate use of videos owned by the Legislature. Second, the amendment provides that audio and video recordings of proceedings of the Legislature are not official records of legislative proceedings. Longstanding practice has been that the official records of legislative proceedings are the committee

hearing and floor debate transcripts, which are prepared and permanently maintained by the Clerk of the Legislature's Office. Third, the amendment provides that audio and video recordings of proceedings of the Legislature shall not be used, reproduced or redistributed without express permission of the Legislature and in accordance with policies developed by the Executive Board. Finally, the amendment strikes references to potential funding under the American Rescue Plan Act of 2021, as these funds were all appropriated by the Legislature last year. And I would note that since the hearing on LB254, the Clerk's Office has been working to determine whether the current closed captioning system used by Nebraska public media for floor debate could be utilized to make floor debate, debate available on the video archive before the January 2025 date in the bill. Assuming these closed captioning files can be appropriately formatted, floor debate could be available as part of the archive as soon as next session. In order to ensure the Legislative Council has appropriate funds to support the video archive system by this earlier date, we expect that a new fiscal note will be produced between General File and Select File, moving up the timeline for the cost to the Legislature. To accommodate this possibility, the amendment would add the emergency clause. I would ask for your support of AM698 and LB254. Thank you, Mr. President.

KELLY: Thank you, Senator Briese. Mr. Clerk for a priority motion.

CLERK: Thank you, Mr. President. Senator Machaela Cavanaugh would move to bracket the bill until June 1, 2023.

KELLY: Senator Machaela Cavanaugh, you're recognized to open.

M. CAVANAUGH: Thank you, Mr. President, colleagues. Quite the chorus out there. I'm not sure. I'm genuinely not sure how I feel about LB254. I probably support it, but I look forward to hearing more of the pros and cons about it. Tomorrow is LB574. And contrary to what the Speaker said yesterday, having the debate on LB574 tomorrow does not end the debate on LB574. LB574 Debate ends when LB574 is dead. Not when it is done, when it is dead. So if this body chooses to move LB574 forward from Select to General File tomorrow-- or Final Reading tomorrow, then continue and continue and continue. And so I'm not going to stop. And the Speaker chose, chose to continue with his intention apparently to schedule LB574 tomorrow, knowing full well

that the Westboro Church would be here. A hate group that comes and protests funerals of service members, of children who are victims of gun violence, of police officers. He chose to schedule the anti-trans LGBTQ-hating bill for when their biggest supporters are showing up for you all. And it was a coincidence, a coincidence of monumental proportions. And if it were truly a coincidence, he would not have scheduled it the moment he found out that they were going to be here, he would have changed the schedule because the schedule was not public. The schedule was not public. And I'm pretty sure when people start looking through people's records, we are going to find out that it's not a coincidence, that someone told them that this bill was going to be heard tomorrow, and that is why they scheduled to be here tomorrow. I know that people are already looking into Kirk Penner's emails and correspondence because it has been leaked on social media that he is the one that leaked it. I don't know if that's true or not, but I know that people are looking into it and I know that nobody's going to stop looking into it until we have an answer to who told the Westboro Church that we were going to have this debate on Thursday. Who told them that before the rest of us were told? And why are we still debating it when this hate group from another state is showing up? So I'm going to take some time, and I'm going to read some articles about this group so that we all are on the same page as to who is showing up to support LB574. Who are you aligning yourselves with tomorrow when you vote for LB574? This is an article from the Pittsburgh Post-Gazette, January 3, 2008, in Pennsylvania. When Bud Roberts, a Upper St. Clair turn-- Upper St. Clair, turned on the evening news in February 2006, what he saw could change the direction of his life. Mr. Roberts watched a report about protesters at a funeral for a member of the armed forces killed in action in Iraq. A four-year veteran of the U.S. Air Force, Mr. Roberts was deeply offended by the protesters' presence at the funeral and was motivated to act. Mr. Roberts, 59, a sales manager for Club Car, Inc. which manufactures golf, cars, owns Harley-Davidson [INAUDIBLE] et cetera, he joined the Patriot Guard Riders, a patriot biking group that attends military funerals to shield grieving family members from protesters. He now estimates that he attended 66 military funerals, a majority of which have been in Pennsylvania, Ohio and West Virginia. About 55 of the funerals, he said, have been for soldiers killed in action. He has encountered protesters about a dozen times. Mr. Roberts estimates that in just one year he put more than 9,000 miles on his

