

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

DORN: Good morning, ladies and gentlemen. Welcome to the George W. Norris Legislative Chamber for the sixty-ninth day of the One Hundred Eighth legislative [SIC], First Session. Our chaplain today-- for today is Pastor Sean Dougherty, First Baptist of Kearney, Nebraska, a guest of Senator Teresa Ibach.

PASTOR DOUGHERTY: Would you pray with me? Father, you are a merciful and loving God who causes the sun to rise on the righteous and the wicked. In the middle of this world that is full of death, you give the big and small joys of love and friendship. All of us in this room are blessed with the gift of life and the opportunity to cultivate goodness and truth in this world. You know the burden that these lawmakers have upon their shoulders, as they try to care for the people of this state. Give them joy in their purpose. Remind them of your faithfulness through the ages to all those that look toward your kind hand. Impress your greatness upon our hearts. You have told us that there is no greater love than laying down ourselves for one another. Help this body live that out. Give us wisdom to love well. As this great Legislature convenes today, give wisdom to everyone here. Give them insight into the ways that your will can be served in loving people, to care for the weak who cannot speak up, as well as the strong who can shout on the rooftops. Help them to see down the corridor of time to the ways that laws affect the hearts of people. By the name of Jesus Christ who is our Lord and Savior, we pray. Amen.

DORN: Leading the pledge, pledge will be Senator Barry DeKay.

DeKAY: 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.

DORN: Thank you. I call, I call to order the sixty-ninth day of the One Hundred Eighth legislative First Session. Senators, please record your presence. Mr. Clerk, please record.

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

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

CLERK: I have no corrections this morning.

DORN: Thank you. Are there any messages, reports or announcements?

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Floor Debate April 27, 2023

CLERK: There are, Mr. President. Report of registered lobbyists from 4-26-23 will be printed in the Journal. Additionally, agency reports electronically filed with the Legislature can be found on the Nebraska Legislature's website. That's all I have at this--

DORN: Senator Brewer, for an announcement.

BREWER: Thank you, Mr. President. I wanted to give a quick update to those that are going on the Fort Robinson adventure. Tomorrow morning, we will assemble in the parking lot-- the senator parking lot at zero nine. We'll have the troop transport vehicle ready. Quick formation, do accountability. We head west. John Lowe will meet us in Kearney; lunch there and then on to Fort Robinson. We're anticipating arrival about 17:00. Please keep in mind, weather is predicted to be low in the thirties, high in the sixties, sunny, clear, but because it's western Nebraska, you will have wind. So bring a jacket. Thank you, Mr. President.

DORN: Thank you, Senator Brewer. Speaker Arch, for an announcement.

ARCH: Thank you. This is my end of the week announcement, just to tell you what's happening next week. So next week, our late nights will be Tuesday, Wednesday and Thursday. On Tuesday, we will take up LB705, the Education Committee's priority bill. Also, we will finish the debate on LB191, if not completed today. Additionally, on Tuesday, the Appropriations Committee will be placing the main line budget bills on General File and you will be receiving the Appropriations Committee budget book, detailing the committee's proposed budget. In order to give you time to review the bills and the booklet and for the committee to hold a briefing, we will not begin debate of the, of the budget until Wednesday. So Tuesday, we'll pick up LB705 and Wednesday, we will begin the debate on the budget. Thank you, Mr. President.

DORN: Thank you, Speaker Arch. Senator Albrecht would like to recognize the doctor for the day, Dave Hoelting, of Pender, underneath our north balcony. Mr. Clerk, we will now proceed to the first item on the agenda.

CLERK: Mr. President, Select File, LB191. First of all, Senator, I have E&R amendments.

DORN: Senator Ballard, for a motion.

BALLARD: Mr. President, I move the E&R amendments to LB191 be adopted.

DORN: All those in favor say aye. All opposed, nay. They are adopted.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

CLERK: Mr. President, I've got additional amendments. Senator Riepe, AM1363, with a note he wishes to withdraw. Additionally, AM1373, with a note he wishes to withdraw. Mr. President, Senator Riepe would offer AM1514.

DORN: Senator Riepe, you're recognized to open.

RIEPE: Thank you, Mr. President. Each of you have received a letter on General File detailing the purpose of AM1363 and now AM1514. AM1514 is a rewrite of AM1363, which includes a severability clause to LB191. AM1514 allows the Workers' Compensation Court the ability to keep workers' compensation assessment funds in-house, preventing a forecasted deficit. Currently, two-thirds of workers' compensation assessments are directed to the General Fund rather than to the Compensation Court Cash Fund. This amendment comes from Section 8 of LB818, one of the Governor's budget bills brought before the Appropriations Committee. A hearing was held on February 13 with no opposition. Because Section 8 of LB818 represents a substantive change, the more appropriate process is through the Business and Labor Committee. Allowing these funds to keep internally-- to be kept internally is important, because the court's operations include salaries of court personnel are funded almost entirely by these assessments. Over the years, assessments have tended downward, while expenses have risen. Also, in 1993, the court was located in the, in the state Capitol. For the past several years, the court has been located to space outside of the Capitol, which requires payment for rent and private security. I would appreciate your green vote for AM1363 [SIC], allowing the Workers' Compensate [SIC] Court to continue to be self-sustaining in the years ahead, as it has been since 1996. Thank you, Mr. President.

DORN: Thank you, Senator Riepe. Senator Blood, you're recognized to speak.

BLOOD: Thank you, Mr. President. Fellow senators, friends all, I was asked to, to build a little bit on what Senator Riepe just shared with you in reference to this amendment and why this workmen's compensation court funding issue is so very important in order for them to remain solvent and move forward. So the Governor's proposed budget in LB818 proposed a statutory change to Nebraska Revised Statute, Section 48-145, concerning distribution of assessments collected from self-insured employers. So as you heard, 97 percent of the funding for workmen's compensation court comes from assessments against insurers, self-insured employers, and risk management pools. So currently, the self-insurance, insurance assessments are divided by sending, as you

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

heard, one-third to the Compensation Court Cash Fund and two-thirds to the General Fund. And you can find that in state statute 48-145 and 48-1,114. LB818 proposes that the assessments being directed to the General Fund instead be deposited to the Compensation Court Cash Fund. So in fiscal year 2022, the amount of self-insurance assessments deposited to the General Fund was approximately \$2 million. So the proposed revision that is now included in this amendment-- it's no longer a bill, but the amendment is going to be the bill within LB191. The proposed revision is going to help sustain the funding of the court in the years ahead, because we want to make sure that it remains self-sustaining. And we have a small window of time that we can accomplish this in. So this is not something that we can put off until next year. This is something that has to be done yesterday. The court hasn't received General Funds since 1996, but they most definitely will face a deficit in the next biennium if we do not make sure and pass this. There are many reasons why the system for the court's funding that was established in 1993 needs to be updated, including the \$6 million of the Compensation Court Cash Fund that was diverted to the General Fund over the years. So we just want to make sure that you have a clear understanding of why this is important and know that if we do not take action, what we are doing are hurt-- is hurting one of our most important agencies. And we have the ability to correct that issue by amending AM1514 into LB191 and making sure that we vote LB191 through the process and make it law. Thank you, Mr. President.

DORN: Thank you, Senator Blood. Senator Clements, you are recognized to speak.

CLEMENTS: Thank you, Mr. President. I also rise in support of AM1514. Since the early part of this session, I've been working with the Workers' Compensation Court. They alerted me that their funding was going to run out of their-- their cash fund, which they get a-- been getting a, a percentage of workers' compensation fees and they've been getting one-third and the General Fund has been getting two-thirds. They used to be here in the Capitol, with no rent, no requirement for security or, or utility payments. They were moved out of the Capitol a few years ago and having to pay rent on a building, pay utilities and security for their courts and so their expenses have gone up. And so I agreed with them that it was acceptable to let the Workers' Compensation Court get all of the fees from the self-insured companies for their workers' compensation premiums. And that we've-- we looked at-- we've been working with Chairman Riepe and, and his committee. And we decided that it was not proper to put this change in the budget, but it needed to be through the Business and Labor Committee. And so Business and Labor is doing the statutory change of allocating

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

those funds to the cash fund for the Workers' Compensation Court. And in the budget we have allocated all of those fees back to the, the court, but we need this change in order to match it with the funding that we've provided in the budget. And so I just want to rise in support. It's a change that will keep them from running out of money. They would have run out of money by next February, or so, if we don't do this. So I appreciate Chairman Riepe including this in LB191. I ask for your green vote. Thank you.

DORN: Thank you, Senator Clements. Seeing no one else in the queue, Senator Riepe, you're recognized to close.

RIEPE: Thank you, Mr. President. Before I surrender the mike and close on AM1514, I want to thank the members of the Business and Labor Committee. Those include Senator McKinney, Senator Hansen, Senator Hunt, Senator Halloran, Senator Blood, and Vice Chair, Senator Ibach. I would also like to take the opportunity to thank the Bill Drafters for their hard work and dedication for the drafting of LB191 and its supporting amendments. Finally, I would like to also thank my staff: Abbie Fahleson, who's my legislative aide; Micah Chaffee, which is the research analyst, soon to be legal counsel; and Payton Colter, who's the committee clerk and the administrative assistant. Thank you, Mr. President, for the opportunity to respond.

DORN: Thank you, Senator Riepe. The question before the body is the adoption of AM1514. All in favor vote aye; all opposed vote nay. Have all voted who care to? Record, Mr. Clerk.

CLERK: 37 ayes, 0 nays, Mr. President, on adoption of the amendment.

DORN: The amendment is adopted, Mr. Clerk, next item.

CLERK: Mr. President, Senator Riepe would offer FA70.

DORN: Senator Riepe to open on FA70.

RIEPE: Thank you, Mr. President. FA70 and the other two floor amendments I have filed strike sections of LB191. The underlying intent of these amendments were meant to prevent any additional amendments from senators wishing to add their bills onto the Business and Labor Committee omnibus bill, without-- I repeat, without the committee's permission. Seven bills on the LB191 which are authorized are LB249, LB267, LB460, LB639, LB666, and LB427. As Chair of the Business and Labor Committee, I selected noncontroversial, consent calendar-type of bills for that om-- omnibus bill and out of the-- coming out of the committee. Approving additional controversial bills

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

not voted unanimously out of the Business and Labor Committee on Select File will be inappropriate. Please let me be clear. No additional bills coming out of the Business and Labor Committee should be added to LB191, other than what was already approved by the committee. Thank you, Mr. President.

DORN: Thank you, Senator Riepe. Senator McDonnell, you're recognized to speak.

McDONNELL: Thank you, Mr. President. Good morning, colleagues. I, I appreciate Senator Riepe including one of my, my bills in the work that the Business and Labor Committee has, has done. But I disagree with this FA70 based on I do have an amendment of a bill that's worked its way through the process and sitting on General File right now and it came through Business and Labor. So I think we should have that ability to have that discussion and that opportunity to vote on other bills, which, as you know, this session hasn't been a usual session. And, and the idea of looking at Christmas trees and limiting them to, potentially, seven bills, which I appreciate, again, Senator Riepe making sure one of those were my bills. But also, at the same time, it doesn't mean it has to stop at seven. It could be eight, nine, ten. The point is, if we have-- that we go through the process and have the opportunity to have the discussion, we should have that ability to decide on the floor that it-- should there be an eighth bill added, a ninth bill? And originally, this was Senator Halloran's bill when he introduced it. I know also Senator Halloran has an amendment for this bill that he has also filed today. So I would appreciate a vote against FA70 and we continue to talk about the amendments for LB191. Thank you, Mr. President.

DORN: Thank you, Senator McDonnell. Sen-- Senator Riepe, you are recognized to speak.

RIEPE: Thank you, Mr. President. The opposition is to try to keep the bill, LB191, as clean as we possibly can so that we don't have bills that are coming along at the what I would call the 11th hour. On the LB161, which Senator McDonnell is presenting, originally came out of committee on a 4-3 vote. And then, with his hard work, he was able to convert some people over. He maybe should have been a minister, because he, he brought them over from the dark side back to his side. But I still stand on the fact of wanting to keep the bill clean. We've asked others to postpone and possibly bring theirs back on next session. And that's where, that's where I stand. That's where the committee stands. So thank you very much, Mr. President.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

DORN: Thank you, Senator Riepe. Seeing no further discussion, the question before the body is-- Senator Riepe-- excuse me. Senator Riepe, you're recognized to close.

RIEPE: I would simply waive closing.

DORN: Senator Riepe waives closing. The question before the body is the, the adoption of FA70. All those in favor vote aye; all those opposed vote nay. Mr. Clerk, record.

CLERK: 24 ayes, 8 nays, Mr. President, on the adoption of FA70.

DORN: The motion is not adopted. Mr. Clerk, for the next item.

CLERK: Mr. President, Senator Riepe would offer FA71.

RIEPE: Senator Riepe, you're recognized to open.

CLERK: Excuse me, Mr. President, Senator Riepe--

RIEPE: Thank you.

CLERK: --would withdraw FA71 and FA72. In that case, Mr. President, the next amendment. Senator McDonnell would offer AM1520.

DORN: Senator McDonnell, you're recognized to open on AM1520.

McDONNELL: Thank you, Mr. President. And, and again, this is no reflection upon the hard work of the Business and Labor Committee and, and the Chairperson, Senator Riepe, but also I think this is important and we should have this discussion. AM1520 represents compromise language that has been worked on, on a relative-- relative to bill LB161. LB161 represents an expansion of the personal privacy protection guaranteed under the Nebraska Workplace Privacy Act of 2016. It establishes guardrails for new technologies in the workplace. I want to recognize the benefit of an emerging technology and how it can be used to improve workplace and public safety, but I am striving to balance that with a personal privacy. You may remember that I withdrew a similar amendment on General File to give people a chance to hammer out some changes that they would like to see. I stand by LB161 as drafted, but I also wanted to give people a chance to come together to make it stronger. Some of the questions were surrounding the questions of the property owned by the employer and them, them not being able to track their property. If you take a look at page 3 of the amendment, line 14 and 15, it clearly states that nothing in this section shall, shall prohibit an employer from tracking the location

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

of property owned by the employer. And if you go through the bill or the amendment going back to AM1520, and if you look at that language that I just referenced: Except as provided in subdivision (1)(d) of this section, nothing of this section shall prohibit an employer from utilizing an electronic communication device for legitimate business purposes disclosed to the employee. Legitimate business purposes included controlling access to secure locations, equipment, and information. Nothing in this section shall prohibit an employer from tracking the location of property owned by the employer. And nothing in this section shall prohibit an employer from monitoring the use of the employer, employer property for productivity of-- or other job-related merits so as long as the property and the employee, employee processing or using the property are not associated with that data collection. So here, we have, we have an exception in this bill and we just went through a pandemic. We have the opportunity to say, OK, there are certain times where we should do tracing in the workplace. And that idea that we come in contact with each other, then 24 hours later, someone finds out that they've tested positive, for example, for COVID. We want to make sure that person is notified of that, the employer has that information. But once the Center for Disease Control, because this is after the Governor has, has declared the emergency, the emergency is now over. And once the CDC says, hey, we are no longer in that emergency, 48 hours later they should destroy that, that contacting, that tracing information, based on it should not end up in a, in a, in a person's personnel file. So the idea of using it and using technology the proper way, especially during a pandemic, this bill allows that. And that's up to the Governor to declare that and, again, the CDC to decide when that, that data no longer is needed. But the idea of continuing to use it for other reasons, we don't think it's proper. We think there is a right to privacy even in the workplace. And we definitely don't think it should continue on after you leave the workplace, into your private life. So I please ask you to support one-- AM1-- AM1520. Thank you, Mr. President.

DORN: Thank you, Senator McDonnell. Senator Jacobson, you're recognized to speak.

JACOBSON: Thank you, Mr. President, and good morning, colleagues. Normally, Senator McDonnell and I are on the same page, however, I have to say I am opposed to his AM1520. And here's my thought process. This, this amendment or this portion of this bill was brought to the committee and it was rejected by the committee. And that's why it did not make it into LB191 to begin with or along the way. There was discussion-- there are serious concerns about what could happen. My

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

main concern is the inadvertent collateral damage, if you will. We live in a world of electronics, i-watches, phones, vehicles, so on and so forth. Technology is continuing to expand. When we start making these kinds of bans, there's so many inadvertent tracking that could occur that was not intentional, but could, in fact, create liability for employers. That's where my concerns lie. I do not believe it should be amended into LB191, as Senator Riepe has outlined. LB91 [SIC--LB191] is getting pretty loaded up. We're in an unconventional process this year with these omnibus bills. There are several people continue-- counting on LB191 getting to the finish line. We've got a number of bills that are very, very important that have been amended into LB191. I don't see AM1520 as a high priority. I think it can come back next year to the committee and get looked at again. But please, I would urge you to vote no on AM1520, move forward a-- LB191 clean and get that to the finish line. Much more work needs to be on-- be done on L, L-- AM1520. Let the committee work that out next year. So, again, I'd urge a red vote on AM1520, green vote on LB191. Thank you, Mr. President.

DORN: Thank you, Senator Jacobson. Senator Riepe, you are recognized to speak.

RIEPE: Thank you, Mr. President. And thank you, Senator Jacobson. The bottom line is that the omnibus train out of Business and Labor has left the station. We have several bills are seeking to jump on the train and my argument would be is next session. Please vote no, vote red on AM1520. Thank you, Mr. President.

DORN: Thank you, Senator Riepe. Senator Erdman, you are recognized to speak.

ERDMAN: Thank you, Mr. President. Good morning. I was wondering if Senator McDonnell would yield to a question or two?

DORN: Senator McDonnell, will you yield to a question?

McDONNELL: Yes.

ERDMAN: Thank you, Senator McDonnell. Senator McDonnell, what happens if we don't pass this? I mean, what problem are we trying to solve with your bill?

McDONNELL: I, I think the, the potential of, of en, en-- encroaching onto that personal privacy in the workplace and after, I think that, that is what the, the concern is going forward. Now, of course, we're addressing the language, where, if there's a next pandemic and there's

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

an emergency declared by the Governor, then the employer has that ability to, to trace people and track them. But we're concerned about after the employer-- the employee leaves work, what is the employer doing tracking them and also what ends up in their personnel file long-term, outside of a, a, a pandemic, which we just all went through?

ERDMAN: OK. So if we don't adopt your amendment, then the employer can continue to track the employee no matter where they go?

McDONNELL: Based on the idea of, of-- and, again, we all don't know how technology, exactly where we're going to end up, but we know it's moving fast. So the idea of an employer tracking someone outside of a pandemic purposes, we would like to make sure that does not happen, based on job performance, based on equipment, as I mentioned, to track the vehicle, for example, GPS. That is fine. It's the-- if, if, if the employer owns the equipment, that's a different story. But the idea of tracking an employee outside of, of the normal job duties with an electronic device, we are trying to prohibit.

ERDMAN: OK. So one final question, then. So what you're trying to do here is once the pandemic is over, then there'll be a restriction on how long or how far they can track the employee. Is that what you're saying?

McDONNELL: Yeah, once the-- for the use of during a pandemic for tracing for health purposes, that, that would be fine. The problem is using technology going forward to find out, for example, which employee is talking to which employee. Outside of the idea of productivity, it's more of just wanting to track them and, and, and, and basically know--

ERDMAN: OK.

McDONNELL: --what kind of communication they're having within the workplace, as an example.

ERDMAN: OK. So I noticed in the committee statement, the vote was 4-3. There were several that testified as proponents and then there were a couple of opponents. What was the comment from the opponents? And, and you said you've, you've amended it some or changed it since the hearing? What, what were their, their concerns?

McDONNELL: So originally, in the testimony for LB161, which was voted out of committee 4-3, and then, as Senator Riepe said, I have talked to the three that, that were opposed to at least get them to a

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

position of, of, of neutral. There was no opponents. There was no opponents on LB161. There was one person in the neutral testifying, but they were more of the idea can they-- can we do this in a way-- and these are the discussions why I pulled it off of General File and re-- resubmitted a new amendment to Select; is there a balance here? And I think there is. Is there a balance where that employer, of course, has the ability to run their business, but at the same time, that employee has that personal protection? But also we all came together and understood that if it's during a pandemic, we all have to make those sacrifices for the health of, of, of our community.

ERDMAN: OK. I appreciate that-- those answers. Thank you.

DORN: Thank you, Senator McDonnell and Senator Erdman. Senator McDonnell, you're next in the queue and recognized to speak.

McDONNELL: Thank you, Mr. President. So a couple of things I was going to try to cover. Senator Erdman with his questions, that was, that was helpful. But again, the idea of this going through the, the process and currently sitting on, on General File and it was voted out 4-3. And now those, those three individual senators have at least taken the position of, of neutral. And that's how we got here today, but also trying to work from the General File and some of the concerns. And one concern was, and I've used it earlier, was I-- I'm the employer and I own the vehicle and I have GPS tracking. Does this stop this? No. No, this bill does not affect that. And I want to make sure that we look at exactly what we're talking about. And it's on, it's on page 2 of the bill based on, on the amendment-- required an employer shall-- require an employee to wear an electronic communication device to track the employee's location or travel patterns or to confirm contacts with other employees unless the Governor proclaims a state of emergency for a pandemic pursuant to Section 81-829. So we're trying to say here, these employees, it's a two-way street. Of course, they're coming there. The employer, they're responsible. The employer, they're, they're making sure that they do their job successfully. The employer wants that. At that point, again, to make those kind of adjustments during a pandemic, that's fine. Everyone's going to give up some of their, their privacy. But after that is over, for the idea of going forward, we do not want that privacy violated based on, on, on tracking them outside of a pandemic.

DORN: Thank you, Senator McDonnell. Senator Jacobson, you are recognized to speak.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

JACOBSON: Thank you, Mr. President. Once again, I-- my concern is that we have a bill that's an omnibus bill, if the committee Chair has made it very clear that he wants a clean bill from this point forward. And I think when we look, it's trying to add amendments at this stage of the game that truly are not without objection. That's a concern at this stage of the game and that's why I remain so opposed to this. Let me give you a list of opponents that are out there, the people that are opposed to AM1520. They would include the Nebraska Chamber, city of Lincoln, city of Omaha, Sheriffs Association, Federal-- Federation of Independent Businesses, Black Hills Energy, Charter Communications, AT&T, Uber, Nebraska Grocers [SIC] Industry Association, Nebraska Retail Federation, Hospital Association, and Nebraska Petroleum Marketers. That's a pretty good list of people that are opposed to this amendment. And that's why I would just urge you again, that if this is an important thing and I think as Senator Erdman raised, what problem are we trying to fix? And I think we're anticipating a potential problem as opposed to a problem we're trying to fix. I would prefer that this be jettisoned, that we move forward with a clean LB191, the committee take another look at the components of AM1520 next year, try to get all of these that are opponents to get on board and reach some kind of better conclusion than what we have today. So again, I-- colleagues, I'd urge, urge you a red vote on AM1520 and a yes vote, green vote, on LB191. Thank you, Mr. President.

DORN: Thank you, Senator Jacobson. Senator Riepe, you're recognized to speak.

RIEPE: Thank you, Mr. President. I think the question at hand is the 11th hour Select File effort to get on board this, what I call, the moving train. My philosophy is, is, fundamentally, what one does for one, you, you must do for all. And so we have asked others to defer and they have agreed. So with that, I ask for your vote red on AM1520, on the amendment. Thank you, Mr. President.

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

J. CAVANAUGH: Thank you, Mr. President. Well, I've been listening to the conversation about this bill and I appreciate it so far. And I didn't get a chance to talk to Senator McDonnell. He's been so busy. But I wonder if he would yield to a question?

McDONNELL: Yes.

DORN: Senator McDonnell, will you yield to a question?

McDONNELL: Yes.

J. CAVANAUGH: Thank you, Senator McDonnell. I appreciate-- obviously, I think employee privacy is important and I think taking considerations about these extreme circumstances. But when I'm reading this, I just had one concern, where I'm thinking about and I think you've clarified it, but I just want to put a point on it. So, you know, cities have a lot of employees. One of them includes law enforcement, and they require them to wear body cameras and they have cruiser cameras, things like that. Is that something that would be exempted out under this bill? I'm sorry?

McDONNELL: No.

J. CAVANAUGH: Well, so I guess-- let me clarify my, my question. So the cities could still require them to wear body cameras in, in the performance of their duties?

McDONNELL: Yes.

J. CAVANAUGH: OK. That was, that was my concern. So, so I guess--

McDONNELL: Yeah. They would not be exempted out.

J. CAVANAUGH: Would not be exempted. So that-- it would be something that the, the cities could still continue to operate the way they've always operated, as it pertains to body cameras and cruiser cameras and things like that?

McDONNELL: Yes.

J. CAVANAUGH: And so you've been talking. I've been listening. There's been a lot going on. You've been talking about-- so anything that's owned by the employer, so that device, the body camera and things are owned by the city. Same goes for city buses. They can still track those?

McDONNELL: Yes.

J. CAVANAUGH: OK. And like, OPPD, I guess, is another political subdivision. Those trucks run by OPPD, they could still track those, as well?

McDONNELL: Yes. If you, if you look at page 3 of the amendment, line 14, nothing in this section shall prohibit an employer from tracking location of property owned by the employer.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

J. CAVANAUGH: Owned by the employer. And that-- so that extends to all of the requirements that cities and municipalities, counties would have that-- still have that authority then.

McDONNELL: Yes.

J. CAVANAUGH: Thank you, Senator McDonnell. I appreciate that. That helps with my concerns. Thank you.

DORN: Thank you, Senator John Cavanaugh and Senator McDonnell. Senator Erdman, you're recognized to speak.

ERDMAN: Thank you, Mr. President. I was wondering if Senator Jacobson would yield to a question?

DORN: Senator Jacobson, will you yield to a question?

JACOBSON: Yes, I would.

ERDMAN: Thank you, Senator Jacobson. Senator Jacobson, you read off a list of people who were opposed to AM1520. I looked at the committee statement. And the only people that registered a complaint were the grocers, the petroleum, and the C-store owners. How did you get a list of all those other entities that are opposed to this?

JACOBSON: The individual who testified on behalf of those opponents is also-- was also testifying for these others who have joined her in her oppos-- in the opposition. So--

ERDMAN: OK.

JACOBSON: --that's a group that's opposed today and that's the group that's been working with the possible compromise, that, of course, has not been reached. And that's where my main concerns are at, is that I can't imagine too many bills that we would get on the floor today-- as we're trying to look at these omnibus bills, we're looking at 8-0 out of committee, no opposition. There's serious opposition here. In fact, the Department of Labor is also opposed to this bill. So this bill needs a lot of work. And, and I think it needs to come back next year. I don't think we should weight down LB191. Frankly, I've got concerns about LB191 if 10-- if AM1520 gets attached.

ERDMAN: Right. I understand that. But I just was curious, because they, whoever it is, testified in opposition, didn't mention any of those other people.

JACOBSON: Though, though-- they were-- the person that testified was testifying for that group. And then this other group has joined since that time in the work to try to reach a compromise.

ERDMAN: OK.

JACOBSON: And they are now opposed to the amendment without further changes.