motorcycle, attending funerals and patriotic events. Mr. Roberts put his heart and soul into this effort, said Barry Boney [PHONETIC] of Cecil, a Vietnam veteran and assistant state captain for the PGR. And September 7, Mr. Roberts took his involvement to-- with the PGR to a new level when he volunteered to serve as a Pennsylvania state captain, meaning that he is in charge of the group's activities within the state. The Patriotic Guard Riders got its start in Kansas in 2005 with the American Legion Riders, a motorcycle group composed of bike riding members of the American Legion, an organization of veterans who served in wartime. The riders organized to counteract protesters of from the Westboro Baptist Church or WP-- BC of Topeka, Kansas. The WBC, which believes that God is killing soldiers to punish America for condoning homosexuality is led by the Reverend Fred Phelps. Church membership consists entirely of members of the Phelps family. The church is not affiliated with the mainstream Baptist church. The church lists on its website military funerals at which it plans to protest. Church members arrive at funerals carrying placards that carry messages like God blew up the troops. Colleagues, this is who is showing up tomorrow to support LB574. A vote for LB574 is standing with the Westboro Church. No mistake about it. This hate group that shows up at military funerals, protests and blames it on homosexuality, that that is why soldiers who have died for their country because of homosexuality, that is who supports LB574. That is what this bill is. I am grateful that they decided to show up tomorrow because it shows the reality of the vitriol that you all are trying to legislate. You are aligning yourselves with LB574 with a group that protest the funerals of children who died at Sandy Hook, the funerals of veterans, the funerals of first responders. That is who you align yourself with when you vote for LB574. And they are showing up here tomorrow to show their support for you. And the Speaker is allowing us to have that debate. Not allowing, forcing us, really, to have that debate in their presence. It is not a coincidence, it is an archetype. It is architecture in its purest form of how we got here. Whether the Speaker talked to them or someone else in this body talked to them, someone who had information about the scheduling of that bill told them. Told them to be here. And they will be here and we will debate it and you will be on their side. The people that show up and protest the funerals of service members, people who have died for our country, and you will be on their side. Their side, not childrens' side. Their side. And if you think for even a millisecond that I will let anyone

in this body forget that, I have-- I don't even know how many articles about the Westboro Church and their atrocious behavior. And I will read it on every bill until LB574 is dead. It is abhorrent. And the fact that we have gotten to this point that we are having this conversation, that you are allowing yourselves to be maligned with this group of all groups, of all groups, the Westboro Church. And we're going to debate it in front of them. Dance, monkey, dance. We are here to perform for the Westboro Church, right? Right. That's what Senator Arch did for us by scheduling this bill when they would be here, he is making us their little puppeteers. I lost all respect for Senator Arch yesterday. All respect. And Senator Linehan can get on this microphone and berate me as much as she wants. I lost all respect. All respect. When you schedule a debate about the most consequential thing we could do, a human rights violation for a group like the Westboro Church, you don't deserve my respect. And anybody who votes for that bill does not deserve my respect, and they won't have it either.

KELLY: One minute.

M. CAVANAUGH: So the church lists on its website military funerals at which it plans to protest. Church members arrive at funerals carrying placards that carry messages like "God blew up the troops." The efforts of the American Legion Riders to shield grieving families from the protesters quickly grew. Of course it did, because this is atrocious. And a separate group, Patriot Guard Riders was formed in October 2005. Today, the PGR has chapters in all 50 states. The PGR has a twofold mission: to attend veterans funerals to show respect for Americans, fallen heroes and their families, and also to provide a nonviolent barrier between protesters and family members at military funerals. Thank you, Mr. President.

KELLY: Thank you, Senator Cavanaugh. Senator Clements, you're recognized to speak.

CLEMENTS: Thank you, Mr. President. I stand in support of LB254. And before I talk about that, I want to say that I have known for four years Speaker Arch as-- to be a man of his word. And I believe his word when he says the scheduling of the bill tomorrow was a coincidence. And I am not aligning myself with that Westboro protest group. I've played Taps as a bugler with the American Legion for

veteran burials for over 40 years. I reject those who dishonor veterans. My grandfather and my father were Army veterans, and I oppose the protesters who dishonor veterans that need to be honored. Now back to LB254. Forty-three states in my understanding, have online video access of their proceedings. In 2017, I was a cosponsor of a bill to bring video access to Nebraskans. And with Senator Geist, I've been working each year to try to figure out how we could bring this about. There is an expense. The expense is adding-- added equipment and technology that's needed for the Chamber and for the committee hearing rooms. But that's not a problem in our budget. That's quite affordable. And this bill would include funding for that. My understanding that we, I believe Senator Briese said that we plan to start video online access for our session debate in the Chamber here next January, 2024. I was pleased, pleased that the Clerk was working to arrange that. And then committee hearings, I believe, will be possibly a year later. And so I really am pleased that we're finally moving this forward. And I do support LB254. And I want to thank Senator Brewer and the Clerk for working together to get the details worked out. And I ask for your green vote on LB254 and the committee amendment. Thank you, Mr. President.

KELLY: Thank you, Senator Clements. Senator Briese, you're recognized to speak.

BRIESE: Thank you, Mr. President. Just some brief comments. And I echo Senator Clements' comments regarding Speaker Arch. Speaker Arch is a man of integrity who has a tough job here, keeping the train on the tracks. He's doing everything in his power to keep this place running as smoothly as possible and I respect and admire his work in that regard. And I think he's doing a great job considering the circumstances we're dealing with here. And I want to thank Senator Brewer for bringing this bill for us. And I want to point out, we did have 36 letters in support of this bill. We had zero letters in opposition. I think we had seven or eight proponent testifiers. And the committee statement will note that we had one opponent testifying. But upon a little questioning, that opponent testifier indicated that, yes, he generally supported the concept, but he saw a few other details that perhaps should be addressed. On the west side of the Capitol here, there's an inscription, something to the effect that the salvation of the state is in the watchfulness of the citizens. And having these archives really help us to fulfill that ideal. And I

think that's the importance of this bill, why we need to get this passed. And again, why I thank Senator Brewer for bringing this for-- to us. And obviously, there will be several details that we as the Executive Board will have to work out. We'll have to develop policies regarding the uses of these archives for things other than legislative purpose. What, what types of hearings, what types of events are going to be subject to this? How long we should store historical archives and how to store historical archives, what format to be used, et cetera. Sev-- several policy considerations that we will have to undertake, but we will certainly do that, and look forward to the opportunity to be able to do that and look forward to the opportunity to be able to provide this service for Nebraskans. Thank you, Mr. President.

KELLY: Thank you, Senator Briese. Senator Conrad, you're recognized to speak.

CONRAD: Thank you, Mr. President, and good evening, colleagues. Thank you also, all, for your kind well-wishes. I definitely sound a lot worse than I feel. And I apologize for the the scratchy laryngitis or whatever the heck I have going on here. But I just wanted to rise in support of Senator Brewer's measure. I think that this is a fantastic, good government bill. You can see that by the strength of the public comments, by the strength of the committee statement, by the strength of the cosponsors. I think that this is really important to updating and modernizing our tools of open government, which align with our values of open government and government transparency in Nebraska. Whether that's through our strong public records law or our strong open meetings law, this is another feature of our strong commitment to open government. I'm proud to be a cosponsor of this measure. I am excited to see this measure move forward. And need to do a little bit more due diligence in regards to whether or not-- or not it might work out, particularly in this session of Christmas tree bills, omnibus bills, package bills. But I know that there are other good government measures that have been proposed that are looking for a vehicle and a way to move forward, whether that's updates and strengthening of our public records law, which I have a bill pending in the Government Committee, which I think would be very exciting to have an opportunity to move forward. And Senator Albrecht has a bill that's been advanced from the Government Committee that I'm a proud cosponsor of to require that all public meetings have an opportunity for public comment.

That's a matter that she's worked on for years, that we've worked together on when I was a private citizen and now that I'm back as a member of the Legislature. And I, I think that this is an area, this is an issue where we can come together across the state, across the political spectrum, even after having a ridiculously hard day like we shared together in here after debating LB626. A feature of the Nebraska Legislature is that we have to quickly move and put aside our differences so that we can continue to find common ground when it presents itself. I believe this measure and other measures that strengthen our commitment to open government are opportunities to build consensus, are opportunities to strengthen our framework, to transparency, to public participation, to ensuring that the public has an opportunity to engage in a meaningful way, to keep tabs on their government, to keep tabs on how their government is spending their money, and to let their voices be heard. This, I think, is a small but very, very important measure that I'm excited to see move forward this year. And I would like to work with Senator Albrecht, if appropriate, to figure out if we can get that open meetings law attached to this measure, because I think it does open up the same concept from a single-subject perspective. And I think that it would help to do even more to increase public participation, transparency, good government and open government in Nebraska moving forward. Thank you, Mr. President.

KELLY: Thank you, Senator Conrad. Senator Machaela Cavanaugh, you're recognized to speak.

M. CAVANAUGH: Thank you, Mr. President. Our Sergeant at Arms, "Burd" Burkhart, served in the Vietnam War. And he and I have had lots of conversations because my uncle also served in a similar position. My dad also served in the Army, my grandfather. My father-in-law was in the military, in the Marines, actually. My brother-in-law was in the Marines. My cousin was in the Marines, did two tours in Afghanistan. My brother-in-law did a tour during the Somalian war. My father-in-law was during Desert Storm. I have other uncles that were in the Air Force and then just people that I know, that I'm friends with, that I love and I care about. And people that I work with that I care about, people in this Legislature. If there's some confusion over whether or not Democrats know people in the military or are even people in the military, the answer is yes. The answer is yes. July 4, 2011, Topeka, Kansas. Morning news. This is from the Florence South Carolina morning

news that's based in Topeka, Kansas. The Westboro Baptist Church released a press release announcing it will protest the funeral of a Mullins Marine who died in Afghanistan. The press release from the controversial Westboro Baptist Church said members will travel to Mullins to protest the funeral of Gunnery Sergeant Ralph E. Pate Jr. Wednesday at Mullins High School at 2:15 p.m. According to the press release, WBC members protest military funerals because, quote, they have become pagan orgies, orgies of adulterous blasphemy where they pray to the dunghill gods of Sodom and play traps to a fallen fool. The Westboro Church members protest military funerals because quote, they have become pagan orgies of adulterous blasphemy where they pray to the dunghill gods of Sodom and play traps to a fallen fool, end quote. According to the Patriot Guard Riders website, the group announced plans to hold a memorial service flag line on June 27. The flag line will begin at 2:00 p.m.. The staging will be from 12:30 to 1:30 p.m. at the Wal-Mart parking lot located at 2695 East Highway 76 in Marion. Patriot Patriot Guard Riders is a diverse amalgamation of riders from across the nation who have an unwavering respect for those who risk their very lives for America's freedom and security, the website said. The website says the main mission for the riders is to attend the funeral services of fallen American heroes as invited guests of the family. Each mission has two objectives: to show respect for the fallen heroes, their families and their communities, and to shield the mourning family and their friends from interruptions created by any protesters or groups of protesters by strict-- strictly legal and nonviolent means. A private plane carrying the body of a 29-year-old U.S. Marine Gunnery Sergeant Ralph Pate, Jr. of Mullins landed at Myrtle Beach International Airport on Monday, where a cadre of family members, law enforcement officers, fellow Marines and hundreds of bikers were ready to escort it back to Marion. A group organized by the Blue Star Mothers of Coastal Carolina waited nearby to wave flags and show support. According to Defense Department officials, Pate was an explosive ordnance disposal technician assigned to Second EOD company, 8th Engineer Support Battalion, Second Marine Logistics Group, II Marine exploratory-- Expeditionary Force--

KELLY: One minute.