ERDMAN: All right. Thank you. So when we're concerned about how many bills are, are included in a package, we need to be very concerned about some of those other bills that have come to the floor and have been passed. And we've been 15 or 16 in a package. We have one coming up that's 21 bills in a package. That's an issue that we need to deal with. There are bills that need to have discussion, that need to have debate and I'm glad that AM1520 is getting an opportunity to have some discussion about what the bill means, rather than just passing it on. And so, for no other reason, this morning having a discussion about LB161, which is now AM1520, is healthy. And we have failed to do that on probably 100 bills that have been passed. And this is a problem. This is a concern for me. We've become a mini Washington, D.C., that you have to pass it to see what's in it. And, and that's an issue that I believe needs to be dealt with differently than we've been doing that. But that's the norm here. And so when things happen like they've happened, then you react to those and you make adjustments. And that's why we have these ominous bills. That's why we have 20 bills in a package. It's because of what's been happening up till this point. And that's a concern. And so I appreciate Senator McDonnell allowing us to have a discussion about his bill. And I appreciate the fact that we are actually doing a debate. Thank you.

DORN: Thank you, Senator Erdman and Senator Jacobson. Senator Machaela Cavanaugh, you're recognized to speak.

M. CAVANAUGH: Thank you, Mr. President. This is an interesting conversation this morning, the dichotomy of wanting to get things attached. Hitchhiking versus opposing it, while also voting for it in other instances when it suits you. I think it's fine to not want to attach another amendment on a Select File, somebody else's bill on to somebody else's bill on Select File. You can oppose that, sure. But, but then, you're going to vote for 20-bill packages to-- that circumvent the floor debate and conversation on bills, because you have 20 bills in a package and you can't possibly give them full and fair debate on the floor in 8 hours, 8 hours split 20 ways. Because that's what you're doing when you approve these massive packages out

of committees, you are approving a diluting debate. And I'm sure everyone is rolling their eyes and saying, you're the problem. I'm the problem. It's me. But I'm actually not the problem, because you all could have all the time in the world you want back if you made different choices and if you really cared about getting bills attached or getting bills to have their day in the sun. If you really cared about voting on your priority bills, you wouldn't have made the session about somebody else's bill. You would have said enough is enough. I don't think this is what we should be focused on. I don't want to talk about this. I don't want to do this. So I'm not going to vote for it, because this isn't what we should be focused on. So what I'm going to do is sit down and not hit my light. But you didn't choose to do that. You chose to vote for LB574 multiple times, knowing full well what that meant for the session. And now you're trying to find rides or fight over whether or not you can find rides and you're double talking to each other and to the people of Nebraska about it. If you don't like the amendment, don't like the amendment, but this ridiculous stance that it is somehow because we have to maintain the integrity of a committee package, come on. Come on. It's fine to vote against Senator McDonnell's amendment, but come on. I think it's also fine for a committee Chair to not want things attached to the committee priority bill. But for other people to act indignant about that happening, come on. You could say you're not going to vote for it because the committee Chair asked you not to and you want to respect the committee Chair and the, the process. Sure. But that it's inappropriate to even try, it's not. It's not inappropriate to try. It's not. I don't really know a lot about what this amendment does. I'm not sure that I like it or don't like it, but come on. Like, really? That's the hat you're-- that's the rack you're going to hang your hat on? Like, come on. No. Just be better than that. I don't know. Senator McDonnell, I'm going to sit down now and read over the amendment a little bit better so that I can have a better sense of--

DORN: One minute.

M. CAVANAUGH: --what exactly it does. I'm not sure that I'm there for it. I'm not sure that I'm not. But it being a hitchhiker is not the reason I wouldn't vote for it. But everybody has to have their own reason, I guess. Thank you, Mr. President.

DORN: Thank you, Senator Machaela Cavanaugh. Senator Hansen, you're recognized to speak.

HANSEN: Thank you, Mr. President. This might actually be a historic moment. This may be one of the first bills of Senator McDonnell's I

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

actually don't vote for. So he's a nice guy. He smiles a lot. It's hard to vote against his bills. But I have to, I have to stick with Chairman Riepe on this one. As Chair of the committee, he's made it clear that he wants to contain the amount of bills in, in the package from the Business and Labor Committee. And so, for that reason, you know, I understand exactly what Senator McDonnell's trying to do here and I appreciate what he's trying to do. This might be a potential for a, for a LR over the interim to discuss this further, to invest-- you know, investigate it and see how they-- all parties can come together. So I appreciate what, what Chairman Riepe is trying to do here and trying to contain the amount of bills and try to control what's kind of going on here, because that's his prerogative. That's what he wants right now. So-- but I also appreciate what Senator McDonnell is doing here. And we can come together, maybe next year, with a, with a better bill, because when it comes to privacy, I think we have to make it explicitly clear that people have the right to their privacy, to the information, to the location. And so I do like the idea of AM1520. However, I am not going to vote for it on this bill, so I will be red on AM1520. I encourage everybody else to be and green on LR191 [SIC--LB191]. Thank you, Mr. President.

DORN: Thank you, Senator Hansen. Senator John Cavanaugh, you're recognized to speak.

J. CAVANAUGH: Thank you, Mr. President. Well, I know that a lot of folks, we haven't had a normal order of debate this year, but this is kind of what a normal debate is like where people are hopefully listening and we're talking through issues with the bill. I know there's-- people have-- Senator, Senator Riepe, Chairman Riepe, doesn't want to add any more bills to the package. And I think that's a fair position to be-- to have. And we're all going to have this discussion when we get to the budget, about whether we feel it's appropriate. You'll get some pushback if you want to make a change to the budget. They'll say that the budget is sacrosanct and you shouldn't make any changes to it. And then those of us who weren't part of that process, you know, don't get an opportunity to change it. So I've always been of the, the belief that, you know, we have the discussion on the floor. We make the decision on the merits based off of what's presented to us. So-- and I, admittedly, am not on the Business and Labor Committee, didn't sit in the hearing, haven't been privy to the discussions on this bill but I, you know, have had some conversations with stakeholders on this that are in favor of this bill. And now I'm having a frantic number of people reaching out to me that are opposed to this bill, which are raising some questions. And so one of the questions is, you know, we have this economy now. A lot

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

of it is the gig economy or the, you know, phone-based economy. And, you know, you have people who deliver food to people's houses. People give rideshare and things like that. And so there's some people who are raising concerns about whether or not this would prevent the use of tracking in those sorts of instances. And I'm, I'm not going to put Senator McDonnell on the, the spot to ask him a question about it, because I don't have a full concept of what the question is yet. But I see there's at least one other person in the queue. And maybe I'll get a chance to keep talking about it, but just ask people to kind of think through that topic. And sometimes, you have this conversation. We have an opportunity to make a, a small tweak or a change that arises out of this conversation. You know, Senator McDonnell and I talked about the body cam issue. And he answered that question, I think, satisfactorily, about that we will still have that security in place where we continue to protect our law enforcement and our citizens through the use of body cam because they're owned by the employer. But in this gig economy situation, obviously, the whole benefit of that is sort of a decentralized economy where the person, not employee, because they-- the-- those gig companies don't want to call people employees, but they own their car, they own their phone. And I think they're concerned that this would prevent them from tracking in those instances where something bad happens. And, you know, I'm just-- as I'm sitting here thinking through it, obviously, you see when something, when something bad happens in a rideshare situation, the law enforcement will subpoena phone records and go get those, not necessarily that it's easier for them to go through the employer, through I don't know, Lyft or Uber, but not required, because they can, of course, get those records through the phone company and that this, of course, doesn't affect that. And so that's just a thought. That's not necessarily a concern, but it's one that's being raised. I do see a few other people in the queue. So maybe those folks-- some other people have ideas about that. What's that? You want time? Well, I guess I would yield my time to Senator McDonnell if he wants it.

DORN: Senator McDonnell, 1:17.

McDONNELL: Thank you, Mr. President. Thank you, Senator Cavanaugh. A number of you are, are, are, are coming up and I, I appreciate that based on the questions you have and the current, current, current-- some confusion, I think, that's out there and trying to clarify that. But also I, I want to make sure that everyone understands what, what Senator Riepe--

DORN: One minute.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

McDONNELL: --with his current package-- thank you, Mr. President. With his current package of seven bills that he put together in LB191, I have one of those bills. So I'm not opposed to what Senator Riepe is trying to do. And also, as the Chair, I think it is, is his right to say that I think this, this number of X-- and other Chairs have made a different decision on the number of bills. With that, with that said and the idea of trying to do this right and make sure that we have all the information. And at this point, of being on Select and being able to pull it off of, of, of Final Reading, to do that, I don't think it's the best time-- use of our time that we have left here. So I'm going to withdraw LB-- excuse me, AM1520, Mr. President. Thank you.

DORN: AM1520 is withdrawn. Mr. Clerk, next item.

CLERK: Mr. President, Senator Halloran would offer AM1507.

DORN: Senator Halloran, you're recognized to open.

HALLORAN: Thank you, Mr. President, President. Good morning, colleagues. Good morning, Nebraska's second house. I would also like to thank Speaker Arch for selecting LB335, which is the underlying bill, which AM1507 represents. He chose this as a Speaker priority. Originally, LB335, this amendment would add the Health Care Staffing Agency Registration Act to LB191. LB335 is on General File and would address a growing number of problems that healthcare providers are facing in times of severe staffing shortages. These healthcare providers are reliant on Medicaid and Medicare dollars to pay their workers. If they have to rely on a staffing agency to get workers, then they should be able to rely on their credibility, in assurance that those workers are qualified to do the work in their facilities. Too often, this has not been the case. I would like to address these issues now and not have to wait until next session, as we clearly have a staffing crisis in Nebraska that cannot be ignored. This amendment, AM1057, was drafted to address the legitimate concerns of those who opposed the bill in its original form. The following are the major components of this act. Healthcare staffing agencies will be required to register annually with the Department of Labor and pay a \$1,000 registration fee. This fee was increased from the original bill in order to cover estimated costs. Agencies that contract with Medicare and Medicaid healthcare entities would have to submit quarterly reports. This includes the average amount charged for each category of staff members and the average amount paid to staff members in each category. It would require the Department of Labor to develop a database accessible to the public on its website to include basic information on each agency. The original bill required disclosure of

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

the average amount charged for each category of staff members and the average amount paid to staff members in each category. This requirement was removed and that information would be limited to the use by the Department of Labor in order to prepare an annual report for the Legislature and to DHHS for information purposes only. It would require staffing agencies to provide proof of liability insurance held by either the agency or independent contractors using the services of the agency. The original bill required liability coverage to be maintained only by the agencies. It would require staffing agencies to provide proof of workers' compensation insurance or a statement that they are not required to carry workers' compensation. It would require staffing agencies to maintain documentation that a staff member meets the minimum licensing, certification, training and health requirements for the staff member's position in the healthcare facility or service. It would also prohibit an agency from restricting the employment opportunities of a staff member by charging a fee or including a non-compete clause. Although non-compete clauses are generally unenforceable in Nebraska, some agencies still include them in their contracts with workers. Workers are not always aware of the unenforceability and, thus, this language makes it clear. Under this act, if the agency is denied registration, the commissioner of the Department of Labor issues notice of denial and the agency may file an appeal, the appeal process governed by the Administration-- Administrative Procedure Act. Any agency no longer operating as an agency within the state will be required to inform the Department of Labor. LB335 would prohibit agencies from charging a fee or including a noncompete or other clauses in any contract that would require a payment of liquidated damages, employment fees or other compensation, if a staff member is subsequently hired as permanent employee of the healthcare facility or service. Failure to comply with the act may result in civil penalties or a rev-- revocation of the agency's registration for one year. The act also identifies a process of commissioner's issuance of citations in the agency's appeal process. It would create a process for public reports of complaints. Lastly, it would, it would allow the Commissioner of Labor to conduct audits. The Business and Labor Committee advanced LB335 with a committee amendment to address concerns raised at the public hearing in LB-- in AM1507, which we are addressing here, incorporates those. Ultimately, we want to ensure that agency workers are qualified to work in Nebraska. And I would ask for your support for AM57 [SIC--AM1507], but in deference to the Speaker and to the Chairman of Business and Labor, I wish to withdraw AM1507. Thank you, Mr. President.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

DORN: AM1507 is withdrawn. Mr. Clerk, next item.

CLERK: Mr. President, Senator Machaela Cavanaugh would offer AM1404.

DORN: Senator Cavanaugh, you're recognized to open.

M. CAVANAUGH: Thank you, Mr. President. Colleagues, now I didn't make the comments the last time around, because I had my own amendment pending. This amendment, I filed on General File, as part of a procrastination tool, have-- as you-- have you. But it is actually my bill. It is LB501 and I introduced it, because it would have been germane to the committee package on, on General File. So I'm just going to read-- I didn't prepare an opening for it, so I'm just going to read my opening from the committee hearing to help describe what this bill is. Let me see here. LB501 is modeled after existing legislation from the state of Nevada that was implemented in 1987. The bill would require at least five years of employment as a firefighter to be eligible for the presumption and would apply to cancer diagnosis within five years after separation from employment. LB501 will bridge the gap and redirect medical costs and lost work time that are currently put on the firefighter. So essentially, this is making cancer-- a cancer diagnosis presumptive as a, a workplace health, health condition after five years of employment. And it-- I mean, that's really just kind of essentially what it does. So I introduced this-- I brought it, oh, my goodness. When was that? March 13. It did not get out of committee. I didn't even actually ask for it to be Execed on, because I know that it had-- needed some work that I had intended to work on and probably bring some sort of amendment later this session or, or work on it over the interim. But-- so I purely put it on the committee bill as a delay tactic or a conversational piece. How about that? A conversational piece. So that's really it. I mean, I would love, I would love to get it attached yesterday. I, I know, probably wasn't just yesterday, but I probably have trained this body to just vote red on anything of mine at this point. But this is something that I actually thought people could entertain as a serious proposition. I hear what everyone is saying today and, and as such, I probably will not ask you to vote for it, but I might still have us go to a vote on it. I don't know. I see some people in the queue and maybe people want to talk about firefighters. I love talking about firefighters. My grandfather was a firefighter. So, yeah. I mean, maybe we'll go to a vote on it, maybe we won't go to a vote on it. I haven't decided yet. But in the meantime, this AM1404 is LB501 and I think it's worth your consideration. Firefighters' work in dangerous act-- firefighter work is a dangerous occupation and it takes an incredible risk on behalf of the public. They take an incredible risk

on behalf of the public and they deserve to be treated better than they currently are. So LB501 offers them overdue expansion of compensation. LB501 would provide for compensation under the Nebraska Workers' Compensation Act for certain types of cancer experienced by firefighters. The change would allow firefighters diagnosed with certain types of cancer to be eligible for workers' compensation benefits, such as temporary disability and medical care when the employer is unable to establish that the firefighter suffers from such a condition for reasons unrelated to firefighting. So, I mean, cancer is a real, prevalent concern and firefighting, we know, is fraught with the possibility and likelihood of cancer. You might wonder why. Well, part of it is that firefighters, when they go into a building that's on fire, all of the materials that were used to create that building are also on fire and really can get into your lungs. And lots of those things cause cancer. Any building that has asbestos that lights on fire is a, is a huge health hazard for our firefighters. So this is an opportunity for us to give them more care and, obviously, appreciation for the work that they are doing. So I'm trying to think of what else I should share with you about this particular bill. Ah, the fiscal note. Always good to look at the fiscal note. Now, you don't get a fiscal note necessarily to-- so when you attach an amendment, as I am attempting to do right now and it's a, it's a bill, an actual bill, there's no fiscal note coming with the attachment. So you'd have to know what the bill is, which I'm telling you, it's LB501. And you, you would want to look at the LB501 to see what the fiscal note is. So if you want to look at what is Senator Machaela Cavanaugh doing this morning with AM1404 and let's look at the fiscal note. LB501 makes it a presumption that cancer experienced by a firefighter arose out of and in the course of employment if the cancer is diagnosed during the firefighter's employment. This includes retired firefighters whose cancer diagnosis occurs within a period not to exceed 60 months after retiring. Department of Administrative Services Risk Management-- DAS Risk Management Workers' Compensation Program is a revolving fund program and is funded by an annual assessment that includes all agencies, boards and commissions, the University and state colleges. Any increases over time would increase the amount assessed and would require additional revolving fund appropriation. So then the next page of the assessment is the Department of Administration's fiscal note. OK. LB501 makes it a presumption that cancer experienced by a firefighter arose out of and in the course of employment if the cancer is diagnosed during the firefighter's employment. This includes retired firefighters if the cancer is diagnosed within a period not to exceed 60 months after retiring. The state of Nebraska has 183 state teammates that could

meet that definition of firefighters, investigators, and instructors. According to the National Institute for Occupational Safety and Health study, firefighters have a 9 percent higher risk of being diagnosed with cancer and 14 percent higher risk of dying from cancer than the general public. In addition, cancer caused 70 percent of the line-of-duty deaths for career firefighters in 2016. Seventy percent of line-of-duty deaths for career firefighters in 2016 were from cancer. That is significant. Seventy percent. They're firefighters. Like, inherently their job of running into burning buildings, you would think was what the 70 percent cause of death would be, but it is not. It is because they have done that and survived and gotten cancer, that is why 70 percent of firefighters died in 2016. That is a startling number. That is a startling number. As an example, an example of one of the-- these state teammates would be a 30-year-old with a 52-year life expectancy per the Social Security Administration actuarial table. Fifty-two years times 52 weeks per year equals 2,704 weeks remaining--

KELLY: One minute.

M. CAVANAUGH: --thank you-- remaining for the life expectancy. Using a \$20 per hour average hourly rate times 40 hours per week equals 800 average weekly wages. At two-thirds total permanent disability, TPD, rate would be \$533.33. The worker with cancer would receive \$533.33 for the remaining life expectancy times 2,704 weeks for total indemnity of \$1,442,133.33. In addition, the American Association of Retired Persons, AARP, estimates the average cancer cost treatment to be \$150,000. Finally, in-home and long-term care, from \$25,000 to \$250,000 per year. Think I'm about out of time. Thank you, Mr. President.

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

RIEPE: Thank you, Mr. President. I don't know a one of us in this Chamber who doesn't appreciate and have a great amount of respect for firefighters, including and maybe especially the ones that volunteer. So while I think the idea of providing this insurance piece has merit, it also has the large fiscal note. And I, again, come back to wanting to, to keep the omnibus bill clean, simple, of basically consent agenda types of bills. And so I would ask for a no vote on my friend Machaela Cavanaugh's AM1404.

KELLY: Thank you, Senator Riepe.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

RIEPE: Oh, thank you, Mr. President. I apologize for not being more polite.

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

M. CAVANAUGH: Thank you, Mr. President. Senator Riepe, I apologize. I was engrossed in conversation about brownies, per usual and I missed your comments until you mentioned my name. So I apologize for that. I appreciate your support of firefighters. I think that LB501 is a really important and strong piece of legislation, but I also did not do my due diligence in even working the bill within the floor of, of talking to individual senators, as I would normally do if I were trying to attach an actual bill. I normally would go and talk to everyone, explain my bill one on one, tell you what it's about, tell you what I'm trying to do. I would, of course, first, attempt to get the support of the Chair of the committee and the Speaker. That would be my starting point of trying to attach an entire bill. And if I had their support, depending on how I felt about the bill-- if I didn't have their support, I might still move forward with this plan. But assuming I had their support, then I would go and I would talk to every single senator and try to garner more support within the body, one on one, for my amendment. I did none of that. I did none of that. I simply saw an opportunity to add an amendment to a bill that I was trying to take time on. And it was my bill. So I thought, well, I'm happy to have a conversation about my own bill that I introduced. So that's where we're at. I know we are-- I see that there's a couple of people in the queue, so I'm probably going to just let them speak and then I will contemplate following the lead of Senators Halloran and McDonnell. I'd contemplate it. I'm not sure yet. We'll see. So I'll yield the remainder of this time. Thank you.

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

IBACH: Thank you, Mr. President. I respectfully, very respectfully, rise in opposition to this amendment as well. As a committee, we did-- we actually didn't even vote this amendment out of committee or this bill out of committee. So with that, I would just say, let's keep the package clean. Let's move forward and move Senator-- move LB-- or I am in favor of LB191, against AM1404. Thank you, Mr. President.

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

CONRAD: Thank you so much, Mr. President, and good morning, colleagues. I rise to thank my friend, Senator Riepe, for his

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

leadership in regards to this package emanating from the Business and Labor Committee. I think that we have had a lot of interesting ideas presented today in regards to substantive amendments to join the committee package. I wanted to also note that even if some of these measures are, in fact, not adopted today or as part of the packages emanating from the jurisdictional committees this year, I do think there is a benefit to flagging these issues for the body and broader stakeholders, really teeing up additional work in the interim to come together and figure out other alterations or reforms or adjustments or evolutions we need to make to ensure we have a strong legal framework in place for first responders and to address workers' rights, health and safety writ large. So I do think even if some of these measures are not adopted via amendment this morning, there-- it's definitely instructive to the broader body, who does not serve on those jurisdictional committees, to learn a little bit more in-- a little-- have a little bit more detail available about why these bills are important and should be considered, as many of them, if not most of them, will carry over into the next biennium, of course. I also wanted to thank Senator Cavanaugh and, of course, Senator McDonnell, who has a, a lifetime of service in regard to workers' rights, health and safety and for first responders and Senator Cavanaugh for bringing this measure to support our first responders and build on existing measures to ensure that not only our compensation but our legal framework and benefits are as robust as they should be to address the needs of our first responders when it comes to the sacrifices that they make on the job on behalf of all of us. I also wanted to take an opportunity just to flag a measure that I believe Senator Geist and Senator Bostar were working on in regards to providing additional, I believe, educational benefits to families of first responders that continues to work its way through the body. And I, I think that we will have ways this session to enhance our overall compensation packages to address the unique needs of first responders in Nebraska. The final piece being it is an honor to serve with people like Senator Ibach and Senator McDonnell and others on the Retirement Committee as well. And we have heard a host of important measures before that committee about how the state can remove barriers, be a better partner, and ensure that we have retirement systems in place for public employees and first responders that ensure that we recognize their service and that they can retire, retire with dignity and respect after performing such important social functions. So these issues impact each of our districts, all across the state. They have component parts in Revenue, in Education, in Retirement, in Business and Labor. And I am grateful that we have an opportunity, even if they're not moving forward today, to have a discussion and to tee up

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

broader discussions for the interim and hopefully continue our work on these key issues that I think we'll find a great deal of consensus in the body into the next biennium. Thank you, Mr. President.

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

RAYBOULD: Thank you, Mr. President. Good morning, colleagues. And good morning, fellow Nebraskans watching this. I, I want to thank Senator Riepe for being a leader on this and trying to control debate. I, I do appreciate that. As a new senator, it's kind of nice that I'm learning about-- more about all these bills that didn't, didn't necessarily make it out of committee in the, the normal process, but it's, it's good to hear about the good work that our, our senators are doing on certainly, on behalf of our first responders. And I know how important this is, having served on the Lincoln City Council, to do everything that we can to provide the most aggressive benefits for our firefighters and police officers and to do everything that we can to enhance their package to attract additional firefighters to our city and our state and to make sure that we can retain them. And I just wanted to share one story. On the Lincoln City Council, I was part of the, the Lincoln Police Department strategic planning on facilities. And since I deal with construction in my real life, I thought, well, this is great. You know, we're going to talk about building, maybe, an additional lab or we're going to be talking about, maybe, expanding their locker rooms or other amenities that our first responders need. And the, the topic that kept rising to the top and it was very surprising, but it's a great topic. The topic that rose to the top was about having a daycare center for that third shift group of first responders. And it's not just our firefighters or police officers, it's for the 911 call center, it's for the correction officers, both at the, the Penitentiary and in our-- that work in our county jail to, to offer this type of amenity. They said, quite clearly, that this would be an amazing benefit to offer those that are thinking about coming to work in our state of Nebraska, knowing that in the city of Lincoln, they have that-- this facility. And as we have seen, a lot more-- as more and more women become firefighters and police officers and, certainly, man our 911 call centers and, and correction officers, we realize that, you know, sometimes, there is a husband and wife team. Parents work outside of the home and they are often firefighters and law enforcement personnel. So it's, it's really important that we look at this issue. And, and I would love to work with Senator Cavanaugh and work with our firefighters on fine tuning this, because I think the cost would be borne by the, the municipalities. But it's, it's such an important issue that I would love to have a continued

dialogue on this and to work with Senator Cavanaugh throughout the summer and the fall to make sure that we are doing everything we can to help our firefighters, particularly in the hazardous work they do where they are exposed to plenty of hazardous materials in protecting our community. So thank you, Mr. President.

KELLY: Thank you, Senator Raybould. Senator Machaela Cavanaugh, you're recognized to speak. This is your last time before your close.

M. CAVANAUGH: Thank you, Mr. President. Thank you, Senator Raybould. I look forward to working with you on this, which means, probably, at the end of my time of talking-- not this time. I'll probably wait until my close. But at the end of my close, I probably am going to withdraw this amendment, because I, I value the points that are being made about concerns over the municipalities. I am not a fan of unfunded mandates and this would, in effect, become that. And I, I would hate to see that happen. So I'd like to find a way-- a path forward to work on that. And I think that I will. I, I, I brought this bill-- it wasn't initially on my agenda for the-- for this legislative session. But shortly before the new year, I met with some folks and talked about what are some of the needs that are, are, are really impacting our first responders. And this was-- this kind of came-- idea came out of that meeting. And I thought, OK, well, let's introduce it. And I do think it's a really important and valuable conversation to have. And so, as such, I do think that this is probably something that needs to be worked on a little bit more, so that we-- I-- honestly, I haven't had the opportunity to bring all of the interested parties to the table to talk it through. And that's unfortunate, because that is how a stronger policy is made. And normally, I would try to do that kind of work before trying to get something attached and, and, and moved forward. Again, I mostly brought this because I thought, well, I need things to talk about, so why not talk about this. Now, my lovely staff-- it's still Administrative Professionals Week. Yesterday, was the day, but it's a whole week, so be sure and thank all of the administrative professionals that keep the state of Nebraska running. My lovely staff put together a binder of resources. And this is-- starting with a memo about LB501. So LB501 would create a rebuttal-- rebuttable presumption for certain types of cancer relative to firefighters who are covered by the Nebraska Workers' Compensation Act. This change would allow firefighters diagnosed with certain types of cancers to be eligible for workers' compensation benefits, such as temporary disability and medical care, when the employer is unable to establish that the firefighter suffers from such condition for reasons relating to firefighting. So currently, yes, the firefighter-- firefighters can

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

get workers' compensation and temporary disability and medical care for cancer, but it can also be-- the request can also be dismissed because it's not believed to be directly tied to the fact that they are a firefighter. What this legislation does is remove-- just makes it presumptive, presumes automatically that if a firefighter who meets certain employment criteria has cancer, it is presumed that it is related to being a firefighter and therefore covered under workers' compensation and disability and, and getting temporary disability and medical care. So I think it's a pretty strong piece of legislation. I understand that, yes, we all want--

KELLY: One minute.