M. CAVANAUGH: --in Camp-- in Camp Lejeune, North Carolina. Which I also did a tour of Camp Lejeune when I worked for Senator Ben Nelson. I believe I said one minute, so I will come back to this because I

want to do this justice. I don't need to know service members to care about how disrespectful and harmful this group is. But I do know service members, I am related to people who have served this country, who have fought for this country. And I am offended that the Speaker is prioritizing this group over what is best for this body and for Nebraska. Thank you.

KELLY: Thank you, Senator Cavanaugh. Senator Erdman, you are recognized to speak.

ERDMAN: Thank you, Mr. President. Good evening. I thought maybe this bill would just breeze right through. I guess I was wrong. I am supportive-- I'm in supportive of LB35-- LB254. We've been working on this for, as Senator Brewer commented, the better part of seven years. And I appreciate what he's trying to do here. I appreciate the Executive Board doing the work that they've done and the Clerk's Office and we'll get this-- we'll get this done as well. I'll make a few comments about the Westboro Church. I have no idea who might have invited them. I don't know anybody that has. I think, to tell you the truth, that Speaker Arch had no idea that these people were coming. So to blame him for them coming is inappropriate. Senator Arch schedules bills that he thinks need to come to the floor. Whoever shows up here is not his fault or he should not be blamed for it. I'm wondering, how does one know that those people are coming? Do you follow their website or their Facebook page or what? It is very peculiar to me that one would know that they're actually going to be here tomorrow. And so what if they are? I don't think they're coming inside. I think we have the State Patrol in the back to watch our backs, protect us. So it's kind of peculiar that you would blame Senator Arch for inviting them or making it available for them to come. I think that's a stretch. So I appreciate Senator Arch bringing LB254. We just will all deal with it now rather than later. And it will be what it is tomorrow. We'll find out. We've already wasted 60 days, what's another day? So, Senator Arch, I appreciate the way you scheduled this. Continue to do what you must do. Thank you.

KELLY: Thank you, Senator Erdman. Senat-- Speaker Arch, you're recognized to speak.

ARCH: Thank you, Mr. President. Well, I feel like I need to say something here. Because last night when I gave my announcement, I want

to reread what I said in my announcement. Contrary to some comments made earlier today, it is a coincidence I am scheduling LB574 for Select File debate the same morning as a demonstration in support of the bill. I made my decision to schedule the Select File debate of this bill when it was obvious this morning, that would have been yesterday morning, that until we complete debate of it one way or another, one way or another, up, down. Some members intend to continue to make the debate of every bill about LB574. And I just heard Senator Cavanaugh say she's going to continue it anyway. So be it. I do not intend to let an outside group, whether a group is for or against legislation, to influence when I schedule bills for debate. Quite honestly, the Westboro Church would have known LB574 would be talked about on Thursday, even if I had not decided this morning to schedule the bill for that day because LB574 has been talked about every day. Every day. Every day, national media attention. Do you think Westboro Church maybe listens to the national media? Perhaps. You can ask Senator Kauth when I told her when her bill would be scheduled, and it was yesterday morning at 11:00 a.m. That was immediately after I had decided to schedule it. So conspiracies can abound. It feeds media, whatever. Not true. Thank you.

KELLY: Thank you, Speaker Arch. Senator Conrad, you're recognized to speak.

CONRAD: OK. Good evening again, colleagues. I am glad to see the Chamber doors in the vestibule reopen. That was one thing that I didn't have an opportunity to comment on at my previous turn at the mike. And it was particularly strange to be giving opening remarks and a speech about open government as our Chamber was closed from the public. And perhaps that has become pattern and practice in recent years. I've never before seen the Legislative Chamber closed off from public view and public participation. And that doesn't go unnoticed, and it shouldn't go unnoticed by any of us. Because I think it goes to show the extreme nature of some of the measures before the body and the amount of attention and chaos and hate that's been surrounding the body because of these measures. Whether it's the radical abortion ban that recently passed off General File or the extreme anti-LGBTQ laws that are being pushed in Nebraska. It definitely changes the tenor and the tone of the session and it makes it more acrimonious and more toxic and more hostile and more challenging to stay in relationship and work together when we really need to do that to do the people's

body-- to do the people's work in this body. To the Speaker's point, I understand and appreciate that he's trying to set a schedule that can work for managing the filibuster and the extraordinary nature of the procedural posture that we find ourselves in this legislative session. But I would also just add perhaps a helpful note or a light pushback to my friend Speaker Arch, that once information becomes available to the Speaker or to the body about a hate group bringing a circus to town, perhaps change the schedule. Perhaps make an alteration. That is always within the Speaker's ability to do, and may have been and still might be a way to help manage some of the chaos, toxicity and acrimony surrounding these measures away. As we have a high-profile hate group planning to visit the Legislature in regards to that measure. So rather than doubling down, once that information becomes available about that dynamic, perhaps reassess. In addition to the fact of some of the rumblings that I've been hearing about this dynamic that we find ourselves in, is that we needed to schedule these divisive radical measures back to back, LB626 and LB574, because we're going to have a lot more State Patrol here to keep us all safe and to keep everybody else safe. Safety should absolutely be a priority and we should all condemn political violence. But let's also not normalize it. Let's also take a minute and take to heart the fact that these measures require an extraordinary police presence. That's not normal in the Nebraska Legislature. When you spend your time and energy talking about--

KELLY: One minute.