M. CAVANAUGH: --to support our first responders and do what we can to care for them, but we also have to be thoughtful in how we do that. Thank you, Mr. President. We also have to be thoughtful in how we approach that and do that. And so I introduced this legislation. But to be the level of thoughtful and diligent that I like to be in my policymaking, I am going to continue to work on this particular piece of legislation, because I do see an opportunity here for us to do more for the healthcare-- health and well-being of our first responders. But I take the feedback that's been given and I think that there's an opportunity to address that and work on it. So this bill is not dead today. It will live to-- another day. But for today, we will-- I'm going to continue talking on it for the time that I need to talk on it and then we'll move forward with our day. But I think it is nice to take time to just thank our first responders for their work.

KELLY: That's your time, Senator.

M. CAVANAUGH: Thank you, Mr. President.

KELLY: Thank you, Senator Cavanaugh. Senator DeKay has guests in the south balcony, fifth graders from Creighton, Nebraska. Please stand and be recognized by your Nebraska Legislature. Senator Conrad, you're recognized to speak.

CONRAD: Thank you, Mr. President. Good morning, colleagues. One thing that came to mind and I was going to see if maybe my friend Senator Linehan or Bostar were on the floor to talk about the measures pending in Revenue Committee. But-- oh, I see Senator Dungan is on the floor and a member of the Revenue Committee. Senator Dungan, I was hoping-- or Mr. President, I was hoping Senator Dungan might yield to a question, please.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

KELLY: Senator Dungan, would you yield to a question?

DUNGAN: Yes.

CONRAD: Thank you so much, Senator. I'm sure you probably heard some of the same feedback when you were on the campaign trail when in conversation with first responders, we talked about some of the updates that this body has made in regards to death benefits, for example, in the wake of some very tragic losses for those frontline heroes. And we were talking about that and the feedback from police and firefighters were, that's great and important for us and our families, but also don't forget to take care of us while we're alive. And that's when we opened up conversations about workers' comp, about educational benefits, about retirement. I was hoping that maybe you could help to flag for the body just a little bit of information about the educational benefits related to what Senator Bostar has in the, I think, LB727 package for first responders. And I'd, I'd yield the rest of my time to you, Senator Dungan, if you'd, if you'd like to explain that a little bit more for the body.

DUNGAN: Yeah, thank--

KELLY: Senator, Senator Dungan, 3:15.

DUNGAN: Thank you, Mr. President. And thank you, Senator Conrad. I think that's a very important thing for us to talk about here a little bit, if we're having a discussion about first responders. You're right. I think there was a lot of focus we had on the campaign trail about both safe communities, but also supporting those who are the ones helping make our communities safer, whether it's firefighters or police or EMTs. And you're also correct. I think there's been a lot of efforts made in the past in order to help the families of those who have maybe passed away in the line of duty. But I think there's been a concerted effort, both in the previous sessions and in this session, to do everything we can to continue to help those first responders while they're alive. I know, previously, there was this benefit given to police officers essentially, wherein if they are a full-time, active duty police officer, they are allowed to go to college with a waiver of tuition. That applies, I believe, to universities, state colleges and community colleges, because, obviously, we want to make sure that our first responders are getting every benefit possible. There's a provision this year that was put forward by Senator Bostar and ultimately prioritized, I believe, by Senator Geist that essentially extended that benefit from just police officers to firefighters, understanding that our firefighters also would benefit

from that. And I think they've, they've obviously earned that, that right to make sure they can get that waiver of tuition as well. But it goes even further. And it does more than just also help retention and recruitment of first responders, it goes towards their families. And so the proposal that we're talking about now, is that if you are a full-time, first responder, firefighter or police officer, your children essentially would also get that waiver of tuition to universities, state colleges or community colleges as well, so long as they reside in the state of Nebraska for five years after graduating. The benefit there is not only is that obviously going to help increase the amount of folks we have sending their kids to our colleges and universities, but it's going to make Nebraska an incredibly attractive place for folks who want to relocate their families in order to continue working as a first responder. We know, from talking to our police departments and talking to our firefighters, that they're hurting right now in a lot of areas to get the people they need into those areas to fill those roles. And so I think this is one of many efforts that have been taken to--

KELLY: One minute.

DUNGAN: --thank you, Mr. President-- to incentivize people moving to Nebraska, people moving to Nebraska with their families and then keeping those people in the state after they graduate. You know, we hear all the time that we need to do everything we can to recruit and retain the best and the brightest. And I think that's one of many measures we've done with regard to first responders. And so I just wanted to flag that as well. It's a bill that I'm hopeful we can talk about here in the next few weeks, make sure we can address that as part of the larger package that we're discussing with regard to Revenue. Thank you, Mr. President.

KELLY: Thank you, Senator Dungan. Senator Conrad, you're recognized to speak and this is your last time on the amendment.

CONRAD: Thank you so much, Mr. President. Again, good morning, colleagues. And thank you so much to Senator Dungan for highlighting that really important policy that will be before us later in the Revenue Committee package. I yielded him the rest of my time and then during the course of his thoughtful commentary, I had two more key points that I wanted to make. So I punched in quickly just to make those. One reason that measure really caught my attention, in addition to the workforce challenges that we know that we have in Nebraska, kind of writ large, but particularly, the recruitment and retention issues that we have for public employees and for first responders.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

We've heard a lot about those in our jurisdictional committees this year. And each piece of the puzzle that we can find to construct together to improve pipelines to career pathways that improve incentives for educational attainment, that improve retirement benefits, that increase compensation, all of these pieces, in addition to, of course, creating a culture of belonging, is key to addressing Nebraska's number one challenges, which are our workforce needs and ensuring that our communities have first responders and public employees to do the important core functions of government. I know that I had an opportunity to work on these issues during my last term of service and prioritized the first of its kind bill in Nebraska history to provide a scholarship program for children of first responders who gave their life in the line of duty. And that was a very grave and, and somber issue to work on, but also very meaningful to be able to find so much support across the political spectrum and across the state to put that into law. And I'm grateful to see policymakers continue to build upon that and other senators' incredible leadership and good work in that regard. The other piece that I just wanted to note, kind of from an intersectional perspective, was I have been gratified to see some headlines in, I think, over the last year or so where there were new programs available, particularly through the executive branch, offering access to free or reduced tuition at the community colleges for state employees and their, their families. And I think that can be a very meaningful benefit as well. And as I noted in seeing the preliminary budget earlier in the session and I know we're all waiting to see those final budget books today, I think they might even be available to prepare for our budget debate in-- together in the next week or so. One of the highlights in the budget I was really looking forward to having a chance to weigh in on, was how we were finally, finally starting to catch up when it came to public employees' compensation. That includes, of course, our first responders and State Patrol, but that includes all of the other hard working men and women all across the state doing that, that critical core function of government, from roads, to HHS, to just a host of, of other important programs. And so I'm grateful that the administration has entered into negotiations with the public employees in a thoughtful way, that they've been able to achieve long overdue adjustments in their compensation. And I think that that is a bright spot, which, even if we have disagreements on other matters, we can be very proud to support those efforts to ensure that those who are called to public service are compensated appropriately. Thank you, Mr. President.

KELLY: Thank you, Senator Conrad. Senator Machaela Cavanaugh, you're recognized to close on AM1404.

M. CAVANAUGH: Thank you, Mr. President. OK. So I do want to read through this, this memo quickly or not quickly, I guess, just read it at the, at the place-- pace at which I will read it, quickly or not quickly. It must be understood that Nebraska Revised Statute 35-1001, the current policy of the state of Nebraska is to presume any type of cancer experienced by a firefighter is duty related on the condition that the firefighter establish that he or she, one, successfully passed a physical examination upon entry into the service, the fire service, which examination does not reveal any evidence of cancer and, two, by virtue of employ-- employment as a firefighter, the firefighter was exposed to known carcinogens as established by the International Agency for Research on Cancer, which are known or suspected to cause the type of cancer which led to the death and-- or disability of the firefighter. Thus, under our pension and retirement systems across the state of Nebraska applicable to firefighters, political subdivisions have a prima facie case of duty related to cancer imposed upon, upon the-- cancer imposed upon them by law in the case of death or permanent disability. And those employers can only deny benefits under those retirement systems when the employer produces competent medical evidence that the firefighter's cancer, which led to death or permanent disability, was due to causes unrelated to firefighting. The reality of cancer in 2023 is that, while firefighters are still exposed to known carcinogens in the course of their work, the survivability of the diagnosis is increasing with medical treatment, which may lead to temporary disability, but allow the employee to return to work without creating a lifetime occupational disability or a duty related to death. Regardless, there's absolutely no sense in establishing a public policy that presumes cancer to be duty related for the firefighting-- for firefighting in the case of permanent death or disability, but refuses to make the same assumption in the case of temporary disability or with respect to the provision of medical care for a living firefighter. Firefighters' work is dangerous-- is a dan-- work in a dangerous occupation and in doing so they take on risks on behalf of the public whom they serve. In June 2022, the International Agency for Research on Cancer, IARC, evaluated the carcinogenicity of occupational exposure as a firefighter. And over 25 international experts convened for a meeting to evaluate the scientific data underlying the association between firefighting and certain types of cancer. The ultimate conclusion that was-- that conclusion was that the IARC now has classified occupational exposure as a firefighter, as

itself, carcinogenic to humans. Group 1: on the basis of sufficient evidence that the job causes cancer in humans, the IARC found sufficient evidence for cancer in humans caused by occupational exposure as firefighters with respect to mesothelioma and bladder cancer and evidence supporting other types of cancers as associated with firefighting as occupational diseases. For decades, the IARC has classified firefighting occupational exposures as Group 2B, meaning that exposure was possibly carcinogenic. This new classification as a Group 1 carcinogenic to humans now establishes firefighting on the same footing as tobacco and benzene with respect to the causal relationship between cancer and firefighting. With this and other advances in mind, LB501 seeks to create re-- reputable [SIC] presumption for many types of cancer that have evidence of association with firefighting based on epidemiologic studies. And they include--

KELLY: One minute.

M. CAVANAUGH: --there is a list of what they include. So there's more to say on this, but I am pretty much out of time. And apparently, I am going to follow the lead of Senators McDonnell and Halloran today. And Mr. President, I would like to withdraw my amendment.

KELLY: The amendment is withdrawn. Mr. Clerk, for items.

CLERK: Mr. President, Senator McDonnell has AM1411 with a note he wishes to withdraw.

KELLY: It's withdrawn.

CLERK: In that case, Mr. President, Senator Machaela Cavanaugh would move to bracket the bill until June 2, 2023, MO355.

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

M. CAVANAUGH: Well, thank you, Mr. President. I-- yeah, I'm going to finish this memo. I don't know that I'm going to have us take a vote on this, but I did-- I started reading the memo and so I want to finish reading the memo. And since I have the time, I'm going to take the time. OK. So it listed the types of cancer. I'm not going to go through those because I will probably butcher the names of a lot of them. So, sorry. These types of cancers have been demonstrated to be associated with the carcinogenic substances listed in LB501. And for that reason, we think it is appropriate to create this rebuttable presumption, in line with a rebuttable-- rebuttable? Rebuttable. Rebuttable presumpt-- rebuttable. Thank you. Phoned in a lawyer-- a

rebuttable presumption-- thank you, Senator DeBoer-- to workers' compensation claims. Firefighters who are the unlucky recipients of the risk of these types of cancers, born on behalf of the citizens they serve, should not have-- also bear the burden of the medical costs and lost work time associated with battling these cancers when they are battling the disease. LB501 is modeled after the existing statutory language from the state of Nevada covering firefighters in the-- that state, which has been in place, going back to 1987. The proposed legislation would require at least five years of employment-- lost my place-- five years of employment as a firefighter to be eligible for the presumption and would apply to cancer diagnosis within five years after separation from employment, as long as legislation-- as the firefighter had the required-- requisite five years of employment prior to separation. The purpose of this legislation is to capture medical costs and lost work time that currently are borne by firefighters. Firefighters have a right to bring such a case in the Workers' Compensation Court, where they bear the burden of proof, as opposed to burden-shifting law already in place in the retirement context. LB501 does not create a conclusive finding that all firefighter cancers are duty-related. It will, however, ease the burden on the firefighters in terms of generating expensive medical testimony in the workers' compensation context. If the employer or insurer carrier representing the employer wishes to contest the presumption, that is certainly allowed under the law. And if the employer, employer is able to produce evidence that the cancer was either not caused by the duty-related exposure or was not disabling for purposes of indemnity benefits, the employers may overcome the rebuttal presumption by the burden would be on the-- but the burden would be on the employers to overcome the presumption, rather than the employee, who takes on the risk of doing the work and exposing him or herself to these known carcinogens in the course of firefighting on behalf of the citizens. Epidemiologic evidence supports association of cancers with firefighters. Firefighters have been demonstrated to have at-- have an 18 percent increased risk of immortality from bladder cancer and a 40 percent greater chance of developing brain cancer and other nonfirefighting controls, 46 percent increase in breast cancer, compared with general population among females and a 700 percent increased risk of developing breast, breast cancer among males, a 500 percent increased likelihood of developing cervical cancer, as opposed to the nonfirefighting female general population. For male firefighters, the studies have shown a significant elevated risk of late-stage colon cancer, including the firefighters, were 45 percent more likely to die from rectal cancer than the general population. Studies have shown, statistically, 62

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

percent and 71 percent increase in con-- contracting a malignancy of the esophagus for firefighters when compared with the general population. And firefighters have more than 80 percent greater chance of developing-- oh, man, these are some big words-- "endocromonia." I'm so sorry. I know that there are medical professionals in here today and I am butchering these words. All data sourced above from the report-- all data sourced above from reports from the Center for Fire Rescue and EMS Health Research and the Firefighter Cancer Support Network, reports authored by Drs. Walker S. Carlos Poston, Sara A. Jahnke, Maria Koepfel, and Christopher Haddock. These studies referenced above attached, hereto. And then I have the studies attached. So I think with that, I-- how much time do I have left?

KELLY: 4:50.

M. CAVANAUGH: OK. I yield the remainder of my time to the Chair.

KELLY: Thank you, Senator Cavanaugh. Seeing no one else in the queue, you're recognized to close, Senator Cavanaugh.

M. CAVANAUGH: OK. I think I have additional motions pending as well. I am going to go ahead and withdraw this motion and my additional motions and let us do the voice vote that we do on Select. Thank you, Mr. President.

KELLY: Mr. Clerk, for items.

CLERK: Mr. President, I've got MO354 and MO355 from Senator Cavanaugh, both with notes that she wishes to withdraw. In that case, Mr. President, I have nothing further on the bill.

KELLY: Senator Ballard, for a motion.

BALLARD: Mr. President, I move that LB191 be advanced to E&R for engrossing.

KELLY: Senators, you've heard the motion. All those in favor say aye. All those opposed, nay. It is advanced. Two [SIC] items for the record. Mr. Clerk.

CLERK: Mr. President, amendments to be printed from Senator von Gillern to LB705. New LR, LR15 [SIC--LR115] from Senator McKinney. That will be laid over. Additionally, LR16 [SIC--LR116] from Senator Ben Hansen. That will be laid over as well. Concerning the agenda, Mr. President, Select File, LB626. There are E&R amendments, Mr.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

President. Senator Hunt would move to bracket the bill until June 2, 2023, MO741.

KELLY: Senator Hunt, you're recognized on the motion.

HUNT: Good morning, colleagues. Thank you, Mr. President. No one can know all of the reasons that a woman chooses to end a pregnancy, which is why a one-size-fits-all ban like LB626 doesn't work. I'm not comfortable deciding for someone else whether they should have an abortion or not. And I'm not comfortable telling doctors what the best standard of care should be when it comes to a safe procedure. When a woman has made a decision to have an abortion, she should not be judged. It's not our place to judge. A woman who decides to end a pregnancy needs comfort and a compassionate embrace, not a cold shoulder, not judgment. There are no easy answers, and everybody's path looks a little bit different. If people who supported this abortion ban really cared about ending abortion, we would be having a serious conversation about how to increase contraception usage, how to support single mothers, how to support people in poverty to make them more likely to carry their pregnancies to term, how to make sure young people are more educated about their own bodies and reproductive health. We wouldn't be supporting abstinence-only education, we wouldn't be banning books from libraries, and we wouldn't be advocating for decreasing funding for low-income women who need healthcare. Restricting reproductive healthcare, like what happens with LB626 is a guaranteed way to increase unplanned pregnancies in Nebraska. Taking access and knowledge away about reproductive healthcare for women is a guaranteed way to increase unplanned pregnancies and increase abortions. So are we interested in Nebraska in reducing abortions? No, I don't believe that we are. I think that we're interested in forcing women to be pregnant, that we see women in our state as stock to create workers of the future. And that's a disgusting thing. When women make decisions about having a baby, they think about how they're going to provide for that child. So if you want fewer abortions, we should increase tipped wages. We should support paid family leave. We should increase access to healthcare. Because women who are paid fairly, who have health insurance and who have educational opportunities are far less likely to feel that an abortion is necessary for them. Banning abortion is never going to end abortion. As long as people have been getting pregnant, there have been people who don't want to be pregnant. And for most-- almost all of human existence, we weren't able to control our fertility. And since the dawn of birth control, what's happened since then? We have women working, we have women going to school, and that's led to women making up more than half of people who graduate. We can live in a

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

society for the very first time in human history where half of our doctors, half of our lawyers, half of all of our professionals can be women. And our shared quality of life for all of us is better for that. Men, men in this body, you have to want for women the same things that you want for yourselves. You have to have an interest in women's success, even if it doesn't affect you personally, because it does. And we women are so frustrated because we know that we're fighting for the rights that we've already won. We're fighting to preserve the rights that are human rights that we know that we should have. Politicians have no place interfering with personal healthcare decisions, and we need to trust Nebraskans. We need to trust doctors. And we need to trust families in our state to know what's best for themselves, for their health, for their families, and for their futures. I will lead the fight against this ban and any other anti-choice bill that comes down the chute for the rest of my time in this session, for the rest of my time in my term. Our advocates in Nebraska are ready. We are together. We are organized. And no matter what happens with LB626, we will never allow the reproductive rights of Nebraskans to be further stripped away. And there is nothing that government can do to us that we won't make up for in mutual aid, in mutual support. Because when the government doesn't have our backs, we have our backs. And this is what we're seeing state to state to state all over the country where women's rights and reproductive rights and reproductive justice is being taken away, we find a way no matter what. Mr. Clerk, I'd like to withdraw this motion and my subsequent motions. Thank you.

CLERK: Mr. President, MO741 I have a note from Senator Hunt for MO740 as well to withdraw.

KELLY: They are withdrawn.

CLERK: Mr. President, Senator-- excuse me. E&R amendments, Senator Riepe would move to amend the E&R amendments with AM1527.

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

RIEPE: Thank you, Mr. President. At this point, I want to withdraw. No. OK. I'm sorry. I'm good to go I think. AM626 strikes the original LB626, which is just happened to be numbers by coincidence, in its entirety and is based on parts of both the current Nebraska statute of 28-3,106 and LB626 and makes the following additions and changes beyond those sources. It moves the bill from 12 weeks, from 20 weeks; the exemption for fetal abnormalities that are not compatible with-- and leaves that to parental decisions. It also talks about fetal

abnormalities incapability with life means a fetal abnormality diagnosed before birth that, with reason, certainly results in the death of the unborn child within three months. Fetal abnormality incompatibility with life does not include a condition which can be treated. Again, we would propose to leave this to the parents instead of having it be baked into the, the bill. Third one is exemption of suicidal threats, the threats of self-harm. The threat of suicide exemption requires an emergency risk assessment by a licensed mental health provider, and there would be a 12-week limit on that. Exemption for cases of rape, incest remain as is up to the 20 weeks. The woman informs the physician that the pregnancy resulted from a sexual assault as defined in Section 28-319 or 28-319.01 or incest as defined in Section 28-703. No person shall perform or induce or attempt to perform or induce an abortion upon a woman under this subsection, when it is determined by the physician performing or inducing the abortion or by another physician upon whose determination that physician relies that the probability of postfertilization age of the woman's unborn child is 20 or more weeks. Another point in this particular amendment is that no criminal penalties for physicians and no criminal penalties for women who receive an abortion. I want to address my concerns regarding the, the, the new amendment in regards to legal stability and public embrace of a six-week ban on abortions, which is commonly referred to as a total ban. The issue is extremely serious, given its impact on individuals and families, both in the short and long term. As a body, we have an awesome responsibility which requires our clear, informed, and unemotional judgment. My goal is for sustainable legislation that is not problematic. Abortion has become more than a medical procedure or two pharmaceutical pills. Before I continue, it's important for me to express that I find the loss of a child and the loss of an unborn through an abortion as a tragic and unfortunate occurrence. I stand against elective abortions for-- of convenience. In an ideal world, every child would have the opportunity to live, thrive, and experience a fulfilling life. However, we must acknowledge we do not live in a, in a utopian society, and we face challenges in life that make it difficult to achieve this ideal. I spent 40 years in my adulthood doing bedside healthcare as a Navy corpsman and respiratory therapist, later serving as a hospital administrator at Bergan Mercy Hospital and Children's Hospital, both in Omaha. While I might not meet the standards of expectation of others, I have always worked to promote the well-being and preservation of life, which is the essential core of healthcare. In my 40 years in the healthcare field, I have worked with numerous physicians and greatly respect and appreciate their knowledge and commitment to serving patients and families in the stressful times and under stressful conditions, yet

always adhering to the sacred oath of do no harm. In the committee hearing on LB626, we heard from physician after physician regarding a proposed six-week ban. The very strict time limit of six weeks to make critical life decisions was expressed as a near total ban and not conducive to a high quality of healthcare in a series of decision-making processes, I agree. We had physicians testify with a high specialization in obstetrics and gynecology, subspecialists dedicated to the most difficult, the most complex cases, and those cases that often take time to sort out beyond the six-week ban. Concern expressed by the highly trained physicians in the specialty OB-GYN and others in subspecialties beyond board certification OB-GYN with the expressed concern must give us pause. While I received a large number of comments and continue to today regarding for and against the six-week ban, I, I want to share one email I received, which I feel is pro-life but would not have been so with a six-week ban. And I quote, Hi, Senator Riepe. I am a constituent in Millard and want to thank you for the amendment to the abortion bill. By extending the time period, many women would choose to continue their pregnancies as they have time to make a thoughtful decision versus impulsive acting. During my very wanted and intentional pregnancy, I had an autoimmune flare-up start at five weeks. By 13 weeks, I couldn't wash my hair myself, get up off of the toilet, or pour my own milk. By 17 weeks, I was admitted to the hospital and couldn't lift my head off my pillow because I was so weak. My lung function was dropping rapidly. I couldn't swallow food. I had-- I lost 45 pounds. My husband and I so badly wanted this pregnancy. But we asked our maternal fetal, fetal, fetal medicine specialist at UN Med Center if I needed an abortion. He assured me I had the time to see how I would respond to treatment. Treatment helped, but I spent months hospitalized and I am permanently disabled as a result of my pregnancy. But I am so thankful for the options I had and the doctor who could honestly give me his medical opinion. If he had said I had a day to make a decision, I'm not sure I would have made the same decision. I have a beautiful, perfect, brilliant six-year-old because of this extra time. Pregnancy complications are rarely clear-cut, life-or-death situations. Women deserve to make this decision with their doctors. I do not agree with the change to Nebraska's abortion law at all, but I am very thankful that you are taking a less extreme approach. Thank you. End of quote. To me, this is a very pro-life story. Given my many years working with highly trained physicians in obstetrics and gynecology, I am influenced by their knowledge and concern regarding a six-week ban. As a bit of background, in 2022, 30 Nebraska state legislators placed their names on a document requesting a 12-week ban on abortions in the interest of garnering support for a special session following the

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

Dobbs decision. The lack of sufficient votes for cloture resulted in no special session being called by then-Governor Ricketts. In 2023, 23 of you who placed your name on the document for a 12-week ban returned to this body. You were joined by 13 of us that are new senators. I'm not sure how the conversation and any consensus evolved--

KELLY: One minute.

RIEPE: --thank you, sir-- from a 12-week ban to a six-week ban. But I sense the action is a bridge too far. My experience is that change is generally best when made incrementally, not major change, and especially when highly controversial change is best when both parties at odds find neither gets everything that they want and hence are not perfectly happy with the outcome, but in the end can live with the result. The six-week ban appears to be a winner-take-all position. The opposition, should they perceive they lose, may now apply the words and determination of former George-- President George Herschel [SIC] Walker Bush when he famously stated: This will not stand. With a six-week ban, the pushback will be strong. It will be immediate.

KELLY: That's your time, Senator.

RIEPE: Thank you, sir.

KELLY: Thank you, Senator Riepe. Senator Conrad has some guests in the south balcony, ninth graders from North Star High School. Please stand and be recognized by your Nebraska Legislature. Senator von Gillern has a guest, his wife, under the south balcony. Please stand and be recognized by your Nebraska Legislature. Senator Blood has a guest under the north balcony. Larissa Schultz from Saunders County. Please stand and be recognized. Senator Conrad, you're recognized to speak.

CONRAD: Thank you, Mr. President. And good morning, colleagues. I stand in opposition to LB626. I stand with Nebraska women. I stand with Nebraska doctors and I stand with Nebraska voters. Sorry. Is that better? OK. I stand in opposition to LB626 because I stand with Nebraska women, Nebraska doctors, and Nebraska voters. I come to this position as a mom, as a civil rights attorney, and as a policymaker. Abortion bans hurt women. Abortion bans are human rights violations. Exceptions that have been put forward are impractical and unworkable in the original measure and provide significant risk to Nebraskans and their health and their families and provide significant risk to the ability to practice for the license of our trusted healthcare professionals. The Nebraska Medical Association, the American Medical Association, every leading medical group in Nebraska and in the

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

country stands in opposition to these bans because they're harmful to women, they are harmful to health, and they are harmful to human rights. And they are harmful to ensuring healthy families. I appreciate Senator Riepe's leadership in regards to bringing forward this amendment and trying to provide a path for a more humane approach. It is definitely an issue that causes myself and my constituents and many Nebraskans a great deal of consternation. I'm not sure I could ever support additional restrictions or bans on abortion care because of these deeply held principles and what science and research and public opinion tell us to be true. But I also know I have a duty to ensure harm reduction when given the opportunity. Moving from a 20-week ban, which is the current law in Nebraska, to an extreme six-week ban as proposed in LB626, which is a near-total ban because it would ha-- it would ban abortion before many women know that they are pregnant, with uncertain exceptions for the toughest cases of rape and incest, no exception for fetal anomaly and limited exceptions for the mother's life and health; unclear parameters for the civil or criminal penalties that might befall Nebraska doctors and Nebraska women. I believe that Senator Riepe's amendment is a better step forward than the radical ban that is before us. It would provide women an opportunity to make an informed and thoughtful choice with more time. It would provide practically and legally and from a policy perspective better protections for women and doctors. We don't have to guess or look at the hypothetical about what would happen under an extreme ban with an emergency clause, as LB626 is written and presented us today.

KELLY: One minute.

CONRAD: We can look at sister state after sister state that shows horrific defects for medical care, for medical professionals, for their licensure, for women's health, for families' health, for rape victims, for young women, for those facing the toughest circumstances of their pregnancy. This is a more humane and practical approach for Nebraska. Every pregnancy is different. We cannot and should not impose an extreme ban on all Nebraska women. I trust Nebraska women and doctors. I stand for human rights. I thank Senator Riepe for his leadership. It is not the role of government to judge, shame, or criminalize women or doctors. And this provides a more humane path to ensure a thoughtful regulatory framework for abortion rights in Nebraska. Thank you, Mr. President.

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

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

HUNT: Thank you, Mr. President. My whole perspective about this is very simple. It can be summarized in basically one sentence: that forced birth is evil and a legitimate government would never compel a person to do that. Legitimate governments would never compel people to give birth by force. But those are the circumstances that we find ourselves in in this country right now. And the exceptions that are in LB626 are unworkable. We've seen this happen in other states. I know that a lot of our colleagues like to say stuff like, oh, well, that's other states. You know, we're talking about Nebraska and things are different here. No, colleagues, it's the same. And you know it's the same. And you like that it's the same. And that's why you're standing behind LB626. I appreciate Senator Riepe's openness to listening to healthcare providers, to taking a measured approach on an amendment for LB626. And I would yield the remainder of my time, Mr. President, to Senator Riepe.

KELLY: Senator Riepe, you have 3:45.

RIEPE: Thank you, Mr. President, and thank you, Senator Hunt. When I last spoke, I talked about the, the danger of a winner-take-all approach to any particular situation. And then I referred to a comment by President George Herschel [SIC] Walker Bush who said: This will not stand. I went on and briefly said before I ran out of time that with a six-month ban, the pushback will be strong, it will be immediate, and it will be funded heavily as now seen in other states. As mentioned, I see good policy, sustainable and with minimal problems that please no one but policy that is accepted. I want to present the actions of several states where they stand today. Montana just recently passed a 12-week ban. Iowa passed a six-week ban in 2018, but faces a permanent injunction, and in the three years since passed has not been able to take effect. Today, abortions in Iowa are accessible up to 20 weeks. Kansas legislature adopted a constitutional, constitutional amendment stating its state constitution does not create the right to an abortion, only to have the statewide referendum reject the actions of Kansas legislators. The referendum was funded by Planned Parenthood and Michael Bloomberg at a cost of \$5.8 million. Today, Kansas has a 22-week ban on abortions. Does anyone think Nebraska might have a like referendum with passage of a six-week ban? And should a constitutional referendum be successful, do we have a concern that the action might eliminate any and all bans? The demographics in Kansas-- of Kansas and Nebraska are similar in that our states are both rural and urban. In Nebraska, the urban population of Omaha, Lincoln, and the tri-cities of Grand Island, Hastings, and Kearney comprise more than 70 percent of the state's population. South Carolina, the Supreme Court recently struck down a six-week ban with Justice Kaye Hearn writing for the

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

majority. In her Opinion, Judge Hearn stated, and I quote, Any such limitation must be reasonable and it must be meaningful in that the time frames imposed must afford a woman sufficient time to determine she is pregnant and to take reasonable steps to determine that pregnancy and that six weeks is quite simply not a reasonable period of time for those two things to occur.

KELLY: One minute.

RIEPE: Thank you, sir. Texas, which appears to have some statutes similar to Nebraska, is in the throes of a legal challenge. One could expect these challenges to establish precedent, but that may require years and costly litigation with no stability for patients, physicians, or citizens. For those who are Republicans in this body, nearly all of our declared presidential candidates have called for a national 15-week ban on abortions. The Susan B. Anthony Pro-Life American group is on record as supporting at least a minimum of 15-week federal ban should one be legislature-- legislated. We're expected to be-- stay in contact with our voters. And we're also, while surveys or polls are helpful, the real poll, as we've all been told, takes place on Election Day. I want to share with you--

KELLY: That's time.

RIEPE: --my real poll as expressed by voters in my recent--

KELLY: That's your time, Senator.

RIEPE: Thank you, Mr. President.

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

BLOOD: Thank you, Mr. President. Fellow senators, friends all, I stand opposed to LB626 and I'm still listening to the debate on AM1527 but do appreciate Senator Riepe's attempt to hear Nebraskans' voices as opposed to the one voice we continue to hear on this floor. So to continue to say that this bill is friendly to physicians is very misleading. There is nothing friendly about threatening a physician's license for providing evidence-based healthcare. We seem to have this gray area where we don't know the difference between an abortionist and a healthcare provider. And, yes, you can say abortionists are also healthcare providers, but their main goal is not to provide the type of healthcare that we are now talking about. Many of you continue to read the few, same few testimonies over and over again but ignoring the majority of voices of the medical community. The vagueness of the

exceptions for threats to maternal life is very disturbing. These delays are causing real harm in other states, and it is documented and it will here as well. And the lack of exceptions for fetal anomalies is cruel and traumatizing for patients and their families. But the main reason I am against this bill is because, like the previous two bills in reference to abortion, the supporters get so caught up in the topic they ignore how poorly these bills are written. Our own Attorney General's Office gave us a decision based on several questions that we had. And if you read it, there are no real answers in it because either they can't answer it or they choose not to answer it. If you read the first paragraph, the first introduction, they say that a physician, when a crime has been committed, can maybe report it before or after the abortion. There really is no reasoning to when they can and cannot report it. But if you read our own state statute, 28-902, that is clearly not the case. If our own Attorney General's Office can't even decipher this bill, why can-- how can you stand here and say this bill is tight, this bill is well written, this bill protects our physicians, this bill protects our mothers when it does not? Many of you know that Dr. Tesmer, our, our Chief Medical Officer for the state of Nebraska, quickly released a letter today that he's going to give to healthcare professionals in reference to LB626. If you look at the last page and there is a medical emergency that a doctor is unsure of, this is the process that he or she will have to go through. If an emergency arises in which appropriate treatment is uncertain, this committee, which would be the Health Care Accreditation Committee, should meet urgent-- urgently to help the treating physician make a decision that treats the woman appropriately within the law, and then it sets the guidelines. So it's 2 a.m. and you're going to be making calls to get this committee together, decide how important it is as to if you can save this woman's life or not. You are literally playing doctor. You are literally ignoring sound medical practices for a cause. I do not fault you for embracing this cause. I fault you for continuing to bring forward bills that are poorly written that you ignore and refuse to amend that cause collateral damage. You tried that last time, and when I pointed out to you that you would then affect IVF, you realized you'd made a mistake and that bill went away. Now, to be really frank, I'm Catholic and our church, our faith is against IVF.

KELLY: One minute.

BLOOD: Do I agree with that? I think that those decisions are between a doctor and a patient, and I don't bring my personal beliefs to this floor. I believe I bring forward the personal beliefs of my district. Will I please everybody? I will not. But I can tell you that the vast

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

majority of Nebraskans that I meet are happy with how the laws are right now. And they don't want you in the doctor's office making decisions for them that may at one time or another endanger their lives, the lives of their family, the lives of their children, their sisters, their aunts, their grandmothers. Shame on you for trying to make that decision for them. Thank you, Mr. President.

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

J. CAVANAUGH: Thank you, Mr. President. Well, I rise in opposition to LB626, and I don't yet know where I'm at on Senator Riepe's amendment, I appreciate his comments. So far, I have not had the opportunity to actually read the amendment, but I wanted to, I guess, continue on with Senator Blood's comments. Because at the last round of debate, I did have some conversation with Senator Albrecht about the emergency clause and kind of how the-- this would actually just go into effect. When there's an emergency clause, to remind everybody, means that the bill-- if the bill gets passed, the Governor signs it, it goes into effect immediately. And when there's not an emergency clause, the bill doesn't go into effect until 90 days after the adjournment of the Legislature. So this bill, LB626, as written has an emergency clause and would go into effect immediately. So in the interest of trying to figure out what's going to happen, I sent a letter to DHHS and did receive a response last night. And actually I'm having it circulated, but I don't think you've got it yet. So I would just ask you to take a look at that when you get it. But basically the gist of my questions, I asked about there's an existing form that doctors are required to fill out when they perform an abortion and asked about whether that form would change. And DHHS basically said no, the obligation on that form will not change. And so I would point that out for folks to take a look at and you can take a look at the reporting requirements as it pertains to that form. But I additionally asked, how are they going to address or inform doctors of their obligations under this bill? And what DHHS said to that question is that they will mail a copy of the attached letter to all licensed physicians, obstetrician physicians, highlighting the new requirements in LB626. So they'll mail a letter to them after it goes into effect, signed by the Governor, that is telling them of obligations they will have presumably going before they get the letter. We will also email the providers for which we have an email address-- so not all the providers, just the ones they have an email address for-- and they will link to the bill and areas of our licensing website to ensure it is widely available. And I would just point out that DHHS forgot to attach those attachments when they sent this to me. So it inspires a high level of confidence that they

will execute under the gun. So the letter more or less says to active licensed physicians and oste-- osteopathic physicians and surgeons. As of this date, LB626 creates the Nebraska Heartbeat Act as signed into law and then they have a link for it. It says: In summary, the act prohibits abortion without fulfilling these requirements and kind of lists off the requirements. And then it says: If the director of the chief med-- or Chief Medical Officer determines, upon completion of a hearing, Uniform Credentialing Act performed induced an unlawful abortion, that they shall enter a order imposing a revocation or of sanctions under 38-1,100. So and then the department recommends that practitioners read the bill in its entirety to ensure you are aware of your rights and responsibilities. So they're going to send a letter to doctors, more or less telling them a one-paragraph description of the act that just says that they need to certify a patient's medical record that the abortion was conducted due to a medical emergency or resulting from sexual assault or incest. They give no guidance on what that means, which is the conversation we've had here about reporting requirements. As Senator Blood correctly pointed out, the Attorney General gave a very muddled Opinion about what those requirements are and what really happened. I've talked to several people about the Attorney General's Opinion and gotten about five different interpretations of that Opinion. So we still are in this place where we don't know what a doctor's obligation is going to be. We have-- DHHS is telling us that they're going to send out a letter right after it's passed telling doctors to read the bill. Doctors--

KELLY: One minute.

J. CAVANAUGH: Thank you, Mr. President. Doctors have-- are not equipped to interpret the law. That's the big problem here. So this emergency clause part of this is just one small piece. When-- if this bill passes and goes into effect, doctors are not going to have an adequate opportunity to be informed to understand this law. Senator Blood also pointed out that DHHS sent out this letter today explaining-- giving guidance, some guidance on what a medical emergency is. I would just point out that that letter also states that in states that have passed similar laws, there has been a problem when medical emergencies for women needing care in those emergency situations because of the legal ambiguity in a law like this. And because of the exact issues that Senator Blood just pointed out, where you have a panel of nonlegal experts making a legal determination about what qualifies under the law for protections for these doctors. So this is a real problem. There's a lot of problems in this bill as written, and we don't have a proper understanding of--

KELLY: That's your time.

J. CAVANAUGH: Thank you, Mr. President.

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

BRIESE: Thank you, Mr. President, and good morning, colleagues. I rise today in support of LB626 and the E&R amendment 24. I want to address some of the concerns that were raised on General File about the bill and my comments are going to be brief. And clearly, this is a contentious issue with passions high on both sides. But for me, it's a clear-cut issue. It's about protecting innocent life. It's about protecting innocent life with a heartbeat. And this accommodates the concerns of a lot of folks. And this bill really represents a reasonable place to land, in my view. For example, the bill specifically excludes ectopic pregnancies. It excludes in vitro fertilizations. It creates exceptions for medical emergencies, sexual assault, 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 wide latitude in assessing what constitutes a medical emergency. So, yes, it is friendly to our friends in the medical community. LB626 is a reasonable place to land. It's reasonable legislation that most importantly, protects innocent life. I would urge your support and I would yield the balance of my time to Senator Albrecht. Thank you, Mr. President.

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

ALBRECHT: Thank you, Senator-- hello-- Briese, and I appreciate the time. Thank you, Mr. President. It's taken a while for me to get here, but I'm going to refresh everyone on what LB626 is really all about. It's one thing. It's protecting babies with beating hearts from elective abortion. This is the friendliest pro-life law for doctors in this entire country. There are no criminal penalties, and doctors are given wide latitude to exercise their medical judgment. LB626 simply requires a physician to perform an ultrasound to listen for a fetal heartbeat before performing an abortion on nonemergency situations. If a heartbeat is detected, performing an abortion is unlawful except in cases of rape, incest, or medical emergency. LB626 makes it 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 IVF will

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

remain unaffected as well. A baby with a beating heart deserves to be protected in Nebraska. Again, LB626 is about one thing: protecting babies with beating hearts from elective abortion. I encourage you to vote green on LB626 as written. I will say right now, this is the first time I'm looking at AM1527. Just as the, the first amendment that Senator Riepe had brought, I never had a chance to, to talk to him about it or look at it. So I really believe discrediting our AG, discrediting the Chief Medical Officer is not in good faith on the floor of this Legislature. We are doing everything possible. We have been very meticulous about watching what was going on around the country. We're, we're up on the first year that Roe v. Wade was overturned. And we continue to have babies aborted in our state because we're not making the decision that needs to be made. Are we willing to let that many babies die because we can't come to an agreement on what we feel is right for the unborn? Thank you, Mr. President.

KELLY: Thank you, Senator Albrecht. Senator Kauth has guests in the south balcony, 11th graders from Skutt High School in Omaha. Please stand and be recognized by your Nebraska Legislature. Senator Dungan, you're recognized to speak.

DUNGAN: Thank you, Mr. President. Colleagues, I rise today in opposition to LB626 and I'm unsure as well where I fall necessarily on AM1527. Colleagues, what we know is that we need to stop standing between medical professionals and their patients. We need to stop telling people who are pregnant what to do with their bodies. And we need to start listening to the folks who are actual professionals in the areas that we're attempting to legislate. We've seen this on this bill. We've seen this on other bills. And when time and time again, we have the experts come to us and explain to us that there are problems with the things that we're trying to do, and we ignore that in the name of anecdotes, I think we're doing a disservice to the people of Nebraska. One thing that we've seen in particular with LB626 and the language that's been discussed now on General File and again on Select File here today is that there's more questions than there are answers. I talked at great length during the last round of debate with regard to the criminal penalties. And I know there was the Attorney General's Opinion that others are probably going to reference here today. And although I still disagree with the Opinion that's contained in there as it's not binding, I also found that the second section in that talking about the reporting requirements for mandatory reporters caused me more alarm and concern than it did to quell my concerns. What I mean by that is that in particular, doctors are mandatory reporters in a number of circumstances that involve sexual assault.

There are certain circumstances without diving too deep into the legislation where doctors have to report it. And the current law allows for individuals who are survivors of sexual assault to remain anonymous. One thing that we know is that survivors of sexual assault have to be given autonomy. They have to be given support. They have to be listened to. And they have to be given decision making around their own lives. When we modified the law back in 2018, I believe, to allow for the anonymous reporting of these things to doctors to make sure that they weren't having their rights taken from them, this Legislature recognized that survivors of sexual assault have to be listened to. And I would be appalled if we as a Legislature went back on that and said that we know better than individuals in their individual circumstances. What's unclear to me is with this mandatory reporting requirement if anybody would still be able to anonymously report a sexual assault to a doctor. If they go to the doctor and they say they were sexually assaulted and that doctor then provides them with medical procedures they're asking for, the law requires that the doctor document in their file why they did it. That documentation then has to be provided to DHHS. And it's incredibly unclear from either the Attorney General's Opinion or from the language of the law itself, whether or not that could remain anonymous. So to take away that decision making and to take away that anonymity from somebody who's asking for that autonomy back, I think is incredibly problematic. In addition to that, I want to touch base on the fear that I've heard from medical professionals and that we've heard at the hearings with regards to the problematic nature of what the medical emergency exception would be. It's not hypothetical. We have actual cases of individuals, of pregnant people, for example, in Texas who are bringing lawsuits. Senator Riepe talked about this in the, the current legal battles we're seeing in Texas where they were denied care that put them in danger of losing their life, not because they were breaking the law, but because doctors were afraid that if they did what they were being asked to do, they were going to have their licenses taken away. And that's exactly the same kind of fear that LB626 is going to breed. The memo that was circulated today by DHHS specifically mentions that. It says in other states that have recently passed abortion laws, healthcare attorneys have recommended inaction when presented with complex situations. You have doctors pausing medical care in the middle of lifesaving procedures sometimes because they're afraid that they're going to do something that might ultimately result in their license being taken away. And that is, frankly, a nightmare scenario.

KELLY: One minute.

DUNGAN: Thank you, Mr. President. We hear the stories of people in Texas where they were literally in the middle of receiving care. And one of the plaintiffs in that case says, I will never forget when one specialist tore off his mask and threw it in the trash, said that she was pregnant with twins and one of the fetuses was diagnosed with a rare chromosome disorder. And in the middle of receiving care, that doctor said, I can't help you anymore. You need to leave the state. I think that's horrifying. And it's the last thing that we should be doing. We should be encouraging people to talk with their doctors, get the care they, they need. And we should not be standing between medical professionals and their patients. We do not know better than individuals. This is an incredibly personal decision, and I think we should be doing everything we can to support people making what may be one of the hardest decisions of their lives, not making them feel wrong. Thank you, Mr. President.

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

HANSEN: Thank you, Mr. President. This might actually, you know, follow up to what Senator Dungan was saying about relying on, you know, opinions from healthcare providers. And I'd like to read a little bit from the opinion of our Chief Medical Officer, Dr. Tesmer, and his opinion about LB626. So I'm just going to read from this and what he wrote. And this is public information for everybody who wants the, the full breadth of his opinion. This guidance is intended to provide clarification regarding the proposed new Nebraska law, LB626, regulating abortion. It will be critically important that hospital systems and other healthcare institutions that care for pregnant women also provide guidance to support physicians when making decisions regarding the care of pregnant women. He goes on to talk about exception for medical emergencies. LB626 states: An exception is allowed and an abortion may be performed if a medical emergency is present, 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. For its part, reasonable medical judgment is defined as 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. This definition, which provides a wide safe harbor for the judgment of an individual physician, informs how the entirety of the definition for medical emergency, emergency should be read. Nowhere in LB626 is a

requirement that the medical emergency be immediate. Physicians understand that it is difficult to predict with certainty whether a situation will cause a patient to become seriously ill or die. But physicians do know what situations could lead to serious outcomes. At the time of diagnosis of a potentially life-threatening pregnancy complication, physicians should exercise their best clinical judgment and to be reassured that the law allows intervention consistent with prevailing national standards of care. LB626 is differential to a physician's judgment in these circumstances. It is necessary only that a reasonably prudent physician could have made the same judgment that a medical emergency existed in that case. He goes on to the definition of abortion, which is in the bill, and then he's-- he-- they go on to talk a little, a little bit about pre-- previable premature rupture of membranes. This is an argument that some of the opposition has brought up as well. The American College of Obstetricians and Gynecologists addresses this situation in their 2020 Practice Bulletin, prelabel-- Prelabor Rupture of Membranes. Quote, women presenting with PROM before neonatal viability should be counseled regarding the risks and benefits of expectant management versus immediate delivery. Counseling should include a realistic appraisal of neonatal outcomes. Immediate delivery which termination of pregnancy by induction of labor or dilation evacuation, and expectant management should be offered. Physicians should provide patients with the most current and accurate information possible, end quote. Physicians are busy and most are not legally trained. They rely on the Board of Medicine and Surgery to provide more detailed guidance on statutes, regulations, and scope of practice. The following information from the Chief Medical Officer is designed to educate and reassure physicians and promote good medical care for women in Nebraska. So he makes three points here. One, provide immediate guidance for physicians that LB626 allow termination of pregnancy under the following circumstances: (a) removal of a dead unborn child or delivery of uterine contents, and the unavoidable and untreatable process of ending due to spontaneous, inevitable, incomplete or septic abortion.

KELLY: One minute.

HANSEN: Removal-- (b) removal of medical treatment of ectopic pregnancy; (c) performance of a medical procedure, including termination of pregnancy necessary in the physician's reasonable medical judgment, 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 to avert the death of the pregnant woman or to prevent the substantial irreversible impairment of a major bodily function; (d)

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

remind physicians that risk to life or major bodily functions need not be immediate, only foreseeable. Recommended detailed meticulous documentation, including the notation of current applicable CPT and ICD codes; guidance from professional organizations, probable gestational age, diagnostic testing and informed consent counseling, including alternatives. When somebody yields me some more time, I'll follow up with the remaining two points that Chief Medical Officer makes with his opinion when I get some more time. Thank you, Mr. President.

KELLY: Thank you, Senator Hansen. Senator von Gillern has another guest under the south balcony, Amy Van Kat from Omaha. Please stand and be recognized by your Nebraska Legislature. Senator Bostelman, you're recognized to speak.

BOSTELMAN: Thank you, Mr. President. I stand in support of LB626 and would ask Senator Ben Hansen if he would yield to a question.

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

HANSEN: Yes.

BOSTELMAN: Would you continue with your last two points or so?

HANSEN: Thank you, Senator Bostelman. I will. So the final two points, number two. And again, just to reiterate, this is the Chief Medical Officer's opinion when it comes to LB626. We talked about point number one, which is providing immediate guidance to physicians. Point number two, provide guidance regarding appropriate use of medications that can be used to induce abortions, but which also have other uses. And he goes on to talk about misoprostol, mifepristone, and methotrexate. And point number three, encourage hospital systems to create advance guidance for the physicians in consultation with their legal department. Every hospital has a multidisciplinary medical quality committee as mandated by the Joint Commission on accreditation of healthcare organizations. If an emergency arises in which appropriate treatment is uncertain, this committee should meet urgently to help the treating physician make a decision that treats the woman appropriately within the law. This guidance should include, at a minimum, medically indicated separation, induction or abortion, may be performed if in the physician's reasonably-- reasonable medical judgment the termination is needed to avert the mother's death, or where a delay could create a serious risk of substantial and irreversible physical impairment of a major bodily function. Note that the risk of death need not be immediate. He repeats this multiple

times. And this is what we typically hear from the opposition, is that they do not have, you know-- I'm not going to-- I'm not going to go off topic here too much, but this is just a point that I think needs to be repeated. Note that the risk of death need not be immediate, only foreseeable. Any physician, nurse, or staff member who objects to directly or indirectly performing or participating in a termination of pregnancy may not be required to participate. Directions on how to document the medical emergency which is to be kept in the pregnant woman's medical file. So I, I at least want to put his opinion on the record because I think this provides a lot of clarity, along with the AG's Opinion, with a lot of the arguments that we hear from the opposition about uncertainty, how it works within the medical field, the decision-making process among healthcare providers. So I, I think it's good to kind of put out there for everyone to understand. Thank you, Senator Bostelman.

BOSTELMAN: Thank you, Senator Hansen. I yield the rest of my time to Senator Albrecht.

KELLY: Senator Albrecht, you have 2:22.

ALBRECHT: Wonderful. Thank you for the time, Senator Bostelman, and, and thank you, Mr. President. OK. There are a few proposed amendments that I would like to speak directly to this morning. First, during the General File debate, Senator Day had discussed her bill, LB391, which would provide criminal and civil immunity for pregnancy outcomes and asked if I would be open to amending it into LB626. There are no criminal penalties or civil penalties in LB626, either for doctors or for women. So this is simply not necessary. The bill in its entirety, you can certainly look at it and I'll review it here shortly, but the bill is clear in Section 3 that removing the remains of a child in the womb that has already died, such as a miscarriage or stillbirth, is not an abortion. And in Section 6, it provides that no woman who obtains or attempts to obtain an abortion can be held liable in any way. So those concerns expressed by Senator Day would already be taken care of in our bill. And I would like to address again this amendment that Senator Riepe has, has provided. It would allow--

KELLY: One minute.

ALBRECHT: --abortion up to 12 weeks. And I think it's important that we have this conversation. It's something that he has asked and wanted. And I appreciate him having this conversation with everyone. But I want to talk about why the heartbeat is so much more important than 12 weeks. LB626 was carefully crafted to meet concerns that were

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

expressed during last year's debate and to give us the best opportunity to pass a bill that will save many lives and protecting women and doctors and, of course, babies with beating hearts. That's why we want to be clear the exception for rape and incest and criminal penalties for doctors. That's why it protects preborn babies once the heartbeat can be detected instead of from conception. That is a big compromise and a change that I did not want to ever have to make. But that's where we're at. LB626 is not a winner-take-all approach.

KELLY: That's your time, Senator.

ALBRECHT: Thank you.

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

HOLDCROFT: Thank you, Mr. President. I rise in support of LB626 and ER24 and opposed to AM1527. Again, this bill is about saving babies with a beating heart from elective surgery. I would just like to read a few emails that I have received within the last 24 hours from some, some of my constituents. First one here: Senator Holdcroft, thank you for cosponsoring LB626. Please continue to support this bill and advance it to the final round of debate as it stands, with no amendments. This is the next generation of Nebraskans that you are protecting by advancing this bill and at the same time sparing the mothers from the aftermath of abortion. So many of them are young and are acting out of fear and suffer so much when they mature and realize the implication of having had an abortion. There are resources available to help and accompany these mothers. Thank you for your courage and your service and my prayers will be with you. Another email: Senator Holdcroft, I am a pro-life Nebraskan and I am contacting you to ask you to reject all attempts to water down the Heartbeat Protection Act and vote to advance it with no amendments. In a life and death situation on the battlefield or in the ER, the one thing medical professionals check for to decide who to treat is a heartbeat. Yet with such a strong sign of life, preborn babies in Nebraska face death. Nebraska should lead the way and pass the strongest state laws outlawing the killing of preborn children and create the strongest system to protect women from the predatory abortion industry. Please support efforts to protect women and children from the violence of abortion and vote in favor of the legislation at every opportunity and reject attempts to weaken it. Students for Life Action will keep me updated on your vote or inaction. Next email: Dear Senator Holdcroft, I am writing to express my strong support for LB626, the Nebraska hardback-- I'm sorry,

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

Heartbeat Act. A heartbeat is a universal sign of life. There is no question scientifically or medically that an unborn child in the womb is a distinct individual human being with their own DNA and their own heartbeat. Abortion is currently legal in Nebraska, up to 20 weeks' gestation. Women and children deserve better. We can love them both by embracing life and empowering women. Every parent remembers hearing their child's heartbeat on an ultrasound for the first time. Please see unborn children for who they are, girls and boys who should be celebrated and valued. Nebraska is a pro-life state. A recent statewide poll revealed that 58 percent of Nebraskans support a bill protecting preborn babies once a heartbeat is detected. I, I urge you to support LB626. One more. Be bold for the unborn. We need more boldness coming from politicians on the abortion issue. Speak up about how abortion destroys innocent life. Speak up about how children in the womb have a heartbeat, unique DNA, and feel pain. Speak up about the negative effects abortion has on women. If we're going to make abortion unthinkable, we need to be bold. In the name of Jesus, please be bold and to the right-- and do the right thing. You have so much support, so many prayers lifted for you all. We appreciate all that you're doing. Thank you and keep fighting. With that, I yield the rest of my time to, to Senator Albrecht.

KELLY: Senator Albrecht, that's one minute.