CONRAD: --housing policy and tax relief and education policy, you don't need an enhanced or increased police force. You don't need to shut the public Chamber to the public. You don't need to double down on scheduling decisions that align with the campaign efforts of hate groups. We can't shrug our shoulders and act helpless when that information comes to light. We have to, as individual and collective, step back from that and reassess things like our agenda and our priorities so that we can do the people's business and not foment chaos and violence and hate. Thank you, Mr. President.

KELLY: Thank you, Senator Conrad. Senator Hunt, you are recognized to speak.

HUNT: Thank you, Mr. President. I have never seen the Chamber doors closed before either. And it does go to show the extremity, the radicalness. How far off-key from what Nebraskans are asking us to do these measures are before the body and the amount of hate that is within this body because of this legislation that has been prioritized and scheduled by the Speaker. We're talking about policies and bills that require us to close the doors of the Chamber, that require SWAT, that require more security forces in the building than we would normally have. I want to be clear, I don't blame Senator Arch for having the Westboro Baptist Church come here. I think that that is a conspiracy theory, sort of an online thing that people are spreading like that one of our colleagues tipped off the Westboro Baptist Church. And it's plausible, I guess, that Senator Kauth or somebody knew that it was likely to be scheduled and told somebody who told somebody who told somebody. But because that's how rumors work in here. Once a rumor starts, everybody knows it within about 5 minutes. But I do not think that Senator Arch, that Speaker Arch personally told the Westboro Baptist Church that we're going to be debating this handful-- hateful, discriminatory, anti-trans bill introduced by Senator Kathleen Kauth on Thursday. However, we don't have to blame him for them being here, but we can blame him and should blame Speaker Arch for throwing gasoline on the fire by not changing when the bill is going to be scheduled for debate, knowing that a renowned hate group is going to be here at the Capitol, capitalizing on it. Getting publicity based on the fact that we're going to be debating their favorite little bill introduced by Senator Kathleen Kauth at the same time that they're going to be here. Speaker Arch had the power to say last night, I'm not scheduling this bill on Thursday because Westboro Baptist Church is coming. He's encouraging the chaos. He's giving up all control, as he has since the beginning of session. He's throwing gasoline on the fire, as he has since the beginning of session. And I'm not afraid of Westboro Baptist Church. I think it's lame and weak that they're going to be here from 11:00 to 11:45. You can't hate gay people for more than 45 minutes? Tired, lazy. Reminds me of some of my colleagues when they have to stay late at night and answer questions about their own bills in committee. So sleepy. I don't know why they don't want to be here for more than 45 minutes if they're real serious about the hate that they spew. But it's a remarkable shame on this body that we are debating a bill on the second round of debate introduced by Senator Kathleen Kauth to discriminate against children,

to bring hate upon gay and trans people in our state, and it has caused Westboro Baptist Church to come in support. And it's a shame on this body that that happened. And Speaker Arch was made aware about it and he didn't change the schedule. I think he's trying to look strong and firm and resolute and say, not in my house. No Westboro Baptist Church is going to intimidate me from scheduling what I want to schedule. That's fine. I get that. I know when people do things like that, when you hold your ground and you hold firm and you say, you know, someone's intimidation isn't going to make me change anything. Maybe that's what he's trying to do. I think it's what he's trying to do, but--

HANSEN: One minute.

HUNT: Thank you, Mr. President. But him saying, oh, do you think the reason they're coming is because they listen to the national media and they know what a circus this Legislature has become. And Senator Kathleen Kauth put up the anti-trans bat signal and they came running because it's their favorite thing. Yeah, that's probably why they came. But that doesn't mean that we have to take it up that day. Also, whether LB574 goes up, down, all around, however it comes out of Select File, unless the bill is killed, every bill will be filibustered. And we will talk about LB574 every day on every bill for the rest of the 30 days of the session and maybe next session, since we learned that we can go 60 days without passing a bill. Thank you, Mr. President.

HANSEN: Thank you, Senator Hunt. Mr. Clerk for items.

CLERK: Thank you, Mr. President. Amendments to be printed from Senator McDonnell to LB617. Additionally, a reference report from the Referencing Committee concerning a gubernatorial appointment of Robey L. Jeffreys. Additionally, in conjunction, a notice of committee hearing from the Judiciary Committee. That's all I have at this time, Mr. President.

HANSEN: Thank you. Senator Machaela Cavanaugh, you're recognized to speak, and this is your third opportunity.

M. CAVANAUGH: Thank you, Mr. President. I was reading about the funeral of-- I want to get his title correct, U.S. Marine Gunnery