ALBRECHT: Alrighty. I'm going to continue on. So again, LB626 is not a winner-take-all approach. When looking at the proposed 12-week amendment, the difference is the number of innocent lives that would be saved each year is staggering. According to the annual reports from DHHS, the overwhelming majority of abortions in our state take place before 12 weeks. Based on the most recently available numbers, LB626 could save 2,000 precious lives every year from elective abortion. In comparison, the 12-week law would only stop around 300 abortions, meaning this amendment would strip away lifesaving protections from 1,700 babies every year. These are baby boys and girls with their own DNA and their own heartbeats who deserve to be loved and protected. LB626 is in line with what the majority of Nebraskans want. And many of our surrounding states have already passed even stronger laws.

KELLY: Thank you, Senator.

ALBRECHT: Thank you.

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

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

MURMAN: Thank you, Mr. Lieutenant Governor. I rise in support of LB626 and against the AM1527. I'm going to quote from the second paragraph of the Declaration of Independence: We hold these truths to be self-evident, that all men are created equal and they are endowed by their Creator with certain unalienable rights, that among these are life, liberty, and pursuit of happiness. LB626 is designed to protect a human being, especially with a beating heart, living inside another human being, which, by the way, is a female with also a beating heart. The baby at six weeks has its own DNA, eye color, hair color, everything genetically is determined well ahead of then. And often these characteristics are much different than that of the mother. So this bill is definitely not anti-woman, but actually it's pro, pro women, pro motherhood. A society that, that does not support women and families is doomed to fail. China and North Korea have very similar pro abortion laws that what we have in the United States right now, and LB626 will go a long way to change that. Also, LB626 is not racist. A disproportionate number of abortions are done on people of color. I really can't understand why, especially people or how especially people of color cannot be pro-life. So I go back to the question that I started with. Is a human with a beating heart living inside another human with a beating heart a life or is it not? It all boils down to this question. I think LB626 strikes a very reasonable balance to protect both the life of the mother and the life inside her. It also has great provisions to protect the doctor. And with that, I will yield the remaining of my time to Senator Albrecht.

KELLY: Senator Albrecht, that's 2:00.

ALBRECHT: Thank you, Senator Murman. Thank you, President. A recent statewide poll by WPA Intelligence found that 58 percent of Nebraska voters support a law that would protect preborn children from abortion the moment that their heartbeat can be detected, including nearly two-thirds of the Independents and nearly half Democrats. Iowa has passed a heartbeat bill. South Dakota, Missouri, and Wyoming all protect life from conception. Texas has passed an even stronger law than the LB626. And Florida just recently passed their own heartbeat law into effect. OK? So here we are at, we're at risk of becoming a destination state for abortion. And if LB626 were be-- to be amended to allow for the 12 weeks, that would still keep us in that category, which is something that I hope not any one of us want. I know this is, is difficult, a difficult conversation with many different viewpoints, but I know that we all believe that every woman and every child deserves love. Thank you.

KELLY: One minute.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

ALBRECHT: Oh, one minute. Thank you. That's what LB626 is all about. I want to thank Senator Riepe for starting an important conversation. I welcome more dialogue and urge everyone's continued support for the bill, LB626, as written so that we can protect babies with beating hearts from elective abortion. Thank you, Mr. President.

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

RAYBOULD: Thank you, Mr. President. I rise in opposition to LB626, which is a very extreme bill, and people have every right to be concerned about it, families and physicians especially. The Washington Post has had an article April 21 saying that states that have enacted abortion bans saw a 10.5 percent drop in applicants for obstetrics and gynecology residency in 2023 from the previous year. That decline carries a potential long-term impact on the availability of doctors to care for pregnant people and deliver babies across large swaths of the South and Midwest because medical residents often choose to stay and work where they're trained. The state of Nebraska is designated as 71 percent of our state is designated as a desert of providing maternal and obstetric care. Under this bill, if you read it closely, colleagues, and I don't think you've read it closely, but I know a lot of my physician friends have and they have expressed their utmost concern. This bill does not address fetal anomalies. And also there is a lot of interpretation on what the fetal heartbeat actually means. Medical professionals have said that when you listen to the ultrasound, that's not a fetal heartbeat. That's the residence from the ultrasound indicating that. So right away you're setting up some medical conflict. If you looked at the bill on page 9, anyone, anyone can report a physician for what they believe is an inappropriate medical procedure, not following the rules of following the ultrasound. This is what it says. And I think everybody should pay attention to this because there are very strict languages obligating anyone who receives a hearing to have a single determination that your-- they will impose a sanction, but it's the revocation of your license. So the director in a medical clinic or a hospital determines upon a completion of a hearing under section that a licensee has performed or induced an unlawful abortion in violation of Section 4 of this act. The director shall enter an order imposing a sanction authorized under this subdivision. And then if a petition, and it can be brought anonymously, is brought with respect to this, the director shall make findings as to whether the licensee performed or induced an unlawful abortion. If the director finds such a violation, the director shall enter an order revoking, this is the word, revoking the licensee's credential to practice pursuant to the Uniform Credential

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

Act in the state of Nebraska. It gives you an opportunity to go through censure, probation limitations, civil penalty, suspension or revocation. Revocation is the ultimate removal of your license to practice medicine. And the important thing to note is that it indicates in the first section revocation. And in the second section, it talks about revocation yet again. So anyone who reads law and I'm not an attorney, but I understand the plain language meaning of this, as do a lot of physicians, they understand that this is a serious matter and they put their license and medical practice at risk. Again, it says upon completion of any hearing regarding discipline of a credential for performing or inducing an unlawful abortion in violation of this section, the director shall impose a sanction of revocation in accordance with this section. So twice it tells you this is the choices: A-- choice A, revocation; choice B, revocation; choice C, revocation. So no wonder, no wonder our physicians are frightened about this. The threat of a loss of a medical license as under LB626 is a threat--

KELLY: One minute.

RAYBOULD: --thank you, Mr. President-- is a threat to a physician's livelihood. A state that threatens the ability of a new physician to pay off medical school debt and support their family is not a desirable place to practice. And for that reason, I urge everyone to oppose LB626 and support the amendment that Senator Riepe has provided to keep abortion safe and legal in our state. Thank you, Mr. President.

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

McKINNEY: Thank you, Mr. President. I rise opposed to LB626 for many reasons, mainly because I, as a man, I don't believe it's my right or my duty to make a vote to tell a woman what and what not to do with her body. Each of us should be free to live our lives with dignity and to make decisions that are best for our lives, families, and communities. While someone has made the decision to have an abortion, they should be able to get the care they need as soon as they need and decide without being forced to delay, travel to another state, or carry out a pregnancy against her will. As any doctor would tell you, every pregnancy is different. That's why a person's health should guide their medical decisions at every point in a pregnancy. Restrictions on abortion only push care out of reach, with the harm falling to the hardest of those who may face significant barriers, including those struggling to make ends meet: young people, black

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

people and other people of color and people living in rural communities. And it's just not my place to make healthcare decisions for anyone else. I trust Nebraskans and I respect their right to make decisions for themselves. And I thought it was very convenient to pull the people-of-color card. Really, if you, this state, or this nation really cared about people of color or black people in general, my district wouldn't be as impoverished as it is for my whole lifetime. If people were really pro-life, we wouldn't have a death penalty in the state. And if you look at the numbers, the death penalty disproportionately affects black people or people of color. So be careful with your words and what you say. I think we should respect women and allow for them to do what they want with their bodies. Also, you shouldn't also use your religion to guide your policy decisions because there should be a separation of church and state. But, you know, at times many people quote the Bible and laws and, and, and other texts, and I don't think we should. And with that, I'll yield the rest of my time to Senator Machaela Cavanaugh if she wants it.

KELLY: Senator Machaela Cavanaugh, you have 2:30.

M. CAVANAUGH: Oh, thank you. Would Senator-- thank you, Senator McKinney. Would Senator Riepe yield to a question?

KELLY: Senator Riepe, will you yield to some questions?

RIEPE: Yes, I will.

M. CAVANAUGH: Senator Riepe, I apologize. I didn't hear all of your opening on your amendment, and I printed it off, and I'm trying to catch up. Would you mind telling me a little bit more about what your amendment is?

RIEPE: Yes. Give me a second, please. I don't have it memorized. Thank you. Thank you. I apologize.

M. CAVANAUGH: That's all right.

RIEPE: The amendment as such, it goes over several issues. First of all, it amends to go to 12 weeks from the current 20. It also exempts fetal abnormalities that are not compatible with life. And the position in there is that this is a decision that we would not as a state mandate, that they could not receive an abortion. But it's rather the decision of the, the parents. Another point that we talk about is that we talk about the requirements for if there's a threat by the young woman or older woman on for suicide, that in that we would--

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

KELLY: One minute.

RIEPE: --thank you, sir-- we would require a risk assessment by a licensed professional, mental health professionals. It also provides an exemption for rape and incest. And that goes up, as the current bill does, up to 20 weeks. There are no criminal penalties for the physician nor any criminal penalties for the mother.

M. CAVANAUGH: OK. Well, thank you. I appreciate that. I appreciate the time from Senator McKinney. I am not comfortable with restrictions on reproductive healthcare. You certainly have given me something to ponder this after-- morning and afternoon. And I'll continue to read over it. I appreciate you giving me the time. I'll yield the remainder. Thank you.

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

LOWE: Thank you, Lieutenant Governor. A poem, The Baby's Silent Voice. Will you take a moment and lend me an ear? It won't take very long. You have nothing to fear. Do not be afraid. It's just me and you. Perhaps you can see things from my point of view. Take this trip with me. It's only pretend. I had a start at life once, but a whole different end. Let us go back to the time of your birth. I'll bet there was happiness, joy and mirth. Now, let us go back just a little bit more when you first begin to see what's in store. Right at conception there as is the norm, a teeny human being begins to form. For this to happen, a miracle must ensue when the egg and the sperm unite to become you. Then things happen fast. It's all rather neat. In just a few weeks there is a heartbeat. Then suddenly it seems you know how it goes: arms, legs, fingers and ten teeny toes. Everyone is happy that you are on the way, anxious and waiting your birth day. But things can change, as you will soon see. What can-- what could happen to you really did happen to me. Let me share a day with you while you're still in the womb. Come on. Move over. There's plenty of room. So here we are, inside where it is cozy and warm, a place of safe refuge. We should be safe from all harm. Listen, listen. Someone is talking. I just want to shout. But this time it is you they are talking about. Your mom is having second thoughts as it is her right to do. I should keep this baby, this baby that is you. It is your choice, says the voice from the rear. Your choice. Your choice. Let that be clear. But does having a choice always make it right to send a little baby, a baby to eternal night? It's just unborn. It is not quite real. Make up your mind. It is no big deal. You can get rid of this thing. Yes, you can do this thing, this thing, this thing that is

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

you. But Mother will not hear it. She runs from the room. She decides to give you life, you, this baby in her womb. Maybe that's not how it happened. Maybe that's not true. Doesn't make any difference. You still got to be you. You have a mother. You can celebrate Mother's Day. Your mom, who gave you life, now has it, her day in May. I was a baby once and my mom made a choice. A whole different ending. Now I am only a silent voice. My voice is for hundreds and thousands and more lost in the Dead Sea. We never made it to shore. For our moms, perhaps short pain and some sorrow. But for us, it is forever. Never a tomorrow. It's only a procedure. There is no death. That is what they say. But we have no breath. If this procedure is the right thing to do, would you be in favor if it was happening to you? But this is my body goes the rallying cry. They must, but they get to live while we have to die. Perhaps there are some who should live and some that should go. But until we each have a chance at life, there is no way to know. Is there a mere human mortal qualified to act as judge and moral master and choose for another human being life or fatal disaster? I wonder about those who have taken the oath to save a life, not to take it. How can they do both? Poisonous solutions are a stab in the head. Doesn't make much difference. Either way, we are dead.

KELLY: One minute.

LOWE: They may say there is no pain as unborn can't feel. They lie. They lie. The pain is very real. Not a pretty picture. It can be bloody and gory. That's why I must, I must tell my story. You must see the reality. Yes, you know it is true, that tiny human being, a baby being sucked up that tube. I cannot help but wonder how they can do that. There would be a public outcry if it was a dog or a cat. So I wouldn't-- so wouldn't prevention be a much better tool than to slaughter the innocent and add to the pool? As science advances, they have become oh so clever. They use our spare parts, the ones that they do salvage and sever. But what about you dads? You are in this game. Yet most remain silent. Oh, for the shame. For you men, you think only of the thrill. It is your sons and your daughter that you are willing to kill.

KELLY: That's your time, Senator.

LOWE: Thank you.

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

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

HALLORAN: Thank you, Mr. President. Good afternoon, colleagues. Good afternoon, Nebraska. I stand in full support of LB626 and in opposition to AM1527. On May 19, 1983, a child was aborted, name unknown because the child was not granted a name. But let's call him James. James might have, if he would have been allowed to be born, he might have been a cancer researcher, a cancer researcher who might have been the person who discovered the cure for cancer, might have been but he was not allowed to be. On October 4, 1975, a child was aborted, name unknown, because that child was not granted a name. But let's call her Angie. Angie might have, if she would have been allowed to be born, she might have become the first female president of the United States. Might have been, but she was not allowed to be. On July 19, 1977, a child was aborted, name unknown, because that child was not granted a name. But let's call her Ann. Ann might have, if you would have, if she would have been allowed to be born, she might have achieved her potential to become a masterful surgeon saving countless lives. Might have been, but she was not allowed to be. Countless unnamed babies have been denied life through abortion. They may not have become future medical researchers, leaders or surgeons, but they've all been denied the opportunity to raise and enjoy a family of their own. My point is this. We will never know of the lost potential of the thousands of lives which have been lost through abortion. All of us residing as state senators in this Legislature were allowed the opportunity to be born. We were allowed to live to our potential. None of us obviously were aborted thanks to our parents choosing and giving us life. What if your parents, I'm talking to my fellow senators here, what if your parents would have chosen to abort you? Clearly, you would not be warming your seat in this Chamber. As President Reagan noted, and I quote, I've noticed that everyone who is for abortion has already been born. Who are we to deny a future to babies with a beating heart? I would yield the balance of my time to Senator Albrecht if she wishes.

KELLY: Thank you, Senator. Senator Albrecht, that's 2:10.

ALBRECHT: Thank you, Senator Halloran. Thank you, President. I just want to take us back with a little bit of history here, because I can assure you there's a whole new group of people listening in on this debate. 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 stat-- statutes. Since then, it has been slowly building protections for the unborn back into law little by little under restraints imposed upon it by the U.S. Supreme Court. Last June, the U.S. Supreme Court reversed Roe v. Wade in its decision of Dobbs v. Jackson Women's

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

Health Organization, ruling that, quote, Roe was egregiously wrong and on a collision course with the constitution from the day it was decided, end of quote. Dobbs returned authority to the states and to 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,--

KELLY: One minute.

ALBRECHT: --thank you, Mr. President-- 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 heartbeat laws or disallow abortion entirely, making us a potential destination for abortion tourism state if we do not pass similar, similar laws. Allowing abortion this late in pregnancy puts Nebraska in the company of China, North Korea, rather than most democracies which limit it to a much earlier time in pregnancy. In 2020-- in 2021, the last year for which we have these statistics, there are approximately 2,400 babies killed by abortion in Nebraska at a rate of more than six per day, counting weeks, days, and holidays.

KELLY: That's your time, Senator.

ALBRECHT: Thank you, Mr. President.

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

JACOBSON: Thank you, Mr. President. I rise in full support of LB626. I think it's been a long journey getting to where we are. I think the bill has every accommodation that we could imagine to have in this bill. It should have resolved all of the concerns that I heard a year ago on LB933. But as I mentioned before, the goalposts just keep moving. I'll go one step further and say that those that are going to support the amendment, if you ask them, will you support the bill after the amendment is attached, their answer would be no. If we said, would you-- do you support the existing law that we have today at 20 weeks? The answer would be no. The answer to this is that there really is an interest in a total open season abortion on demand. People have raised the questions about Christianity. I'm proud to say that I am a Christian and I cannot separate my Christian beliefs from what I do every day, including my time here in the Legislature. And I can't stand here and tell you that I'm going to support the killing of another human being. It's a major compromise for me to get to where

the bill is today, LB626 in its current form. We like to talk a lot about women's rights versus the life of the unborn child. Those are where the two sides are at. If you can separate this and call this a healthcare issue, it doesn't feel so bad until you realize, of course, that we're terminating a human life. Oh, gosh, that sounds a little different. So you've got to separate out the fact that we've got a human life that's taken; and that 100 percent of the time when there's a successful abortion, a human life is taken. It's a little bit different picture versus this is just healthcare. This is not healthcare. I will tell you, when you read the bill, Senator Hansen was very clear on the accommodations that are in this bill. Doctors are, in fact, protected. But let's go down through the process here. So we've excluded rape and incest. We're allowing for IVF. So if you exclude rape and incest, what we're left with is a pregnancy as a result of two consenting adults, two consenting adults. We have birth control measures that can be taken. There are no restrictions on birth control. There's no restriction on contraception. There's no restriction on the morning after pill use. And certainly there's pregnancy tests that are available in the event that you think there could be a problem. So ultimately, what this comes down to is personal responsibility. I can tell you that when I was born and I'm so blessed with my family and my parents, many people are aware of this. I was born and raised on a rented farm in Clay County, Nebraska. My parents were dirt poor. There were nine kids in our family. Our oldest died in infancy. I'm number five. I can also tell you that I was not planned. But after my older brother Lyle was born, my mother had her tubes tied or she had them severed I should say. That was the procedure back in those days. And they grew back together and I ended up being born two years later. Now, I might call it a miracle--

KELLY: One minute.

JACOBSON: --from my perspective. But I can tell you that although we were dirt poor and eight of us, my parents loved us all. And I am so glad that my parents chose life. There was never any consideration about anything other than that. We worked hard. We learned a work ethic. I was later able to go on to the university. I was able to get involved in business. I've been truly blessed. And as Senator Halloran mentioned, you never know what the potential is of every child that's there. You guys all know my wife and my story and the loss of our child, died on our 10th wedding anniversary. You also know that we were adoptive parents and so grateful and so glad that we had the good fortune that someone chose life, two people chose life and allowed us to be the parents of those children. And I believe absolutely that we

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

were put on this earth to do that. I'm so glad we had that opportunity--

KELLY: That's your time.

JACOBSON: --still grateful. Thank you, Mr. President.

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

DeBOER: Thank you, Mr. President. I want to make it very clear on the record that I would and do support the existing 20-week law. I do. So I've heard a couple of times people saying none of you say what you support on this. I support the 20-week law. I'll vote for the amendment that Senator Riepe has brought up, because I think it's better than the bill, and I think it opens a conversation about how we ought to continue. But ultimately, I cannot support this bill, and that's because the government should not be involved in these very personal decisions. Government shouldn't be involved in these very personal decisions. It's not what government's for. My constituents didn't send me down here to get involved in those very intimate moments in their life. I won't come down here and expand upon the mandate they gave me. I won't come down here and try to take away or do more than what they asked me to do when I came down here. With that, I'll yield the remainder of my time to Senator Riepe.

KELLY: Senator Riepe, you have 3:15.

RIEPE: Thank you, Mr. President. Thank you, Senator DeBoer. I don't know of any one senator in this body that wants to expand abortion. And I want to point out the 12 weeks proposed is fundamentally a restriction. We're currently at 20. It restricts it down to 12. So that is a restriction of available abortions. I also want to address a portion of our Nebraska citizens' votes and that we as senators are expected to stay in contact with our voters. We were also told that while surveys or polls are helpful, the real poll takes place on Election Day. I want to share with you my real poll, as expressed by voters in my recent November election. In the primary, I received 47 percent of all votes in a field of four. Yes, that means, as Senator Erdman pointed out to me, that I did win 53 or 53 percent of those did not vote for me. But the person with the second highest vote of those four would be my competitor in the general election receiving 20 percent. My margin was 27 percent. I was told no way could I lose. I continue to walk doors. I walked more than 5,000 doors, had the endorsements of Governor Ricketts, former Governor Heineman, and Omaha

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

Mayor Stothert, along with others. Victory looked within grasp. Then came the Dobbs decision. In my general election, women of all parties, clearly a nonpartisan response to my pro-choice opponent, and I won by a mere 4.62 percent, a loss of 22.4 percent of the vote. Had my opponent had more time, more money, and walked more and had more name recognition, she could have won. This made the message to me clear as to how critical abortion will be in 2024. In 2024, the fallout of Roe v. Wade will be front and center on the minds of voters, especially women. When the Dobbs decision put the abortion issue on the hands of state legislator--

KELLY: One minute.

RIEPE: --legislates-- one minute--

KELLY: One minute.

RIEPE: --oh, thank you, sir-- it has become more of an issue of rights. Future voters in the near future will be dominated by urban voters, generally more progressive and where the great majority of Nebraskans reside. I predict the 2024 election will be the greatest nonpartisan issue vote in the history of the state and the impact will be felt in this legislative body. A recent survey conducted by Pew Research indicated 72 percent of Democrats, 65 percent of Independents, and 40 percent of Republicans want abortions to be available. We must embrace the future of reproductive rights, which lies heavily with women under 45 years of age. On another note, and it's one of the handouts that I shared, in Europe and the 12-week ban is the standard in that-- those countries.

KELLY: That's your time, Senator.

RIEPE: Thank you, Mr. President.

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

ALBRECHT: Thank you, Mr. President. I'd like to review very quickly what LB626 is all about. In Section 1, it names-- it's named as the Nebraska Heartbeat Act. Section 2 provides that the act shall apply only to inner [SIC] uterine pregnancies, those existing inside the uterus. Section 3 defines abortion. It includes both surgical and performed and chemical abortions. It also makes clear that none of the following may be considered abortions under the Nebraska Heartbeat Act: the removal of ectopic pregnancies, removal of the remains of a child who has already died in the case of miscarriage, in an act done

in 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 into the uterus, including due to IVF. 3(3) defines medical emergency as under this definition, medical emergency means any condition, which in reasonable medical judgment, so complicates the condition of a pregnant woman that it is necessary to terminate the pregnancy to save her life, or for which is a delay in termination will create a serious or-- of-- risk of substantial impairment of a major bodily function. And 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 an exception is not present. Section 4 is the heart, 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 results 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 that the unborn child has a detectable heartbeat. 4(3) lays out the exceptions: the life of the mother, medical emergency, rape, incest. If an exception exists, the doctor may perform the abortion and is not required to test for a heartbeat. Section 5 lays out the other rules for what the doctor must do if he performs an abortion due to one of the exceptions: medical emergency, rape, or incest. 5(1) says that if the abortion is performed due to a medical emergency that 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 record that the rape or incest is the reason for the abortion and must also note in the record that he has complied with all the duties of the healthcare provider already has under Nebraska law. And when he is approached by a victim of sexual assault or incest, which are applicable to this case, neither LB626 nor the Nebraska state statute 28-902 requires that the medical profession 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.

KELLY: One minute.

ALBRECHT: Section 6 says that no woman who has an abortion will be liable for the violation of the Nebraska Heartbeat Act. Section 7-13

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

lays out the process for what happens when a doctor is alleged to have violated the Nebraska Heartbeat Act, the same process that happened any time the 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, that his license is to be subject to revocation. Section 14 is a 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, which states that the old unamended statutes shall be repealed and make way for the new amended statutes as outlined in this bill.

KELLY: That's your time, Senator.

ALBRECHT: Thank you, Mr. President.

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

SLAMA: Thank you, Mr. President, and good afternoon, colleagues. I rise in strong support of LB626 and I view AM157-- AM1527 as an amendment proposed by someone who's operating in good faith but will ultimately lead to the demise of the bill. I am grateful we are having this conversation today because it gives us all the opportunity to have a discussion about a critically important issue and, to me, the most important issue that we have in the Nebraska Legislature, which is what value do we place on innocent life? And just to rebut some of the claims that the medical profession will melt down if LB626 is passed, five physicians in total performed abortions in Nebraska in 2021. Two doctors combined for over 2,000 abortions in the state of Nebraska alone. We're not seeing large amounts of doctors across the state performing abortions. We are seeing a very tiny subset and an even tinier subset of that perform the overwhelming majority of abortions in a factory-style system. Four physicians performed abortions in Nebraska in 2020. And when it comes to mandatory reporting for sexual assault, mandatory reporters for sexual assault are when a minor comes in and is claiming that they were sexually assaulted. Of course, if a minor, if a 10-year-old or a 13-year-old or a 15-year-old is coming in and seeking an abortion because she says that she was raped, absolutely. I think everybody on the floor here today can agree that that doctor needs to be reporting that to law enforcement authorities. There is absolutely no change in LB626 on that front, and I think it's a good thing. Now I'm-- I am grateful for

Senator DeBoer and I mentioned this in the last debate in that she stated that she was comfortable with Nebraska's 20-week ban, that it's a solid compromise. What I am worried about other opponents on the floor is the mention of no developed country forcing birth upon its pregnant people. OK. First off, women are the ones who get pregnant. Two, every country, every developed country in the world has some kind of abortion limitation because we value life. Developed countries value life. And all you have to do is look to Colorado to see what happens when that gets compromised. I looked up three clinics this morning that offer abortions on demand up until birth after 27 weeks that have procedures that induce fetal demise, as in a baby who is 27 weeks old or later getting killed within the womb to have a late-term abortion. That is a baby that would be viable in almost all cases outside of the womb that will not come into being because somebody decided in Colorado that they wanted to have abortions up until birth in their state. So until the opponents all get up and say, yeah, we should draw the line there, we should not be murdering viable babies in the womb, you don't have a leg to stand on. And moreover, on the legal side, we don't have a leg to stand on. And I'll turn to Senator Albrecht's Attorney General's Opinion provided by Attorney General Mike Hilgers and Eric Hamilton, Solicitor General, and read from that, because I think it is a really great insight into the legal consequences of this bill and how doctors would be able to operate and use their best judgment when this bill is implemented. So:
INTRODUCTION The Nebraska Heartbeat Act, the act, would make it unlawful for physicians to perform abortions of certain unborn children having detectable fetal heartbeats. LB626 Section 4. You asked whether violations of the act would become crimes under Nebraska Revised Statutes--

KELLY: One minute.

SLAMA: --thank you, Mr. President-- 28-336 and whether physicians performing abortions for victims of sexual assault must satisfy law enforcement reporting requirements before performing an abortion. We conclude that violations of the act would not become crimes under 28-336 because the act would not change which, quote, medical procedures are, quote, accepted to perform an abortion. Nebraska Revised Statutes 28-336. Nor would the act require physicians performing abortions for victims of sexual assault to file a law enforcement report before performing an abortion. That requirement may be satisfied before or after an abortion is performed. I will come back to this on my next opportunity on the mike if I get one. Thank you, Mr. President.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

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

HARDIN: Thank you, Mr. President. I rise in support of LB626 and in opposition to AM1527. I did some polling in District 48 when I was on the campaign trail last year, and protecting preborn children was in the top three of the most important issues to the people of Banner, Kimball, and Scotts Bluff Counties. The overwhelming majority, over 80 percent, told me they want life to be protected in Nebraska. I heard multiple times that when Roe was overturned last year that people saw this as an opportunity for a generational shift to protecting the most vulnerable of our population. I received countless emails asking me to support LB626. And I'd like to share some of the words sent to me from the people of District 48. Glennett [PHONETIC], a registered nurse, said: Senator Hardin, as a nurse, I know that a heartbeat is a universal sign of life, both at the beginning and end of any human being's life. While the heart beats, there's life. As a mother of six, I remember the joy of hearing each of my children's heartbeats for the first time and realizing with certainty that a new life was growing within me. For my daughters who have endured pregnancy loss, the lack of a heartbeat was evidence that their precious children had died. Unborn children should be celebrated, valued, and protected. Their mothers should be encouraged, supported, and assisted to bring them into the world. Abortion does none of these things. Cindy [PHONETIC] wrote to me saying: I am writing to ask you to vote in favor of LB626. How sad it is that we have to legislate on such a bill. We protect eagles, turtles, and endangered species, and people go to prison when they violate that legal protection. How much more precious is human life and should be to responsible adults? Jonathan [PHONETIC] shared his experience as a first-time dad. He said: Being a new father whose baby is not yet born, seeing the first ultrasound at eight weeks was amazing. At that point of our child's life, we could clearly see what will be her arms and legs. We saw her wiggle a little and very clearly see her heart beating. I'll never forget that first moment of seeing our little daughter. There was no doubt that what we were seeing was a living human being. And Ron wrote: We're constantly being admonished lately to follow the science. Some academic types may consider me just old and dumb, but I'm smart enough to know that where there's a heartbeat, there's a life, and that it's wrong to take that life. Please, please support the heartbeat bill. These are just four of the hundreds of comments I received by email and phone call and text and conversations back at the Monument Grill or Flyover brewery when I am back home in Gering and Scottsbluff. The fact is Nebraska is a pro-life state and this is what Nebraskans want. Additionally, I would

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

point out that LB626 removes 85 percent of the abortions that take place in Nebraska every year. That's 1,800 lives per year. That heartbeat is a baby. Fifteen years ago, Richard John Neuhaus wrote these words, saying: Until every human being created in the image and likeness of God is protected in law and cared for in life, we shall not weary, we shall not rest. And in this, the great human rights struggle of our time and all times, we shall overcome. Thank you, Mr. President.

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

HUGHES: Thank you, Mr. President. I campaigned on being pro-life and knew that this session we would be voting on this bill. There were several concerns I had and this bill addressed those concerns, specifically, as we've heard before, exceptions for rape and incest; no criminal penalties for doctors; no criminal or civil penalties for women who have had or who have an abortion; and exceptions for medical emergencies, including miscarriages. What I had stated before is that opponents in this bill would state that no OB-GYNs will stay in the state of Nebraska if we pass this bill. I kind of like to look at the numbers and stats. And so from the Nebraska statistical report on abortion from 2021 from the Department of Health and Human Services, as Senator Slama had stated just previously, there were only five physicians who did all the abortions in Nebraska. Three of them only did a combined total of 15, which means the other two doctors performed the 2,345 abortions. I'm also hearing some concern about people about abortions. And from that same report from the Department of Health and Human Services, the highest number of abortions were sought because contraception wasn't used. And in that year, 39 percent, which were 960 abortions, and fetal anomalies accounted for 19 abortions, which is less than 1 percent. Some of the, the stats that people say that we're, we're not-- it's not being-- that the doctors are worried is that LB626 has no criminal penalties. It gives no right to sue doctors who perform unlawful abortions. A lot of the other states have that right to sue in the language. LB626 definition of reasonable medical judgment is broad and provides a safe, a bigger safe harbor for the judgment of physicians than other pro-life in the United States. And LB626 gives physicians accused of bad conduct a right to evaluation by medical peers. Every other state puts the doctor in front of a judge and jury when accused of performing unlawful abortions. I've also heard my colleagues state that if we are truly pro-life, then we will work on more than just outlawing abortions. And I completely agree. We need to look at legislation to remove barriers to birth control access, and we need to provide

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

support to those women who do not have-- now have access to an abortion pass that either the heartbeat or the 12-week. I plan on working on several of those avenues during the interim. There are also a few bills currently on the list this session that handle some of those issues as well if they would make it to the floor. I am pro-life and will vote for 12-week or a heartbeat because either of those is better than where we are at today at 20 weeks. Thank you, Mr. President, and I will yield my time to Senator Slama if she had a few more stats I think she wanted to mention.

KELLY: Senator Slama, that's 2:05.

SLAMA: Fantastic. Thank you very much, Senator Hughes. I will hop back over to the Attorney General's Opinion, because I do think this legal analysis is really critical towards getting at some of the core arguments against LB626; namely, that we'd be criminalizing doctors. The Attorney General's conclusion is that we wouldn't. And two, that sexual assault victims would face different mandatory reporting laws than they would under the law as it stands today. Also, not true. So I'm just going to skip the background and head straight into the analysis. I think we all have a pretty good idea as to what the background is here. Violations of the act would not become crimes under Nebraska Revised Statutes 28-336. We conclude that physicians violating the act would not violate Nebraska Revised Statutes 28-336. As explained, the Nebraska Criminal Code contains separate statutes criminalizing the performance of abortions through certain medical procedures, 28-336, and upon certain unborn children, 28-329 and 28-3,106. The medical-procedures statute's prescription against the performing of an abortion by using anything other than accepted medical procedures turns on the type of abort--

KELLY: One minute.

SLAMA: --thank you, Mr. President-- turns on the type of abortion procedure used and whether the procedure is accepted. The act would force physicians to take certain steps before an abortion is performed and prohibits the abortion of certain unborn children having fetal heartbeats. But the act does not change which procedures physicians may use to perform an abortion. And I'll just put a pin in it right there. I'll hop on to the reporting analysis on my next turn if I happen to get one. But the key takeaways are this is the most doctor friendly pro-life bill in the country right now. We give doctors a wide berth to use their best judgment in giving medical care. And at the end of the day, five physicians are performing abortions in the state of Nebraska. Just think about, think about that. Two make up

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

99.8 percent of all abortions in Nebraska in a factory-style setting. Is that what is best for women of the state? Thank you, Mr. President.

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

ARMENDARIZ: Thank you, Mr. President. I'd like to yield my time to Senator Albrecht.

KELLY: Senator Albrecht, you have 4:55.

ALBRECHT: Thank you very much. Was that Senator Slama? Who was that? Oh, Christy, thank you. Sorry. I was in another conversation. Thank you for the time. I did want to just finish up. I think I was only one-- Section 16 of the bill is an emergency clause that does state that the bill shall take effect upon passage and approval. So I want to go back to talking about how this all came about. In the 42 weeks since Dobbs was overturned last June, the day that we could have provided greater protections for the pre-born children, 1,800 babies or more had lost their lives to abortion in Nebraska. The Nebraska Heartbeat Act is an opportunity for a generational win, one with people that would be able to look back on this moment in history where a profound shift could take 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. And we envision a Nebraska where every life is celebrated, valued, and protected. I really believe that, you know, we've got some decisions to make on this bill today. But just remember, that heartbeat is a universal sign of life, and a baby with a beating heart deserves the protection. I believe LB626 is just that. It's about that beating heart in elective abortions. Let's stay in the lane of what we're really talking about here because the mothers will be protected. The babies' lives will be protected. The doctors will be protected. We will have a Nebraska where we can celebrate these lives. We as legislators have to protect those lives. That's our duty when we come here to protect property, to protect life. We have to make certain that we're making the right decisions. If it was given back to the state, it was given to us for a reason. We legislate a lot of things. Hospitals, physicians, nurses, they work with these situations every day. We're not going to be taking any more away from them than what they're doing today. Quite frankly, we're giving them much more latitude to help. And I can only hope that women who decide to, to consider their options, which is exactly what a doctor gives us every day that we go to see them, that

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

they'll choose life; that they'll choose the things that are most important, I believe, to our society, to our next generations. How can we possibly look back and think 200,000 just in Nebraska that were aborted. I mean, they'd be 50 years old today. All of them would be working in jobs and filling positions that we right now don't have anyone working in. We are losing generations of families. It's-- it is our duty to stand up and fight for life. And I couldn't be more proud of the voices that are being heard on the floor today, whether you're for one amendment or for LB626. This is about Nebraskans. This is about saving the life of the unborn that doesn't have that choice. If it has a beating heart,--

KELLY: One minute

ALBRECHT: --it deserves to live. And I just want to continue the conversation. I think we're, we're putting it all out there. We're letting people know exactly where we're coming from and that's what they expect from us. I appreciate all the letters, all the phone calls, all the prayers, because Nebraska has been praying for this for 50 years. Fifty years we've been trying to do the right thing. And I think today will, will definitely decide, you know, where people are at and, and what they want to do for the unborn with a beating heart. Thank you, Mr. President.

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

von GILLERN: Thank you, Mr. President. I rise today against AM1527 and in support of LB626. Now, it's been interesting today to kind of follow the rabbit trails that folks are going down in what I referred to in previous testimony as intentional misinformation and disinformation about this bill. I mean, we can talk about a lot of things today. Women's health being at risk has been talked about, an area that is very clearly addressed in LB626 if someone took the time to actually read it. Doctors' licenses being revoked is clearly addressed in LB626, same process as any other medical procedure that might be failed. They have to go before their board. It's absolutely addressed and is no substantial change to any other law. Doctors don't know what to do. I think that's maybe the one that makes me smile a little bit the most. We're talking about extremely intelligent people that have tended a great deal of education. They're surrounded by smart people, but somehow they're not going to know how to navigate this situation. Doctors deal with laws and regulations all the time. They impact much of what they do. And to believe that they won't be able to figure this one out I think is a bit of a stretch. But as we

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

all know, if you say it long enough, loud enough and repeat it, then some people will believe it to be true. As I referred to in my first round of debate or the first round of debate on this bill, I mentioned that I was shocked by the level of misinformation that exists around LB626, particularly by the medical community, and that raised the ire of some of the most vocal opponent-- opponents of LB626. And they've emailed me and warned me about-- warned me about the potential of slander and, and basically kind of threatening that I watch my words. Well, I want to share today some of the things that have been said by those folks and some of the things that they've been directing people to. There's a website that they founded called Campaign for Healthy Nebraska, and that's, of course, has a Facebook link and a Twitter link. And there are posts on that website. The most recent ones are dated in reverse order, March 25, March 23, February 11, January 12, all of which directed people to that website. Interesting thing about that website is there is no new information in there in the news page regarding LB626. It's all old information. It all pertains to what was called the trigger bill that was potentially proposed for this last summer and then was discussed in the last session. There are headlines in there that, that say White Coats Become Political Force in Abortion Wars. Nebraska Physicians Fear In-vitro Fertilization. Abortion ban in Nebraska ultimately hurts women. Roe v. Wade, uncertain future of fertility treatments. Reproductive health physicians concerned about possible abortion ban impact on patients. I could go on and on and on. There's probably 15 different articles in there. But what's not in there is [RECORDER MALFUNCTION] that updates, that website updates the information since LB626. And the reason that's important is because every argument that they had prior to the drafting of LB626, the argument has been negated by the language that the crafters of that bill very carefully built into the bill. There's been zero attempt by this group to address the old, outdated and inaccurate information as it pertains to the actual bill that's before this body. And I know it's uncomfortable, sometimes, that some of us pull you back to the actual bill and get off of the rhetoric, but that's what we're here to talk about today. Because those issues weren't raised in the past and the bill writers chose to concede these arguments and write the solutions directly into the bill. So, again, they've been addressed. If there were updates posted on this website, they would have to say that the old posts applied to a previous bill, not the one before us today. As every senator can attest, I've received lots and lots of emails on this matter. Some of them are informative, some are angry, some were hostile and threatening, some were--

KELLY: One minute.

von GILLERN: --thank you, Mr. President-- some were insulting and degrading. But many were encouraging and uplifting and many were from individuals in the medical community. I have 21 of those, here in my hand, that talk about-- six letters from physicians that specifically talked about the concern over ectopic pregnancies, clearly addressed in LB626, not a concern. Four letters from medical professionals regarding in vitro fertilization, clearly addressed in LB626, eight letters from physicians, nurses, and researchers concerned about pregnancies due to rape and incest, a topic we've talked about already today, clearly addressed in LB626. It may seem I'm going out of my way to poke someone in the eye over these contradictions and the misinformations, but they're the ones that took out full-page articles in the World-Herald and the Lincoln Star and other publications. I encourage pro-choice physicians to do the right thing, correct the data that you're sharing and tell the whole story. Thank you, Mr. President.

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

SANDERS: Thank you, Mr. President. Good afternoon, colleagues and good afternoon, Nebraska. I rise in support of LB626 and in defense of babies with a beating heart. On General File, I spoke about the scientific consensus that life begins not just when the heart starts beating, but at conception. I think it's worth repeating. Let me be clear here. If life begins at conception, then a baby in utero is alive. If a baby is alive and it is given the right to life via the Fourteenth Amendment, if the right to life is protected via the Fourteenth Amendment, abortion is unconstitutional. It is simple as that. I want to believe that my colleagues do not believe in ending an innocent life. I want to speak briefly about an 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. Our son lives in California and is a pediatric anesthesiologist. In fact, he has regularly been the anesthesia provider for babies in utero during procedures. Yes, the babies feel pain and has its own anesthesiologist. He is quite skilled as what, as what he does and we are proud of his accomplishments. I mention this because we know that unborn children can feel pain during abortions. That may not always be the case, but we know that this pain can take place as early as 12 weeks. Babies at 12 weeks in gestation can currently be aborted under Nebraska state 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 this goal is barbaric. This child certainly feels pain.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

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 the heart starts, starts to beat around six weeks of gestation. It beats 120 beats per minute after just six weeks gestation, on an average. It peaks during the ninth week at more than twice the mother's heart rate. By the end of the sixth week, a baby's heart will have beaten over one million times. These numbers are from the Harvard-trained Dr. Teresa [SIC] Sander Lee. In closing, I ask the body to think logically about this issue. We know these babies are alive. Some senators opposing this bill have said as much. This should be the end of the conversation. It is not OK to end a baby's life and abortion does just that. We know there is a real heartbeat and we know where the science leads. Colleagues, if you're unsure where you stand, it is not too late, 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 remaining of my time to Senator Albrecht.

KELLY: Senator Albrecht, that's 1:10.

ALBRECHT: Wonderful. I-- thank you, Senator Sanders, and I appreciate the time being yielded to us so that we can, again, inform Nebraskans about our bill. OK. I just have a lot of pro-life doctors that had submitted letters to us and actually testified. And I think it's important that we get that back on the record for those who were possibly not listening in last time. But these remarks are from Dr. Robert Plambeck. He's a Nebraska OB-GYN and he was at the press conference when we first introduced LB626. I am Dr. Robert Plambeck, an obstetrician-gynecologist living in Lincoln, Nebraska. I've specialized in obstet-- obstet-- stetics-- say it-- obstetrics-- thank you-- and gynecology for 35 years. When I provide care for pregnant women, I am responsible for caring for two patients, the mother and her unborn child. And 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.

KELLY: That's your time, Senator.

ALBRECHT: Thank you.

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

McDONNELL: Thank you, Mr. President. Good afternoon, colleagues. What I decided-- and I rise in favor of LB626. When I was running in, in

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

2016 and going door to door, of course, this issue was, was brought up. And I made it very clear that I was pro-life from conception and natural death and in between. And you, you sometimes get caught up, of course, with that-- the, the natural death and, and people start want to talk about-- and the death penalty. So therefore, we'd have that discussion and I, I oppose the death penalty. You sometimes get people that want to understand what's that mean in between. And I believe that part of government is to try to remove those unfair hurdles from people's lives, let them run their race and be the best versions of themselves. Also, I think, though, sometimes, government should plow the way and then get out of the way. But I made it very clear that I was pro-life from conception to natural death and in between. With Senator Albrecht working on this bill, she has never once, from the people that I've been contacted-- and, and going door to door, people will share with you. They will share with you those-- if they agree or disagree, they'll share their life experiences. And that was, that was something that I did not expect. And they'll share painful experiences with you. And, again, agree or disagree with you, it'll, it'll really pull at your heartstrings at times. And knowing that and, and trying to understand that, but I believe Senator Albrecht understands that also. Because through this process, I've had people reach out that definitely oppose LB626 and some, of course, that, that support it. But she's been willing to try to answer their questions, at least for, for me to be able to, to answer them and the time she's put in. And just recently, we've had some discussion about the Attorney General's Opinion and some of those questions that she asked the Attorney General, which this is available on the Attorney General's website, if anybody wants to, to read it. I'm not going to read the whole thing, but I am going to read the questions and the conclusion and you can look up and I'm going to ask Senator Slama, then, to, to comment from a legal perspective. This is dated March 21 from Senator Albrecht. Dear Attorney General Hilgers, I write to request an Opinion regarding LB626, the Nebraska Heartbeat Act, on the following questions: number one, if LB626 passes into law, would performing an abortion in violation of the Nebraska Heartbeat Act lead to criminal charges against a physician under Nebraska Statute 28-336, question mark; number two, where a woman seeking a abortion tells a physician she is seeking an abortion because she is a victim of sexual assault, would LB626 require that, that police report to be filed before the abortion could proceed? Again, it's, it's lengthy but you can look it up and read it. He's got his introduction, the background analysis and he gets back to the-- back with the conclusion, which is dated April 25, 2023. And the conclusion is, as explained above, we conclude that the violations of this act would not become crimes under the, the medical

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

procedures statute, because the act does not charge or does not change which abortion medical procedures are accepted. Nebraska Statute 28-336. We also do not read the act to require a physician to file a law enforcement report before performing an abortion for a victim of sexual assault. The law enforcement reporting requirement may be satisfied before or after an abortion is performed. Signed, Mike Hilgers. Then at the bottom, they also say, though you, you did not-- and your letter does not ask for whether a physician performing an abortion for a victim of incest must submit a law enforcement report before performing an abortion. We conclude, for the same reasons, that a report may be filed before or after an abortion is performed in cases of incest.

KELLY: One minute.

McDONNELL: I think Senator Albrecht has done a good job in trying to answer those questions and reaching out. Again, this is an example with, with Attorney General Mike Hilgers. I'll, I'll yield the remainder of my time to Senator Slama. Thank you, Mr. President.

KELLY: Senator Slama, that's 43 seconds.

SLAMA: Well, thank you, Mr. President, and thank you very much, Senator McDonnell. Something I appreciate very much about Senator McDonnell is when you're working in politics and I've been in this place for a few years now, you get used to dealing with people who flip-flop on issues, who go back and forth, who are yes one day, they're a no another day. And the great thing about Senator McDonnell is that when his yes is a yes, it's a yes. And when his no-- he says no, it's a no. And he really is one of the most genuinely good people on this floor and he's a heck of a legislator as well and it's a privilege to work with him. Thank you, Mr. President.

KELLY: Thank you, Senator Slama. Senator Bosn has some guests in the south balcony, students from Pius X High School in Lincoln, Nebraska. Please stand and be recognized by your Nebraska Legislature. Senator Kauth, you're recognized to speak.

KAUTH: Thank you, Mr. President. When people talk about how the lack of abortion hurts women, all I can think about is how it definitely hurts the baby. We are talking about elective abortions. The exceptions for rape, incest, and health of the mother were all included based on the many times Senator Albrecht has brought this bill. She has shaped it and responded to criticisms and corrections on it for seven years. This is a good bill. I agree with Senator

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

Jacobson. Calling an elective abortion "healthcare" is a complete misnomer. We are in an era where abortion is celebrated and normalized. This is no longer the safe, effective, and rare. There are hashtags, websites, and books saying shout your abortions. The abortions this bill will prevent are those elective abortions. A baby has no choice in the matter. A baby has to trust his or her mother to take care of him or her, a fully dependent human being at the mercy of the one person in the world who is biologically designed to protect him or her. LB626 protects those babies from elective abortions and I stand in favor of LB626 as written. I'd like to yield my time to Senator Albrecht.

KELLY: Thank you, Senator. Senator Albrecht, you have 3:22.

ALBRECHT: Thank you, Senator Kauth and thank you, Mr. President, President. I'm going to continue on with Dr. Plambeck's letter. Again, he says, as every physician learns in medical school, the mother and the unborn child have their own heartbeats, their own genetic makeup, and their own medical needs. They are separate individual humans and they both deserve compassion and professional medical care. Every human life, both mother and her unborn, is sacred. I've treated and cared for thousands of pregnant women and their babies, including complicated and sometimes life-threatening situations. I see nothing in this bill that prevents me or any doctor from providing appropriate and necessary medical care to a pregnant woman from terminating a pregnancy in the rare and tragic instance when a 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 I take very seriously. One of the greatest responsibilities and privileges of an OB-GYN is witnessing the miracle of life, as the child takes its first breath, and as I lay that 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 and always touches me deeply. I'm an OB-GYN physician. I also have had the opportunity to build lifelong relationships and serve 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 a lifelong citizen of our beloved state of Nebraska, I believe this bill will not interfere with my ability or any other physician's ability to properly provide care for a woman and her unborn child. Again, that's Dr. Robert Plambek. And thank you, Mr. President.

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

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

BALLARD: Thank you, Mr. President. I stand in strong support of LB626. I'd like to thank Senator Albrecht for her continued, continued effort on this legislation and I'd like to yield the rest of my time to her. Thank you.

KELLY: Thank you, Senator. Senator Albrecht, that's 4:45.

ALBRECHT: Thank you, Senator Ballard. And thank you, Mr. President. OK. Another pro-life senator that-- or senator-- excuse me-- another pro-life doctor that has been down here to visit with many of us. She is Dr. Elena Kraus, a Nebraska OB-GYN, specialist, maternal fetal medicine, in support of LB626. Senator Hansen-- this is her at the-- she was one of our testifiers at the committee hearing. Senator Hansen and members of the Health and Human Services Committee, my name is Dr. Elena Kraus. My boards-- I'm a board certified OB-GYN and I've had a Ph.D. in healthcare ethics. Beyond this, I completed three additional years of training in obstetric and ultrasound, in 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 in Nebraska and Lincoln to be an excellent place to raise our family and to practice medicine. I support LB626 and others may argue that it will hinder lifesaving medical care in emergencies. This is just not true. LB626 specifically empowers doctors to proceed with interventions and even direct abortions in the case of a medical emergency. Whether a medical emergency exists is left to the reasonable medical judgment of a physician. Defined by this bill, quote, a medical judgment that could be made by a reasonably prudent physician know-- knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved, end of quote. This gives broad latitude to the physicians in the many difficult, complex medical situations that we encounter, whether it be an acute emergency, as a hemorrhage or sepsis or a chronic medical condition that puts the mother at risk for morbid-- morbidity or 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 the level of difference this bill leaves to their professional judgment. You may also fear-- excuse me, you may also hear from opponents that LB626 will keep OB-GYNs from moving to Nebraska or discourage physicians-in-training from coming to compete-- complete residency in OB-GYN. This is also not true. Many physicians and other healthcare

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

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 certified 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, of 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 healthcare culture that represents their constituents. This legislation represents a commitment to support and empower Nebraskans to say yes to children, one of our greatest treasures and, indeed, our very future. It further 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--

KELLY: One minute.

ALBRECHT: --for the maternal, fetal-- the maternal and fetal patients and LB626 in no way compromises my ability to do just that. I encourage you to vote LB626 into law. And I do want to thank again, Dr. Elena Kraus, the Nebraska OB-GYN specialist and pro-life doctor. Thank you, Mr. President.

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

BREWER: Thank you, Mr. President. I want to rise in support of LB626. Senator Albrecht and I are in the same class. And from the very first day she came into this body, she has been a champion for this cause. Last time on the mike, I said that sometimes you don't feel worthy when you come to the mike because you're not an expert on a particular subject. Fortunately, we have folks in this body who have studied and figured out what right looks like and, and how we should get there. For me, it isn't a matter of, of all the emails, because no matter where I go in the district, if you look at the 43rd District, it is very Catholic. It is very rural and pro-life is simply the issue that comes up everywhere. So you don't really have a lot of choice on figuring out where you're at, because you know where your district is and that's where you need to be. So with that, I would like to yield the remainder of my time to Senator Slama.

KELLY: Thank you, Senator Brewer. Senator Slama, you have 3:55.

SLAMA: Thank you, Mr. President. And thank you, Senator Brewer. For the record, I do echo Senator Brewer's thoughts on Senator Albrecht. She is a rock star and from day one, she's fought for innocent life and I think today is a real culmination of those efforts. Same thing for Senator Brewer. We had a great celebration this week of his seven years of efforts with constitutional carry coming to fruition, with the Governor signing it into law in the state of Nebraska. So they're both experts on their respective subjects. And I am in awe-- those are two people I am really in awe of to serve with and to be able to learn from in this Legislature. Back to the Attorney General's Opinion and of another person who I was really in awe to work with, Mike Hilgers, former state senator and Attorney General, provided the following Attorney General's Opinion to Senator Albrecht on the analysis of two questions: whether violations of this act would be crimes under Nebraska Revised Statutes 28-336 and whether the act would require physicians to file law enforcement reports before performing abortions. So I'm in the section covering 28-336, which is something we covered and Senator Dungan and Senator Cavanaugh and I had a really great extended discussion about during the first round of debate. And just to hop back into where I left off, subsections (4)(1) and (2)(a) of the act create procedural prerequisites to an abortion. The physician must estimate the gestational age of the unborn child, perform an ultrasound in accordance with standard medical procedures to determine if a fetal heartbeat is present, and make certain records. A physician's failure to perform these procedures does not implicate the medical procedure statute because of failure to estimate gestational age or perform an ultrasound is not, quote, the performing of an abortion. As used in the medical procedure statutes, abortion means the use or prescription of any instrument, medicine, drug or other substance or device intentionally to terminate the pregnancy of a woman known to be pregnant. Failing to estimate gestational age or to perform an ultrasound does not terminate the pregnancy of a woman. Instead, those procedures or their omission, omission occur independently of the performing of the abortion. Thus, violations of subsection (4)(1) and (2)(a) of the act would not violate the medical procedure statute. Next, nothing in subsections (4)(2)(b) or (3) changes which procedures may be used to perform an abortion. Subsections (4)(2)(b) and (3) prohibit abortions of unborn children having fetal heartbeats, unless there is a medical emergency or the pregnancy resulted from sexual assault or incest. Violations depend on the unborn child's stage of development, the pregnant woman's health and the circumstances surrounding the conception of the unborn child. By contrast, violations of the medical procedure statute depend on the

type of medical procedure used. Nothing in the act expands or limits the categories of medical procedures--

KELLY: One minute.

SLAMA: --thank you, Mr. President-- that are accepted. Thus, these subsections also do not affect which medical procedures for the performing of an abortion are not accepted under the medical procedure statute. So in essence and crazy thing is I became a lawyer this week and we've gone suddenly from having no Republican lawyers on the floor to having to two with Senator Bosn. So that is really exciting that I can say that. But the takeaway from these subsections is that under 28-336, we're criminalizing conduct in performing the abortion itself, not in the things leading up to it, like checking for a heartbeat or conducting an ultrasound. It's those actions that actually end the child's life that are criminalized under 28-336. LB626 does not touch those sections of statutes. Thus, LB626 does not criminalize the actions of doctors in a new way in the performance of abortions. Thank you, Mr. President.