Sergeant Ralph Pate Jr. Pate joined the Marines in 1998 and was promoted to his current rank in 2009, U.S. Marine Corps Second Lieutenant James said. Pate's service included seven deployments, including Operation Iraqi Freedom in 2004, '06, '07 and '08. The following year, served a tour of duty for Operation Enduring Freedom and returned in 2011. Pate has been honored with the Bronze Star Medal Combat Action Ribbon with Gold Star in lieu of second award, Navy and Marine Corps Commendation Medal and Marine Corps Achievement Medal and with three gold stars in lieu of fourth Award. WBC members, the Westboro Church, protested schools and churches on the grandstand in May of 2010. The group's website said it chose the schools because they are "effing infested and pervert-run." It described the churches it chose to protest as "pedophile warehouses masquerading as churches." The group was met by local residents during last year's protests, who protested them being in front of the schools. This is now from The World-Herald, May 27, 2015. Hundreds of supporters came to the funeral of slain Omaha Police Officer Kerrie Orozco to shield mourners from a handful of protesters wearing blue. About 100 people arrived early at 24th and Cuming Street where the protesters intended to meet. About 9:00 a.m., the supporters moved south to Cass Street, where they were joined by hundreds more, including a large group from the Patriot Guard. They were unfurled large white sheets with blue lines across them. Colleagues, if you don't want to listen, there's a lounge across the way. You can go over there or, I don't know, the President could gavel. The protesters from the Westboro Baptist Church in Kansas set up near Interstate 480, so the supporters moved to a hill to block them from view. Kate Kleon [PHONETIC] of Omaha, daughter of a retired Omaha police captain, organized the sheetmaking. Everybody just came together, said Kleon, 33. Everybody wanted to help. Our purpose was to hide the hate and to show the love. And that's what happened. Kleon said the businesses and community members donated the materials. She said about 1,000 people signed up on Facebook to participate. Jen Raker, who worked with Orozco before she joined the Omaha Police Department, stood near the intersection, holding a sheet to honor her friend. The crowd of supporters grew to line the east side of 24th Street along the three blocks from Cass to Burt Street. About 20 minutes before the 11:00 a.m. funeral was to start, the five protesters left. Kristina Scheib of Omaha said she was glad to see them go. That's not what Jesus was about, she said. Joe Swafford heard that the Kansas church might show up to picket, and

then he and a friend found the Facebook page asking people to hold sheets. We're all in this together, said Swafford, 26, of Omaha. Everyone should be able to grieve in peace. Lynette Nolan, 25, and her father, Joe Nolan, 59, of Plattsmouth, held sheets near the top of the hill. I might not know, Kerrie, but we're all human, said Lynette. Nobody deserves that. Former city prosecut-- prosecutor Marty Conboy and his wife Cheryl also helped. Wherever they go, we'll go, he said. Kleon said--

KELLY: One minute.

M. CAVANAUGH: --she was glad so many people came to help. Without the community involvement, this would not have happened, she said. It was all of them. Colleagues. I'm going to continue to read about the funerals of service members and first responders that are protested by this church. If you can't do me the common courtesy of not being loud, you could excuse yourselves from the Chamber. Thank you.

KELLY: Thank you, Senator Cavanaugh. Senator Riepe, you're recognized to speak.

RIEPE: Thank you, Mr. President. I'd like to make a personal point of order, and that is, I've sat here and listened to the assault on the Speaker, John Arch, and I had-- I felt that it was my duty and responsibility. I've known Speaker Arch for many years, maybe 20 or 25 years. We both served with hospitals in Omaha, Nebraska. And fact is, at one time we were competitors. He was at Boys Town Pediatrics and I was with Children's Physicians. But I've known him to always be a man of his word, a man of faith, a man of integrity. And I think it's incredibly unfair for any of us to not provide some level of support for the duties that he's volunteered to serve. With that, I wish him well. I will support him to the end. And thank you for this moment. Thank you, sir.

KELLY: Thank you, Senator Riepe. Senator Bostelman, you're recognized to speak.

BOSTELMAN: Thank you, Mr. President. I want to echo Senator Riepe's comments. I've known Senator Arch for several years now, I think he's a, he's a man of his word. He's a man that does his very best with a possibly difficult situation that we, that we continue to deal with

here as far as just trying to schedule and organize and keep this body moving and keep bills going. It's not an easy job, but I know what he tells us is a truth, is a fact. And I just appreciate the time, the effort. Because when I walk out the door at the end of the night or I come into the building in the morning, he's already here. He's here later than I am, he's here earlier than I am. He's talking to a lot of senators. He's talking to a lot of people. He's trying to figure how to keep things moving and how to make things work efficiently and effectively. We've had over the years, in the seven years I've been here, we've had groups that have come to this building, that have come into our offices, that have caused issues for our staff and ourselves. No one supported that, no one is supporting what's being talked about now with this other group. We need to keep that in mind. None of us here support that. We need to focus on what we're doing, what we're here for, and do the work of the people. None of us can control what goes on outside of these doors, outside of the building. This is a public building. We may not like who walks through the door, what they say or what they're going to do. But they've got that opportunity. That's part of the process. So if these people or others come, let's continue on, do our very best, be our very best. Continue to do our work. Again, I appreciate Speaker Arch and the work he's doing. Thank you, Mr. President.

KELLY: Thank you, Senator Bostelman. Senator Day, you're recognized to speak.