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

LIPPINCOTT: Thank you, sir. A few statistics about abortion happening in America that are somewhat interesting. Sixty-four percent of young ladies that go through with abortions feel that they were coerced. It was not their choice-- their boyfriend, their parents, their friends, that they feel that their choice was actually taken from them and they considered themselves to be coerced into getting an abortion. Not good. Seventy-nine percent did not know about free help that was available to young ladies in their situation. Eighty percent regret aborting from rape or incest. And by the way, nationally, less than half of 1 percent of all abortions are due to rape. And 1/100 of 1 percent of abortions are performed due to incest. Eighty-four percent of the young ladies felt that they had no choice. They felt cornered. And this is an interesting statistic: 85 percent of the young ladies felt or experienced a false positive abnormality in terms of their developing child and that was the reason why they got an abortion. And 85 percent of those readings were actually a false positive. So that's one that is-- unfortunately, leaves them somewhat of a victim. Also, the relationships that these young ladies had, 90 percent of those relationships ended after they got an abortion, leaving them alone. And 94 percent of the young ladies that got abortions regretted what they did. Now we've all heard the saying that the love of money is the root of evil and there's a profit margin in this whole formula, and

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

that is with Planned Parenthood. And I discussed this last time we were discussing this topic, but more than 320,000 abortions performed in America last year were performed by Planned Parenthood. They're the number one abortion provider in America. They perform one-third of all abortions in America. In fact, 37 percent of your federal tax money goes to serve the budget of Planned Parenthood. That equates to over \$617 million last year, went from your pocketbook, your tax money, to Planned Parenthood. That equates to approximately \$1,700 per abortion is from your tax money. I would just quote-- a quote I gave earlier, a month or so ago when we talked about this, by Thomas Jefferson, which I think is very appropriate. It says: to compel a man to subsidize with his taxes the propagation of ideas which he disbelieves and abhors is both sinful and tyrannical. It's not right. Also, 63 percent of all Planned Parenthood clinics are located in black and brown neighborhoods. Not good. And of all the abortions which have taken place since 1973 to today, you could populate the 80 most populous cities in America. And that would include all of Lincoln, all of Omaha, in fact, all cities from New York City to Jersey City and between, the 80 most populous cities would be no longer. Sixty-three million people.

KELLY: One minute.

LIPPINCOTT: Could also equate to all of the population of Australia and Canada. All of them. Ninety-two percent of all abortions are elective and are performed on healthy babies and healthy moms. Ninety-two percent. I support LB626 with no amendments. Thank you, sir.

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

ERDMAN: Thank you, Mr. President, and good afternoon. I want to talk about, just for a moment, about Senator Riepe's election. And I've, I've spoken with Senator Riepe about this. He had stated in the primary, he received 47 percent of the vote. I believe it was a four-person race. So 53 percent of those people that voted had an opportunity to vote for Senator Riepe but did not. They voted for someone else. So in the general election, I believe, Senator Riepe said he won by 4.5 percent. So it's quite obvious that Senator Riepe was able to convince nearly 5 percent of those people that did not vote for him the first time when they had the chance, to vote for him the second time. I don't look at it as if his opponent snuck up on him. I look at it as Senator Riepe won the election. That is the procedure or the purpose that I look at. That's the way I look at it.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

And so what I'm going to say is I appreciate that Senator Riepe was reelected because he served here before, with me, four years ago. But I was wondering if Senator Riepe would yield to a question or two?

KELLY: Senator Riepe, would you yield to a question?

RIEPE: Yes, I will.

ERDMAN: Thank you, Senator Riepe. Senator Riepe, on page 2 of the amendment and I explained this or talked to you about this--

RIEPE: Yes.

ERDMAN: --it says the fetal, the fetal anomaly, anomaly incapable-- with life, means the fetal anomaly diagnosed before birth, that will be reasonably certain the result in the death of the child within three months. So who makes that decision that that child is not going to make the-- not going to live? Who makes that decision?

RIEPE: Obviously, a life or death decision has to be made-- or the probability of that would have to be made by the attending physician.

ERDMAN: So some doctor-- a doctor, in particular, is going to make a decision that because of the certain ailments that that baby has, that it won't survive for, for the next three months. Is that correct?

RIEPE: I think that's correct. I think that's what one calls experience--

ERDMAN: OK.

RIEPE: --and knowledge.

ERDMAN: All right. Then, then on page 4, on page 4, line 11, it says: an abortion is necessary to preserve the life of another unborn, another unborn-- born child. Can you explain what that means?

RIEPE: Well, it's sometimes, it-- a woman might be pregnant with triplets or a large, you know, number of, of infants and to, to save two, they might have to surrender one, is the way that--

ERDMAN: OK.

RIEPE: --I understand it. And please--

ERDMAN: OK.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

RIEPE: --understand that I'm a hospital administrator and not a doctor.

ERDMAN: OK. I understand.

RIEPE: They always-- the doctors always told me that, too.

ERDMAN: All right. I was, I was unclear on how that might save another child. But that, that explains that. OK. Thank you for answering those questions. I appreciate it. That'll be all I have.

RIEPE: OK. Thank you, Senator.

ERDMAN: So what I want to share with you now is an opinion of the doctors in a situation of a pregnancy that they had determined that it should end in abortion. And this is a story about a gentleman that when I say his name, you will recognize it readily. So here's the story. In 1985, the Tebows moved to the Philippines, with their four children, to serve as missionaries there. Pam Tebow became ill with anaerobic dysen-- dysenty-- dysentery, which was usually transmitted from contaminated drinking water.

KELLY: One minute.

ERDMAN: She fell into a temporary coma and received strong drugs to combat the infection. The drugs resulted in a severe, potential abruption from the placenta detaching from the uterine wall. That condition can deprive, deprive the fetus of oxygen and other necessary elements. They told Mrs. Tebow that she should get an abortion because her child will have disabilities. So they were convinced that what they had given her was going to cause defects in her child. That was the doctor's opinion. They were totally wrong, totally wrong, but they were convinced that was the right decision. God only knows what the right decision is. And I don't know that there's a doctor on Earth that is God. And so when you stop a beating heart--

KELLY: That's your time, Senator.

ERDMAN: --you have killed an individual. Thank you.

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

DeKAY: Thank you, Mr. President. I rise in full support of LB626. The saying by President Clinton in the 1990s was that abortion should be safe, legal, and rare. Times have changed and we no longer refer to

abortion as safe, legal, and rare anymore, but instead, discuss it as just another common procedure. We're at a point where we-- where once was called a baby is now referred to as just a clump of cells, tissue, fetus or something else. It is interesting to me how years of finding new terminology and euphemisms have gotten us to the point where we can't fully agree that there is even a person in the womb or not. Objectively, that unborn child in the womb, that thing is distinct, individual human being with their own DNA and their own heartbeat. I would like to read a quick prayer, a prayer affirming life that I have shared with some of you. God, you're the Lord and creator of life. You have blessed men and women with the privilege of bringing new life into the world. You have imparted in our hearts the desire to nurture and protect life at all of its stages. I accept these gifts as a sacred trust. Through the power of the Holy Spirit, help me to affirm the value of life. Grant me the wisdom and courage to speak out and defend human life. Give me the compassion so that I may lovingly counsel those who would reject a gift of life, which is a reflection of your image and likeness. Amen. With the remaining time I have, I will note that I've had people say, it is not our job as senators to play doctor or get involved with people's intimate decisions. We deal with different agencies and organizations every day in almost every committee. We work to support and fund those agencies and organizations, including those that work to protect life, such as law enforcement, EMS, and firefighters. What is more fundamentally and found-- foundationally sound than protecting the life of an unborn who do not have a voice and have done absolutely nothing wrong to deserve to be terminated? I know I said this on the mike when this bill was on General File, but I will say it again. 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. LBB626 would give a voice to those who cannot defend themselves and grant more children a chance to live a longer, longer and fruitful life. I would urge the body to advance LB626. I yield the remainder of my time to Senator Slama. Thank you.

KELLY: Senator Slama, that's 1:54.

SLAMA: Thank you, Mr. President, and thank you very much, Senator DeKay. Hopping back into the Attorney General's Opinion, back in the section that violations of LB626 would not become crimes under Nebraska Revised Statutes 28-336. I'm in the third paragraph on page 3: nor do Sections 7-12 of this act, which add disciplinary sanctions for violations of this act, change this conclusion. Under existing law, physicians may face discipline for any, quote, unprofessional conduct. That term broadly includes any departure from or failure to

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

conform to the standards of acceptable and prevailing practice of a profession or the ethics of the profession or conduct that is likely to deceive or defraud the public or is detrimental to the public interest. The statute enumerates numerous, numerous categories of conduct included within the term, like cheating on a credentialing exam.

KELLY: One minute.

SLAMA: Thank you, Mr. President. The act provides for professional discipline by adding violations of the act to the list of enumerated can-- categories of unprofessional conduct. Separately, Sections 10 and 11 of the act mandate license revocation, if a licensee performs or induces an unlawful abortion in violation of Section 4 of this act. So takeaway from that paragraph is we're going after licenses under the Credentialing Act, not creating new crimes, focusing entirely on credentialing, which, if doctors are operating in bad faith, so far outside of this very generous scope that we have provided with them in the doctor friendly language of LB626, that yes, absolutely, they should have to answer for their actions in ending a human life for which they have no excuse for why it was ended. Thank you, Mr. President.

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

LINEHAN: Thank you, Mr. President. And I was in a meeting when we started on this bill, so this is the first time I've been able to get up. I rise in support of Senator Albrecht's LB626. She has worked on this issue since she's been in the Legislature. We came in the same class. Her heart is all in. She has worked with, I don't know, multiple groups, including doctors and nurses and medical profession. She has listened, I think, to her colleagues many times. I, I also have great, great admiration for Senator Riepe, who was also in our first class. So this is all kind of touching and emotional because we're dealing with friendships and people we care about. And one of the most difficult issues we face is politicians. With that all said, I am not going to support Senator Riepe's AM1527, but I understand he has every right to be involved in this debate and offer an amendment. I am going to support the original-- the bill that's on the board without the amendments. Senator Albrecht. I have been running around trying to do Revenue Committee things this morning, so I'm not sure who said what on the floor, but I know Senator Slama has been very involved. So I will yield the rest of my time to Senator Slama.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

KELLY: Senator Slama, that's 3:25.

SLAMA: Thank you, Mr. President, and thank you, Senator Linehan. Senator Linehan is another one of those figures that I just walk in the door every day and, like, I'm in shock that I get to work with someone like her. I think there's going to be a statue of her in this Capitol someday, because she has worked across the aisle more than anybody in achieving billions of dollars in tax reliefs for Nebraskans. And she's just a fantastic leader and I'm grateful to work with her. So hopping back into the Attorney General's Opinion, page 3, paragraph 4, so we're almost to the end of page 3. The act's amendments to these statutes do not bring violations of this act within the medical procedure statute. The licensing statutes amended by the act forbid a range of conduct not included within the medical procedures, statutes, prohibition of the performing of an abortion by using anything other than accepted medical procedures. A physician can depart from the standards of acceptable and prevailing practice of his profession or cheat on a credentialing exam without violating the medical procedure statute. Thus, the act's inclusion of Nebraska Heartbeat Act violations alongside credentialing exam cheating and other categories of unprofessional conduct does not automatically bring that conduct within the medical procedure statute. To the extent that the licensing statutes and medical procedure statute forbid the same conduct, that conduct is the performing of an abortion using anything other than accepted medical procedures. But as explained, because the act does not change which abortion medical procedures are accepted, a physician would not violate the medical procedure statute through a violation of the act. Our conclusion that the act would not change which procedures violate medical procedure statute is reinforced by the fact that separate criminal statutes prohibit abortions based on the unborn child's stage of development. As explained above, 28-329 prohibits abortions of unborn children who have reached viability. In 28-3,106, prohibits abortions of unborn children having a probable postfertilization age of 20 or more weeks. Reading the act and the medical procedure statute together to criminalize abortions performed on unborn children having fetal heartbeats would render both 28-329 and 28-3,106 superfluous. All viable unborn children have fetal heartbeats, and fetal heartbeats become detectable weeks before unborn children reach a 20-week postfertilization range.

KELLY: One minute.

SLAMA: Thank you, Mr. President. Quoting from a case, if a provision is susceptible to one meaning that gives it an effect that is already

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

achieved by another provision or that deprives another provision, it is-- or that deprives another provision of all independent effect and, two, another meaning that leaves both provisions with some independent operation, the latter would be preferred. Taking a quote from one of my husband's favorite books, Antonin Scalia and Bryan Garner's Reading Law: The Interpretation of Legal Texts. If enacted, the act would not read to deprive the viability and 20-week statutes of all independent effect. The act would have amended 28-329 and 28-3,106 had it intended to add criminal penalties to the conduct it forbids. It does not change how the medical procedure statute is applied. Thank you, Mr. President.

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

RIEPE: Question.

KELLY: Senator Riepe, could you approach? It's the ruling of the Chair that there hadn't been full and fair debate. Senator Dorn, you're recognized to speak.

DORN: Thank you, Mr. President. Colleagues, I appreciate very much the conversation that's been taking place today with LB626. Been up here long enough to know that Senator Albrecht has brought this type of a bill several times and appreciate the work she's put in for all of this. One of the things that amazes me when you're up here as a senator is, I call it, all of the other things that go into a bill, making up a bill, how you get a bill to this point, all the work, all of the discussions and like Senator Brewer's concealed carry bill, the years of work it took to put that in there. And then now as we get closer and as on General File and now all of our emails we get and all those you read and from both aspects of people that are very passionate about both sides of this discussion, this sometimes, really brings to me how important some of these issues are, not only for state senators, but for all of the people of the state of Nebraska. And there are many people that have strong feelings one way or another. There's many people that have been very, I call it, emotional, strong willed about one position or the other. I just want the people of Nebraska to remember as we pass-- as we go forward with these bills that remain respectable, respectable of everybody. The senators today have been doing a fantastic job of having a good discussion and having that a part of this. We also need to remember that we, in Nebraska, need to be very mindful of the other people and the other people's opinions, even though they may not be the same as

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

ours. We're still all human beings. And with that, I would yield the rest of my time to Senator Albrecht.

KELLY: Senator Albrecht, that's 2:55.

ALBRECHT: OK. Thank you, Senator Dorn. I appreciate that. Thank you, Mr. President. Again, we have had-- you know, kind of takes me back when I think about all these years that we've been talking about this. But, but just getting to this point again, for Nebraskans, is, is quite the feat, if you, if you will. But to be able to thank all these people that have come to testify in committee, a lot of the professionals, you know, it seems somewhat slanted when you think that there's really that many people in the, in the medical arena that really do feel strongly that-- and, and are the very people that give life and deliver life into this world are also, you know, pro-choice. And while they see a lot more than, than we do, it's, it's alarming to me that, that there would be that many. But at the same time, I appreciate the work they do. I appreciate the fact that there are pro-life doctors out there that do care about life and do question why the others would be-- would not understand that it is OK to do what they do and to, to continue to do what they're doing without a lot of fear or concern. So, again, we have other doctors' testimonies. Dr. Sean Kenney was all-- an OB-GYN also that attended the, the committee hearing and he's a specialist in maternal fetal medicine and in support of LB626. He goes on to say: Good afternoon, Chairman Hansen, members of the Health and Human Services Committee. My name is Sean-- Dr. Sean Kenney. I'm a board certified maternal--

KELLY: One minute.

ALBRECHT: --fetal medicine specialist and OB-GYN. I've been practicing maternal fetal medicine in Lincoln for the last 25 years. I care for the people going out as far as Grant, Nebraska, and as far north as Valentine, Nebraska. I was born in Nebraska. I've grown up in Nebraska. I've raised my kids in Nebraska and I'm going to be in Nebraska forever. I'm going to continue on. If I get cut off here-- but I'm going off script a little bit here. You may have my written testimony and some things Dr. Bonebrake said and some things that have been brought up and have not been answered. When people talk about ruptured membranes, previable, the, the risk of an 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 the mother. Now, once an infection is detected, we change our mind and we go ahead and deliver someone.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

KELLY: That's your time, Senator.

ALBRECHT: Thank you, Mr. President.

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

CLEMENTS: Thank you, Mr. President. And this is my first time to speak. I have a lot to say I appreciate the opportunity. The basic truth being defended in LB626 is Nebraska Constitution, Section I, which states: All persons have certain inherent and inalienable rights; among these are life, liberty, and the pursuit of happiness. We've heard that before, but it uses the word persons. Modern science includes the unborn as persons. So does Nebraska law: in the homicide of the Unborn Child Act, which protects the unborn at any stage of development in utero. This isn't one senator's morals versus another's. It is recognizing the rights of all persons which are protected by the Nebraska Constitution. Defining that term sensibly like the following section does, is the real truth to be promoted. Senator Mike Foley introduced LB824 in 2002 and it passed, becoming Nebraska Statute Section 28-389. Section 28-389 says: For purposes of the Homicide of the Unborn Child Act, unless the context otherwise requires. Unborn child means an individual member of the species Homo sapiens, at any stage of development in utero, who was alive at the time of the homicidal act and died as a result of whether before, during, or after birth. The term "any stage" would include those we are discussing in LB626. So current Nebraska law recognizes the unborn already as a person and protects the baby when a pregnant mother is attacked. LB626 supports current Nebraska law and helps to further protect the unborn. On a personal note, my daughter had an unplanned pregnancy after high school. She had a boyfriend who was also on drugs and he immediately left. He was gone. And she was not able to support a baby, was expecting a baby girl. And I'm thankful that she chose life and she chose adoption. She found an adoptive couple, of parents who could not have children. And now that little girl is 19 years old and she's a young lady in college and contributing to Nebraska society. And we are able to visit her at least yearly and are very thankful that my daughter chose life and that we were able to provide a, a win-win situation for my family and another family. I would yield the rest of my time to Senator Albrecht.

KELLY: Senator Albrecht, that's 1:50.

ALBRECHT: Great. Thank you very much. Thank you, Senator Clements. And thank you, Mr. President. I gotta go back to where I was before. OK. So this is a continuation of Dr. Sean Kenney. So he goes on to say:

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

and so once infection is detected, we'll go ahead. And the chance of someone getting sick in the meantime is very low because we, we caution the patient, if you have a fever, you call us and you come back. If you have all the precautions, take your temperature and call us, anything over 100.4. And regardless of gestational age, we will go ahead and deliver them at that time. And so the chance of someone getting sick in these situations is extremely low. Everyone talks about that. But this is what we do. Patients in the hospital right now, same thing.

KELLY: One minute.

ALBRECHT: She was infected, she got to be delivered because she wanted-- we wanted to save her life. I am very pro-life. It hurts my feelings to lose a baby, but I have saved the, but I have saved the mother. She's now pregnant again and hopefully this time will have a better outcome. So when we-- when people say, well, I just don't know if I could do that. Well, we do it all the time. And when people say, I just don't understand how I can do reasonable medical judgment, we do it all the time. Right now, we're doing it for, no offense, lawyers because we're worried about malpractice cases. LB626 would not compromise the physi-- a physician's ability to take care of these women. Is that-- time is up?

KELLY: Seventeen seconds.

ALBRECHT: Oh, that's all right. I'll give it back to you. I'll start--

KELLY: Thank you, Senator Albrecht.

ALBRECHT: Thank you.

KELLY: Senator Conrad, you are recognized to speak.

CONRAD: Thank you, Mr. President. Good afternoon, colleagues. I want to make two quick points in regards to where we are from a procedural posture and then return to the substance of the proposed amendment and the underlying bill. So in contrast to how the presiding officer has been handling a call of the question in recent weeks, we saw it take a different path in regards to this highly charged issue. That's noted for the record. Additionally, I think it's important to just be really clear and candid about what's going on here. Those that support a radical abortion ban, as proposed in LB626, are filibustering Senator Riepe's thoughtful amendment so that it cannot come to a vote. That's what's happening. I know we are all clear-eyed and clear-minded about what's happening on the floor, but I want to make sure that those who

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

are watching know what is happening as well and that it is happening in bad faith. So let's get back to talk about why LB626 is a radical abortion ban that bans abortion before many women know that they are pregnant and provides considerable risks, from a civil and criminal and licensure perspective, to Nebraska doctors. We know, for example, that in states that have pushed forward radical abortion bans like this, you see an increase in maternal health deserts. Currently, in Nebraska already, today, without this radical abortion ban in place, over 71 percent of counties in Nebraska are considered maternal health deserts. That means we're already having trouble recruiting and retaining OB-GYNs to provide family care, to provide for obstetrics. And with bans like this, the maternal deserts will get worse and that has extraordinary negative consequences for maternal health and for family health. Additionally, we know that even though the Attorney General has a politically charged Opinion, he has been on record and very clear that he does not support abortion, even to save the life of a mother. So I take his Opinion with a grain of salt at best. We are asking doctors who train in good faith, who are trusted professionals, to then throw their licensure at the whims of political appointees in the Department of Health and Human Services. And we've already seen those appointments, those medical boards weaponized, in contrast to what leading science in medicine says in regards to LB574 and other matters. So that is a kangaroo court at best and we know it. We need to remember what Nebraska voters say, including Republican voters. The current state of the law, where Nebraska has a 20-week abortion ban and abortion is highly restricted and highly regulated, the status quo is where most Nebraskans are at. They don't want radical bans that hurt women and doctors and force abortion care further out of reach or further out of state and that hurt young women, rural women, and women of color the most. We know what we're seeing on national polls and in our sister states that these radical bans, like the one proposed in LB626, at six weeks, before most women know that they are pregnant, are not even what conservative voters want. The leading national conservative voice on abortion rights, the Susan B. Anthony Fund, is calling for a 15-week ban nationally.

KELLY: One minute.

RIEPE: This is a six-week ban before you, colleagues. Senator Riepe's amendment is a 12-week ban, which is even more conservative than what the national pro-life group is pushing. You came within one vote of banning not only abortion, but IVF and most forms of birth control last year because you were not thinking critically about the measures before you. Have the courage to take a vote on Senator Riepe's

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

amendment and let's see where we stand, because I stand, and always will, with women and doctors and voters. Thank you, Mr. President.

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

BOSTELMAN: Thank you, Mr. President. I stand in support of LB626 and just want to reiterate, we're talking about a heartbeat. A heartbeat is the universal sign of life. A baby with a beating heart deserves to be protected. This is about a heartbeat of a baby and an elective abortions. I think we envision a Nebraska where every life is celebrated, valued, and protected. Abortion stops a beating heart. LB626, it's about stopping-- not-- it's about the beating heart. It's about the universal sign of life. A beating heart deserves to be protected. I yield the rest of my time to Senator Slama.

KELLY: Senator Slama, that's 4:10.

SLAMA: Thank you, Mr. President, and thank you, Senator Bostelman. I, I am grateful for Senator Conrad for bringing up kind of the strategic overlook or at least her view of the strategic overlook of where we are in debate at this point. We're about an hour away from cloture, I believe. But just to say that, that take was slightly off in the fact that no one's trying to prevent a vote on the amendment. We will absolutely get to a vote on the amendment. The amendment has already been read across. Of course, when we get to cloture, you'd have to proceed past cloture to get to a vote on that amendment. But as far as I'm concerned, we have every opportunity to get to a vote on the amendment today since it has been read across. And I would like to push back toward some of the points that the opposition to LB626 has made about how LB626 could impact the legal profession. I will get back to the Attorney General's Opinion if I have time, but I do think it is so important to get this letter from the chief medical officer into the record, something that he sent out to all healthcare providers in the state of Nebraska about what to expect when LB626 would pass. And it really gets to how LB626 has taken a new approach and taken lessons that we've learned from other states in creating a smart, pro-life and pro-doctor bill that protects innocent life and ensures that doctors operating in good faith are not punished for their actions. So this is from Chief Medical Officer Timothy Tesmer and he says: Dear health professionals, problem: this guidance is intended to provide clarification regarding the proposed new Nebraska law, LB626, regulating abortion. It will be critically important that hospital systems and other healthcare institutions that care for pregnant women also provide guidance to support physicians when making

decisions regarding the care of pregnant women. In other states that have recently passed abortion laws, healthcare attorneys have recommended inaction when presented with complex situations. As an example, there has been at least one case in Texas, where a woman who experienced per-- preivable, premature rupture of membranes, PROM. Even though the standard of care is to offer delivery, induction or D&E and expectant management, the woman was told that the law would not allow delivery until she was infected and at imminent risk of adverse outcome. PROM is a complex situation where women can become very sick, very quickly and prognosis for the fetus is poor. Recommendations clarifying this and other complex situations are urgently needed to avoid unnecessary adverse outcomes for women in Nebraska. LB626, the Nebraska Heartbeat Act, provides that: It shall be unlawful for any physician to perform or induce abortion (a) before fulfilling the requirements of subsection (1) of this section, estimating the gestational age of the unborn child, performing an ultrasound in accordance with the standard medical procedure to determine if a fetal heartbeat is present and recording the results of the assessment and test in the woman's medical record and-- I mean or-- sorry--

KELLY: One minute.

SLAMA: --thank you, Mr. President-- after determining that the unborn child has a detectable fetal heartbeat. Exception for medical emergencies: LB626 states an exception is allowed and an abortion may be performed if a medical emergency is present, defined as any condition which in reasonable medical judgment so complicates the medical condition of the pregnant woman, as to necessitate the termination of the 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. This is not a life of the mother exception. Sorry about that. This is a health of the mother exception. Back to the letter. This definition, which provides a wide safe harbor for the judgment of an individual physician, informs how the entirety of the definition for medical emergency should be read. This is the widest safe harbor of any pro-life bill in the country and I'd encourage you to prove me wrong on that one. Thank you, Mr. President.

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

MOSER: Thank you, Mr. President, and good afternoon, colleagues. We were just talking a little bit about filibustering our own bill here.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

And when I first hit my light to speak this morning, somewhere around 11:30, my request was not even listed on the monitor. I was way off the radar somewhere to the right. And now all of a sudden, in the last hour, I've jumped from 4:00, or wherever I was, till 2:06. So somebody has decided that they want to move this along and then they blame us for filibustering. Up until now, they were happy to speak. Now they've decided that they want to vote on, on the amendment, so they drop out and then they blame us. It's a political ploy. Back to the bill. Since Roe v. Wade in 1973, about 200,000 babies have died in Nebraska from abortion. A very, very small number of those were for reasons of incest, rape, the kind of exclusions that are allowed for in LB626. So the vast majority of those were elective. And so I'm speaking for those 200,000 babies who died, who had no voice. They had nobody to speak up for them. They couldn't talk. They had no opportunity to live beyond their separation from their mother. And I think that's wrong. And that's-- my district is vastly pro-life. I've gotten many emails about this bill, but from my district, there are 90 percent supporting LB626. And when I ran, that's what I told people, that I was pro-life and I was going to vote for a pro-life bill. So I'm doing what I said I was going to do and I don't apologize for it. Abortion is wrong and I support LB626. That's the long and short of the story. With that, I would yield whatever time I have remaining to Senator Albrecht.

KELLY: Senator Albrecht, that's 2:20.