DAY: Thank you, Mr. President. I just wanted to mention after that vote and amongst the conversation that's happening, how-- now what happened to me when I walked out of the Chamber a little while ago. I was on my way out because for me, bills like LB626 and LB574 break my heart because I know people are going to be hurt. People are going to die. And I was on my way out because I was crying and I was trying to walk it off and get away from everybody and not cry in front of everybody. Because I feel like we failed on that vote. And there was a lovely group of people that were cheering and clapping. And as I walked past them, as I was crying, a woman leaned in to me and said, that was a real shit show that you ran in there. She looked me in my face while I was crying, and I turned around as I walked past her. And I said, what did you say? And she said, that was a real shit show that you ran in there. And I said, what does that mean? And she said, what you did in there today was disgusting as she essentially spat in my

face. She walked away, and I had-- I couldn't-- I had no words. I couldn't form words at that point, and the only thing that I could say was, I hope you're ashamed of yourself. This job is so hard. We are exhausted. We are tired. We get yelled at and spit on by people for standing up for basic human rights. This is the hate that you stir with these bills. And no, maybe you didn't call the Westboro Baptist Church. And no, maybe you don't have anything to do with them being here. But you are complicit. You are a part of the denigration of human rights in Nebraska. And you are complicit. These people are on your side as they call us disgusting and spit in our faces, while we're crying. So for anybody that's at home watching and you're crying just like I was a little while ago, we have two more rounds of debate. Four hours on Select, two hours on Final Reading. We're not going anywhere. We will continue to fight on LB626 and LB574 for basic human rights, until they shut us down. You can spit in my face, you can call me disgusting. You can call me a murderer. But you're not going to stop me. Thank you, Mr. President.

KELLY: Thank you, Senator Day. Senator John Cavanaugh, you're recognized to speak.

J. CAVANAUGH: Thank you, Mr. President. So I rise in support of LB254 and, I think, AM698. And I'll be opposed to the bracket motion because I like LB254 and I appreciate Senator Brewer bringing this bill. And I think it's been a long time coming to get all of our things, you know, make it more accessible. I really do enjoy there's a nonprofit out there that's kind of broadcasting, recording some of our hearings and floor speeches and things that I get an opportunity to go back and see hearings that I wasn't part of because I was in my own hearings and see some of the bigger questions of the day that are being debated in, say, the HHS Committee. So I appreciate that. I wanted to rise in support of this amendment. I thought, you know, I might talk a little bit about I circulated a resolution that will probably get read across tomorrow and maybe I'll talk about that tomorrow as well. But I think we have some things to talk about tomorrow. So one of them was the resolution celebrating the 25th anniversary of the Good Friday accord, which every single one of you signed. So I appreciate that. It was nice to have everybody's signature. And what the Good Friday Agreement was, is an agreement in Northern Ireland between the two factions, which were principally composed of Catholics and Protestants, Unionists and Republicans. When you say Republican, you mean someone

who wanted a unified of Republic of Ireland and Unionist meant that they wanted to remain in union with the United Kingdom. And up until 1998, and including 1998, there was "The Troubles," which was a violent struggle between these opposition forces where they were bombing hotels and cars and restaurants and, you know, churches and things. It was a very violent conflict. And but they were brought together over the course of a year or two to negotiate a settlement to that conflict. And it was principally negotiated by the United States senator from Maine, William [SIC-- George] Mitchell. And when they finally got the agreement settled and signed, it was April 10 of 1998, which happened to be Good Friday. But there was a long time where that was unsettled. It was not likely to happen because there were so many factions and they were so intractable in their positions. There were many factions of Unionists and there are many factions of Republicans. And then there were a few other kind of nonspecific factions in between there. And they really couldn't come to terms about just even where to begin to negotiate. And it took a very long time to just start to begin a framework for negotiation, of conversation to move forward. And I wanted to do that resolution. And I talked to Senator Lowe about it, doing it together because of the 25th anniversary, I think is a significant one. But also I thought it might be a just sort of thought piece for where this body is, because we're hearing a lot of conversation in here about, you know, intractability. But we hear some people sometimes talk about compromise. And I heard one suggestion, a compromise today that I thought was particularly telling when somebody said that, you know, Senator Albrecht had compromised with her own heart. And I thought that was an interesting use of phrase, but I also thought it was relevant to how we've been presented with what is called compromise in this body up to this point. You know, whenever we kind of have amendments that are put up on controversial bills and everybody says, oh, will they compromise and compromise? But the compromise has always been not with the side who is opposing the bill, but internally with the side that propos-- has been proponents of the bill. And that's not a compromise. So when you're trying to tell people that they should be-- come along, you need to talk to them about what their concerns are and listen to--

KELLY: One minute.

J. CAVANAUGH: --those concerns. Thank you, Mr. President. And so, you know, I think that there's-- I guess my point is, one, that I like

this bill. And two, that if we want to have a constructive conversation there, I don't know if there's going to be opportunity for to work on every bill or any bill, but I think the first place has to be actually listening to the concerns people are raising. And I do think that a number of people raised legitimate concerns to the bill we addressed earlier today, LB626, the near-total abortion ban. There have been people even on-- that voted for it today who have raised concerns about it. But I think there were legitimate concerns that are addressable that were in that bill that just, I don't know if the proponents of that bill have considered any changes to the bill in its current structure. And so that is something I think people, you know, it would be good to think about. Maybe take a look. You can read some articles or some good books about the Good Friday Agreement and how they came to that--

KELLY: That's your time, Senator.

J. CAVANAUGH: Thank you, Mr. President.

KELLY: Thank you, Senator Cavanaugh. Senator Hunt, you are recognized to speak.

HUNT: Thank you, Mr. President. I rise in support of LB254. I will be not voting on this bill since Senator Brewer is supporting the abortion ban. And in the beginning of this session, I said that I wasn't going to be able to support any bills introduced by supporters of the abortion ban, and that if any of the votes were going to be close, you know, you might need to work those votes because I can't be there for you. But I certainly support the bill and I support the work behind it and the concept that went behind it. I know that so many Nebraskans were here today during the discussion on LB626, on the abortion ban, because they watch us. Because they look online and they can go on NET Nebraska-- or Nebraska Public Media and they can watch what we're doing. There are so many groups that have popped up on Facebook in just the last couple of years that have gotten people more and more engaged with watching us, being able to participate in shaping policy somehow just by understanding what it is that we're doing, reaching out to us, giving us feedback. And I think that from past legislatures, we've had some of the most citizen and Nebraskan feedback than many other legislatures, just because it's so much more accessible to people. And what I hear overwhelmingly from Nebraskans

is that we are doing harm. That we're doing harm. And the lens that I view each bill through before I decide if I'm going to support it or I'm going to oppose it is, who does this bill help and who does it harm? And how do we balance that in a way that we do as little harm as possible? For Senator Riepe to say that these criticisms are an assault on the Speaker, he stood up to stand up against the assault on the Speaker. That's an overstatement. That's a little dramatic. I'm very unhappy with the Speaker. I supported him running for Speaker, I thought he was a good choice. He represented himself as a uniter. And I think he's about as much as a uniter as Senator Kathleen Kauth is a conflict mediator. We are the most divided we've ever been, we are in the most conflict we have ever been. And another way Speaker Arch has failed us is by being unable to preserve the collegiality in the body. Do you think that, like, there's something special about this session that the bills introduced are worse or the people are ruder or the people magically don't get along more than ever for some reason? No, it's because of the scheduling. It's because of the prioritization of bills that cause harm that past Speakers that past committee chairs, that passed Executive Boards would not have allowed to pass go. Because one of the values that we have in this Legislature is collegiality. Past Speakers, past committee chairmen have understood that some bills aren't worth it for the fights that they're going to cause. I think that when Senator Chambers was here, his-- the way that he could reliably take a stand against something kept a lot of bad bills from even coming to the floor because they didn't want the smoke. They didn't want the heat. And this year, Senator Machaela Cavanaugh has set up-- stood up and essentially said the same thing, said, you cannot get past me, to the degree that we're filibustering every single bill because of the harm you are causing to this body. And people called her bluff. And that has escalated--

KELLY: One minute.

HUNT: --and escalated and escalated. Thank you, Mr. President. And I'll tell you, I'm not going to de-escalate it by stopping. I'm not going to de-escalate it by getting off the mike. For me, it's gone too far. And the Speaker needs to take control of this body and decide what the priorities of this Legislature are going to be. And he's decided that it's discrimination against trans kids. He's decided that it's banning healthcare for women, for pregnant people in Nebraska. Knowing that the Westboro Baptist Church is coming, he schedules this

bill. No, I'm not saying he scheduled it because he asked them to come, I'm saying he knew they were coming and he said, perfect, we'll do it Thursday. Ridiculous. Irresponsible. Knowing how LB574 affects a member of this body personally, he refused to find a resolution to it. That's not leadership. We are allowed to be disappointed at him. Thank you, Mr. President.

KELLY: Thank you, Senator Hunt. Senator DeBoer, you're recognized to speak.

DeBOER: Thank you, Mr. President. I'm told I'm the last one who's going to be speaking tonight. And I wish I had the right words to say. First, the easy words. I think this bill is a great idea. I fully support this bill. There are groups that will tape-- it's not tape anymore, I'm showing my age-- will record the different committees and things like that. And I have watched the committee hearings for committees I'm not in for bills that I knew was coming to the floor, so that I could be informed after I get home. So I sit through my committee and then I go and I have the ability to watch another. And that really helps me to be able to see what's in the committee. I have had to introduce a bill in a different committee, so I miss my own committee, and I watched my own committee hearing so that it helps me on the bill. So all of these things, I think this is just a fantastic bill and I appreciate all the people who have worked to put our hearings up online in the past. And I appreciate that this bill will do that going forward. There are a lot of people in Nebraska tonight that I think are scared and for a variety of reasons around a lot of different political things. So I will say this. In 2020, this is a story I've been telling people lately because I think it helps. In 2020, my dad and I planted daffodils in the front yard of my house. And we planted them socially distant because in 2020, in the fall, we couldn't be together. And I said to him, I hope when these daffodils bloom in the spring, we can stand next to each other. And in fact, we could. His vaccine had kicked in and we could hug each other and look at these daffodils bloom. And I didn't want to-- I needed to redo my front yard, but I couldn't because I didn't want to get rid of those daffodils. But finally, it was bad enough last fall, so I hired someone and they dug up my front yard. And they put down plastic and then they put down rock. And I was sad because I lost the daffodils. And Sunday evening, when I got home from being with my family on Easter, in my front yard, against all odds, was a daffodil. It seems

like we will not find a way to work together again sometimes. It seems like we will not find a way to hope again sometimes. But I'm reminded over and over again in this world that the impossible sometimes happens. So I know tomorrow we will have a really difficult day, and I will hope that somehow we will find our impossible tomorrow. Thank you, Mr. President.

KELLY: Thank you, Senator DeBoer. Mr. Clerk for items.

CLERK: Mr. President, name adds. Senator Moser added to LB136. Senator Bosn to LB137 and LB138. Senator Murman to LB254. Senator Bosn to LB435, LB436 and LB753. Finally, Mr. President, a priority motion. Senator Bostar would move to adjourn the body until Thursday, April 13 at 9:00 am.

KELLY: Members, you've heard the motion. All those in favor of adjournment state aye. All those opposed say nay. We are adjourned.