ALBRECHT: Thank you, Mr.-- Senator Moser and thank you, Mr. President. I'm just going to finish up with Dr. Kenney's testimony and-- from the HHS committee. He says that we'll do whatever it takes to care for a woman and provide lifesaving care. If mothers die and babies die, that babies die. So there's never a choice only to pick a baby. We'll do chemotherapy if we need to do chemotherapy, that will help the mother, that will help the baby, if the baby, if the baby survives. It's-- and it's so-- it's just not that issue. I support this bill. I recognize doctors that specialize in treating people and babies will survive and I ask that you support it. That-- we have several different letters from doctors and I notice that Senator Raybould just did have a doctor ask why we keep reading from other physicians, because there are physicians that, that agree with LB626, that it will help them make the decisions that need to be made to care for the woman and for the baby with a beating heart. So that's why we, we have eight hours. You're going to talk about the same things that you have researched and that you know are truth and--

KELLY: One minute.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

ALBRECHT: --and that we stand with our, our pro-life doctors and our pro-life arena that really know and understand that we're trying to do the very best that we can with this bill, with the doctors, protecting the mothers, protecting the babies. And quite frankly, again, this is the, the friendliest pro-life bill, I believe, that any state has out there, because other doctors in other states will be going before a judge and jury. They will be criminalized. You know, I mean, it's-- again, whatever the doctors are continuing to do right now to save the life of the mother and to save the life of the, the baby with a beating heart is what we're talking about. But most importantly, we go back to the fact that, that this bill is preventing elective abortions from happening in the state of Nebraska.

KELLY: That's your time, Senator.

ALBRECHT: Thank you.

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

HOLDCROFT: Thank you, Mr. President. I rise and, again, in support of LB626 and opposed to ER24. I'm sorry, in support of ER24 and opposed to AM1527. And I also would like to thank Senator Albrecht for bringing-- for working so hard for, for the past years on this, on this bill. She is a, a great senator who I highly respect and hope to emulate. Excuse me. I would like to read from the-- here from the testimony of Dr. Robert Bonebrake, who testified at the hearings before the HHS Committee. He is a Nebraska OB-GYN specialist in maternal fetal medicine and former chair of the Nebraska Maternal Morbidity and Mortality Review Team. And he spoke in support of LB626. He said: 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. I'm not here on behalf of my employer or my institution. I am board certified in general, general OB-GYN and maternal fetal medicine. I practice in Nebraska, in Omaha, and have been taking care of women and babies in high-risk pregnancy situations for 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. That is why they see MFM specialists. In some cases, we know during the pregnancy that the baby will not survive outside the uterus, which is incredibly hard. But even in those-- these most difficult of cases, we never have to forget the human

dignity of the woman, the baby and to-- and treat the baby as something less than our own 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 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 they practice medicine and care for women and their, and their babies. We care for, essentially, every complication of pregnancy that you can think of, whether that directly involves complications with the babies in utero, the woman-- the women 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 try to describe. However, always the paramount concern is the health and safety of the women, yet with care and concern for the human dignity of babies. This is best medical practice. LB626 would change 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 come to the same conclusion that a medical emergency exists?

KELLY: One minute.

HOLDCROFT: 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 who conduct-- 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. This is a very easy-- this, this is a 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 while protecting the women of Nebraska and their unborn children. I support LB626 and ask you to do the same by voting yes. Thank you, Mr. President.

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

LOWE: Thank you, Lieutenant Governor. I'd like to just continue on and finish the poem that I started earlier: The baby's silent voice. And what about you, dads? You were in this game, yet most remained silent for the shame. For you men, you think only of the thrill, it is your sons and daughters that you are willing to kill. To my dad, when you

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

said to my mom, it's up to you, you took the easy way out, Dad. You killed me, too. I could have, I could have grown up to be your favorite daughter or son, but when you killed me it was all over and done. Oh, Mom, why didn't you give me a chance? For you, I wanted to sing, for you, I wanted to dance. Oh, Dad, wasn't there something you could have done? We could have played games together and had lots of fun. My voice is now silent, but hear me you must, for thousands will follow if there is no one to trust. I know there are some who will never mourn. But they have the advantage. They have already been born. And finally, is there an afterlife? Not sure, it could be true. If so, your son or daughter will be there. It is your choice; how will your son or daughter welcome you? It was said earlier today that the Susan B. Anthony organization supports the 15 weeks. That's a federal bill. That is not local. And what they support at the-- and, and at the state level, Susan B. Anthony supports LB626. And why do I know that? Because Adam, their lobbyist, is here in the Rotunda and he is happy to talk to anyone. So if you question whether Susan B. Anthony supports LB626, they do. With that, I'd like to yield the rest of my time to Senator Hansen.

KELLY: Thank you, Senator Lowe. Senator Hansen, you have 2:40.

HANSEN: Thank you, Senator Lowe. Thank you, Mr. President. I would like to at least touch on a couple of points that I made when this was on General File, pertaining to some of the opposition arguments when it comes to reasonable medical judgment and the idea that if this bill passes, those in the medical community or in healthcare will not know what to do. Reasonable medical judgment is not a new term. It's something that has been used in-- throughout law, throughout-- and, and medicine for decades. And one of the-- the chief medical officer even talks about it in his opinion, for its part, reasonable medical judgment is defined as 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. It is a little bit individualized based on the practitioner. But overall, it pertains to kind of the same idea of judgment. And so it's determined how they're trained and most are trained, from my understanding, on how to care for an emergency situation that might involve a fetus. And so I have full faith that the medical-- everyone in the healthcare and the medical community knows what to do. They are very intelligent. They went through years of training for a reason. The idea that if this law passes, it's going to create new statute and then, again, we won't know what to do, because--

KELLY: One minute.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

HANSEN: --it's a new statute, we have new laws and rules and regulations in healthcare come down the pipeline all the time, throughout many-- all kinds-- all times throughout the year. It's usually determined, like our-- the, the association, our colleagues, journals, seminars we go to to update us on these new laws, it's also our responsibility to understand when new laws come down and what they mean, how they pertain to us, which I think is a big purpose behind the chief medical officer's opinion. And the other thing is what I heard during this-- during the hearing from those in opposition, also in favor of this bill, was that, in essence, most pregnant women are going to have about a week and a half to two weeks before they know they're, you know, before they find out they're pregnant, to make a decision on what is best and what's most appropriate for them on whether they want to get an abortion or not. I specifically asked that question on both sides to see what was the consensus or if there was a difference in opinion and it seemed to me--

KELLY: That's your time, Senator.

HANSEN: Thank you, Mr. President.

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

MURMAN: Thank you, Mr. Lieutenant Governor. Again, I stand up in support of LB626 and against AM1527. I'd like to just reemphasize some of the points that I brought out when I was earlier on the mike. When we end a life that is in, in utero, a disproportionate number of the lives ended are women and a disproportionate number of lives ended are people of color. So to be pro-life means that you are pro-woman and pro-everyone no matter what their race. Senator Riepe's amendment, I believe, does include childhood or in utero abnormalities. And that is another reason I'm, I'm glad that's not included in the LB626 and another reason to oppose AM1527. I've mentioned it on the floor two or three times before, we do have a disabled child, my wife and I. She's 35 years old now. She has Rett Syndrome and that's a neurological disorder, a genetic disorder. And at the time she was diagnosed, there were only 200 or so in the world diagnosed. But there's a lot more than that, I think one in 20,000 female births, they think, is Rett Syndrome now. But, but it can be-- this disorder can be diagnosed in utero. I don't think it can be diagnosed at six weeks, but 20 weeks, I'm-- I think it probably can. I don't know for sure, but I think it'd be just a disaster to abort people because of disabilities. I've, I've, you know, been around a lot of families with disabled children and I've never talked to anyone yet that said, boy, I wish I would

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

have aborted my child before they were born. You know, I can just speak a little bit about Rett Syndrome. They're typically in a wheelchair and typically don't talk, but they're, they're known as smiling angels. And that's a great description of our daughter. And she does need full-time care, but we're just happy that she's in our lives and wouldn't have it any other way. And on a different subject, I'd like to say that a lot-- you know, I agree with Senator Moser. When I campaigned four years ago and also just last year, I did emphasize that I was running on Christian and family values and pro-life and I did get broad support from that across District 38 and, by far, much more support than, than opposition because of that. And just like Senator Moser said, are the emails I get from District 38 are probably over 90 percent supportive of pro-life. So it, it kind of shows the values that we have in, in Nebraska and I think, especially, greater Nebraska. People do realize the value of life and do realize that, that life begins at conception or--

KELLY: One minute.

MURMAN: --fertilization and life must be protected. If, if it's not protected because of fetal anomalies or for other reasons, it's a slippery slope and eventually life becomes much more meaningless, not, not supported like it really should be. So thank you very much for the time.

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

BOSN: Thank you, Mr. President. I rise in support of LB626. I recognize that I am in a unique position, having been recently appointed to fill a vacancy. And I don't underestimate the importance of taking into consideration where my predecessor stood in support of this bill and also the overwhelming percentage of the constituents in District 25. The overwhelming percentage of constituents in District 25 do support LB626. Since the last debate, we've now had the opportunity to receive a detailed and thorough Attorney's General Opinion [SIC] answering and confirming the legal arguments that I made at the last debate. To reiterate, there are no criminal penalties. There are no civil penalties for medical professionals or women who have an abortion and that cannot be understated. There is no merit to an argument that physicians won't know what constitutes accepted medical procedures under the state statutes. My notes are not here, as per usual. Well, in any event, so I can find those and get back into the queue to make those arguments. But the, the fact of the matter is, is that the law for accepted medical procedures has been in effect

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

since 1977. And since 1977, which was 45-plus years ago, not one time has a physician been prosecuted for violating the, quote, accepted medical procedures under the state statutes. And so to argue that suddenly under this law, they would not know what accepted medical procedures means, even though they've known it for 45-plus years, is, is ridiculous. I would additionally point out that we were provided today a copy of the letter from the Chief Medical Officer, Dr. Tesmer, in response to a question from Senator Cavanaugh regarding the form that was required for purposes of medical providers in, in performing an abortion. And that letter expressly states that the form, which is mandated under Section 28-343, is not affected by LB626, the heartbeat bill, and would not be modified as a result of LB626. For those reasons, I stand in support of LB626 and I would yield the rest of my time to Senator Albrecht.

KELLY: Thank you, Senator Bosn. Senator Albrecht, you have 1:40.

ALBRECHT: Thank you Senator Bosn and welcome to the, to the, to the group. We're happy to have you, happy you're pro-life, happy you're supporting this bill. Oh, we are really coming to an end here in about 30 minutes. So I hope everyone will continue to share their stories and to help, help everyone understand what this bill really does do. Because so many times--

KELLY: One minute.

ALBRECHT: --it's either what you hear on the radio or television or what you read in the newspapers. But I think it's really important-- that the one thing I haven't really had is a conversation with the doctors on the other side that really feel that they're going to be harmed. There's so many ways that they can-- if, if they're in a situation that they're unsure of, it's no different than us being here on the floor. The decisions that we make sometimes are difficult, and in talking through things with people, it helps you to get to the end. There's a lot of times on a lot of our bills that many people want to sit, listen and decide, because we can come on to this floor with one decision that we've already thought we've-- we have made on a bill. But by the time we listen to both sides and we hear something, maybe, that we hadn't heard before--

KELLY: That's your time, Senator.

ALBRECHT: Thank you.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

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

JACOBSON: Thank you, Mr. President. I wanted to follow along a little bit on my previous story when I was last on the mike. I told you I was number five out of nine children. Might be worth sharing that after my very surprising birth, less than a year later, my brother Myron was born. So we actually share a birthday where we're, we're two weeks-- he's two weeks shy of being a year younger than me. And a year after that, my sister Brenda was born. And ten years after I was born, my youngest brother, Alan, was born. So I can tell you that my parents never even remotely thought about doing anything other than raising us and loving us and caring for us, even though they could not afford us. They were-- we were truly unplanned. But that didn't change their love. That didn't change their willingness to do whatever it took to put us first and to take care of us kids. And I can tell you that my-- both my parents have passed away and I can tell you that they enjoyed all of their children. They were proud of all of us in what we did along the way. And they felt that they had a very fulfilling life and they, and they lived that through their kids. And I can tell you that although I always vowed that I was never going to have my children grow up the way I did, I wouldn't trade my childhood for anything. It's amazing the challenges that God can put in front of you, but he never puts a challenge in front of us that's too big. We all have the ability to move forward if we have the attitude to do that. My wife and I deliberately held off on starting a family because we wanted to get our career started and it kind of tied into I wanted to be able to provide for my kids. Many of you heard me speak last time on General File, the story of our first son. After several miscarriages, an ectopic pregnancy, all kinds of challenges, we finally got to the point where we got the heartbeat and our son, John, made it to 24 weeks gestation. And tragically, in the middle of the night, Julie started having cramps. He ended up being born prematurely, lived for five weeks and died on our 10th wedding anniversary. And as sad as that was, I can tell you, as much as I questioned why that happened to us, I knew there was a message there because we would not have ever had the opportunity to adopt. So both of our children, our living children, were both adopted-- open adoptions. And I can tell you that I am eternally grateful to those birth mothers who chose life and chose us to raise those children. And there's no question in my mind that we were meant to be their parents. Again, life has some crazy quirks along the way. When I spoke on the floor during General File, a good friend of mine who was a former ag teacher, as I was when I first got out of college, sent me an email and reminded me. He said, thank

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

you for your story. Do you remember my daughter? And I said, absolutely, I remember your daughter. See, his daughter was born with spina bifida. The doctors encouraged them to not even take her home, put her over here in the corner and let her die. They refused to do that. They took her home. They cared for her. She lived 15 months. He tells me that those 15 months were some of the best months of their married life. The amazing things that this child did that the doctors said could never be done, she defied that. We never know what can happen.

KELLY: One minute.

JACOBSON: Thank you, Mr. President. I can tell you we're going to have challenges in life, but we can deal with those challenges if we take the right attitude. The resources that are available today, and I will tell you, people have asked in the past, what are we doing for prenatal care? I'm all on board. Bring the bill. We've got a bill in process. I'm all over that. I'll be fully supportive of funding prenatal care. I'll be fully supportive of postnatal care. Yes, I do believe that every life is important. They're important to get to the delivery and they're important to be taken care of. And I will be fully in support of that. Thank you, Mr. President.

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

HALLORAN: Thank you, Mr. President. You know, there's a-- after a period of time, things become normal. And we've been in a state where or a country where, for 50 years, abortion has become normal. And phrases such as forcing women to be pregnant are used. No one's forcing anyone to be pregnant. Pregnant's a voluntary act between two consenting adults. We won't go into details. We're all adults here and there may be some children here, but it's-- no one's forcing anyone to become pregnant. Reproductive rights. We all have reproductive rights. Along that same vein, we choose whether or not, by the act of-- between two consenting adults to go through the course of enjoying each other sexually, they end up conceiving. They have reproductive rights. There's a senator here that's opposed to this bill that keeps using the word radical. I counted the word radical in five minutes that she had, I think I counted something like 14 times the term "radical" was used, in regard to this being a radical ban. What I would say is, is what is radical is killing unborn babies that have a detectable heartbeat. That's radical. Pregnancy's a natural function. You know, the female body, it's not a disease. It's not a tumor. Therefore, abortion is not a cure for something that's a disease. It

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

stops a natural function. So I still stand in full support of LB626 and opposed to AM1527. I would yield the balance of my time to Senator Albrecht if she wishes.

KELLY: Thank you, Senator. Senator Albrecht, you have 2:35.

ALBRECHT: Great. Thank you, Senator Halloran, and thank you, Mr. President. Again, we've gone over the bill, we've talked about a lot of things on the floor. I will continue on taking up some time reading about Dr. Arthur Grinstead. There's a-- in the Midlands Voice and the World-Herald, the Nebraska heartbeat bill provides, provides sound life of 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 the baby's heartbeat is detected. As a physician, I want to provide some clar-- clarification of the medical science behind the legislative bill, LB626. The chief allegation made by Dr. Mary King at the outset of the press conference, was that life and health of mother would be put in jeopardy by this law. She stated that LB626 is dangerous for pregnant people and medically irresponsible, citing instances of ectopic pregnancies or when a patient's water breaks too early, causing her to be at risk of sepsis, hemorrhage, hysterectomy, or in a very rare case is death. Another doctor in the room referenced heartbreaking cases of anencephaly and the risk of those situations may pose to a mother in highly--

KELLY: One minute.

ALBRECHT: --rare situations. As someone who has spent several years working with the pregnant woman 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 a baby's heartbeat is present when there is a medical emergency. A medical emergency is defined as, quote, any condition which in responsible medical judgment so complicates the medical condition of the pregnant woman as to necessitate-- 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 bodily function. End of quote. Not only does the bill provide for abortions when necessary to save a mother's life, it also gives medical professionals discretion to intervene to prevent permanent or physical harm.

KELLY: That's your time, Senator.

ALBRECHT: Thank you, Mr. President.

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

ARMENDARIZ: Thank you, Mr. President. I'd like to yield my time to Senator Albrecht. Thanks.

KELLY: Thank you. Senator Albrecht, that's 4:48.

ALBRECHT: Thank you, Senator Armendariz, and thank you, Mr. President. Continuing the letter from Dr. Arthur Grinstead: There is also a proven-- a provision that specifically allows the treatment of ectopic pregnancies. These cases are so exceedingly rare that I have yet to encounter one and my physician mentor, who has been practicing for 40 years, has never seen one either. Those at that press conference suggested that doctors could be in danger of losing their license if they perform such interventions. In reality, medical professionals may rely on evidence-based guidance from the national and state medical organizations, as doctors in other states with similar abortion limits are doing. For example, when a woman's water breaks prior to the time that the unborn child can survive birth, the American College of Obstetricians and Gynecologists advises that women presenting with PPRM before neonatal viability should be offered immediate delivery, termination of pregnancy by induction of labor or dilation and excavation. That is the standard procedure. 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 "life of the mother" concerns about this bill are genuine, even though they are incorrect. Disappoint-- disappointingly, the tone of the press conference changed when Dr. Jodi Hedrick took the podium and Dr. Hedrick parroted the anti-human rights, utilitarian talking points from Planned Parenthood and extreme abortion-on-demand proponents, claiming that saving unborn lives from abortion will hurt Nebraska's economy. The true medical language of these talking points is fanciful at best and deadly at worst. I'll leave any of the fiscal arguments to the economists. But for doctors, to speak of the value of human lives 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 to the GDP, but to do all within our power to protect the mothers and the 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 in the fifth week of pregnancy. The presence of the heartbeat indicates that the baby has a remarkably

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

high chance, up to 98 percent, of surviving to birth. Good news is that Nebraskans are compassionate and they recognize the science. A majority of Nebraska's-- of Nebraskans are in favor of the heartbeat bill, which could save up to 2,000 lives a year. They, along with many in the medical field, are right to question whether the press performance was in the best interests of mothers and their unborn children or, rather, a tactical and a political maneuver that serves extreme pro-abortion goals of abortion on demand. As a father of a son who was born very prematurely and a physician, I stand with mothers and the precious little lives that 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. Thank you, Mr. President, and I yield my time.

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

MCDONNELL: Thank you, Mr. President. I'll, I'll yield my time to Senator Albrecht.

KELLY: Senator Albrecht, 4:55.

ALBRECHT: OK. Thank you, Senator McDonnell. Appreciate the time. I'm going to find something more to entertain us with as we get to a close on this bill, hopefully in the next 15 minutes. So this particular individual, Mindy Lester, chief of the Health Law Section of the Nebraska Attorney General's Office, she-- well, we could read about that if we want to or we can find something different. Sorry about that. I don't know what I can talk about more than the-- just the bill, I think. We'll just go back to it. I think that's the most important thing that everybody needs to remember, exactly what we're doing with our bill versus Senator Riepe's. And, again, I know that they've been working on their amendment for some time, but in my eyes, I think we need to stay focused on what we've been working with on LB626 for quite some time. Again, the beating heart with these, these young children-- oh, there goes my M & M's. Sorry. Geez. Now I sound like somebody else on the floor. OK. So I want to get back to when we were talking in the beginning, about what LB626-- it's about protecting these babies with beating hearts from elective abortion. If I can say that over and over, I think we're overcomplicating the situation by just helping people understand that, that Nebraskans, we have worked on this bill for some time. It is a very friendly pro-life bill for doctors. Throughout our country, they have such severe penalties that I can understand where there would be fear, you know, amongst the, the, the physicians, but I don't believe in the state of

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

Nebraska that that is at all our intention. Our intention is to save the life of a baby with a beating heart. And I think it'll make the women stronger, it'll make the family stronger. It'll help the doctors that are currently bringing life into this world. There'll be more people taking advantage of, of what's happening in the medical community, because they know and they can appreciate the fact that they're going to be there for them. Again, LB626 requires an ultrasound, whether-- no matter where you're going for advice or for options, that, that ultrasound will let us know if there's a, a beating heart. And then at that time, if there's an emergency situation, the doctors will, will visit with the mothers, give them their options. Again, the heartbeat is detected, they can perform, you know, an abortion only if, if there, if there isn't a beating heart or if there's a medical condition that-- it's between the mother and the doctor to, to know that if there's-- it's lifesaving or an emergency situation, they make that decision together. So, again, pregnant women can always receive the care and the treatment that they need. The bill clearly provides the treatment for ectopic pregnancies, the miscarriage, any emergency medical situations will remain unaffected. And it also clearly provides that the in vitro fertilization, which I think has been something that is definitely not well understood, as we are continuing to get letters from, from patients of IVF doctors, that they don't believe that they'll ever be able to have a child when this passes and that is absolutely not the case. And the IVF doctors are there to, to help you provide the information and the needed experience in that field to help you deliver a, a, a wanted child and, and what they do for you is--

KELLY: One minute.

ALBRECHT: --is certainly an important procedure that will not be affected by LB626. So please don't fear that. But, again, a baby with a beating heart deserves to be protected. LB626, again, is about protecting babies with beating hearts from elective abortion. And, again, if I don't get up again here pretty quick, it's-- I encourage a green light on LB626. I'm not in favor of AM1527. I believe that we need to, to do everything we can to save the unborn who cannot speak for themselves. Thank you, Mr. President.

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

KAUTH: Thank you, Mr. President. I'd like to say, first of all, I think it is absolutely refreshing, the opportunity we've had, to talk and debate over the actual issues. And I thank Senator Riepe for

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

bringing this up and letting us have this discussion. I still rise firmly in support of LB626 and against the amendment. I do believe that six weeks is the average time when a heartbeat starts and once you hear that heartbeat, you have to know that there is a baby there and a mother's job is to protect her child. So I, I am so glad that Senator Albrecht has had the constitution and the fortitude to bring this bill over and over until it can be done well and done right and I look forward to being able to vote on this. And with that, I yield my time to Senator Jacobson.

KELLY: Senator Jacobson, you have 4:10.

JACOBSON: Thank you, Mr. President. I just thought I'd add a little bit more, a final piece to the story. I think many of you know that as I mentioned, we were fortunate to adopt two children, both open adoptions. It's an amazing process. I can tell you that I remember going to a pre-adopt class in Omaha and we came home and this was after Julie had miscarried, again, following the loss of our son. And I realized, at that time, that the message had not been getting through to me that we were to adopt and that that was the course for our being parents. So we ended up at pre-adopt and we were fully committed to adoption. And I remember coming home that evening and learning that it could be seven years before we'd have an opportunity to adopt and we were now approaching our mid-thirties. So I remember how down we were and I remember getting a phone call that evening and it was a phone call from our circuit pastor who had just been back from a pastors conference in Colorado Springs and said, Mike, he said, I got a call from the district president and he told me that he has a girl in his congregation who's pregnant and she wanted to place her baby with a Lutheran family and would you and Julie be interested? And I, without even talking to Julie, I said, absolutely. That night we went to bed and we woke up the next morning and Julie said, Mike, we're going to get this baby. This baby is going to be a little girl. She's going to have brown hair and brown eyes. Our daughter Mary has brown hair and brown eyes. And I can tell you that when we went through the adoption process and we met her birth mother, she said, I think that every child deserves a mother and a father and I can't provide the father. So I think it's the right thing that my child be raised by someone who can care for her and give her the best opportunity in life. So it was an open adoption and we continued to send pictures every month. And this was back in older technology. But as we got to Christmas time, we would send her a videotape of all of the things that happened the previous 12 months, starting with the Christmas the year before and going through that entire time. We went and visited her multiple times and every time we left, it was very

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

hard for her to say goodbye, but she always did because she found-- sounded-- stayed firm in her belief that this was the right thing to do. Our daughter got married last summer and her birth mother was present for the-- came to the wedding, sat at the parents' table, and she told me after I gave the toast that described a little bit of our story to parenthood, she told me, Mike, I want you to know I never said-- I never doubted my decision to place Mary for adoption. But she said, being here today, watching the woman that she's turned into, I am so proud and so glad that I made the decision I did. She said, life has come full circle for me, which, by the way, she's now married, has two sons. And I cannot begin to express to you how grateful we are to her and to our son's birth mother and I know the feeling is mutual. Adoption is an amazing-- it's an amazing thing. And it's a gift that you can't even begin to describe. The greatest of all gifts is someone who's going to be that self-- willing to give up their self for someone else and thinking for the best of that child.

KELLY: That's your time, Senator.

JACOBSON: Thank you, Mr. President.

KELLY: Thank you, Senator Jacobson. Senator Hardin, you're next in the queue.

HARDIN: Thank you, Mr. President. I stand in support of LB626. I'm not for the amendment. In '20 and '21, we have the most complete statistics for, probably, what we've kept track of since we started keeping track of all of this. And about six babies per day were killed in Nebraska during those years. In the 42 weeks since Dobbs overruled Roe last June 24, the day we could have provided more protections for preborn children, 1,800 more babies have lost their lives to abortion in Nebraska. A baby with a beating heart deserves to be protected and we envision a Nebraska where every life is celebrated, valued, and protected. A heartbeat is a universal sign of life. This is about the heartbeat of a baby and elective abortions, not that one in a million, one in a billion situation. It's the opposite of what it was supposed to be: safe, legal, and rare. That has become the norm. We're talking about the thing that has become the go-to, the default. We're talking about eliminating that for those who have a heartbeat. We envision a Nebraska where every life is celebrated, valued, and protected. And that means moms and babies. That means dads and helping them to do what looks impossible. Abortion stops that beating heart. Every parent remembers the emotion of hearing their baby's heartbeat for the first time. Every woman and child deserves love and support and that's what LB626 sets out to do. We need to do a lot more in Nebraska to help

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

moms. We have broken family units. An opportunity to grow as a child is an opportunity to do life. It's an opportunity to have ups and downs. Each one of us in this room can look back across our lives and we can look at the relationships we've made better and we can look at relationships that we have made considerably worse. I know I have. And by God's grace, we get one day at a time. And sometimes we need additional help. And this is a body of people, fewer than 50, who can make a significant difference in the lives of moms who are afraid and dads who are afraid and children who have not had the opportunity to yet experience joy or fear or difficulty. This is an opportunity to give life. It's a summary of what I think most Nebraskans are about. In fact, when we look at the--

KELLY: One minute.

HARDIN: --political composition of this Chamber-- thank you, Mr. President-- almost two-thirds of the people in this room are here because they said, on some piece of paper or some website somewhere, that they were pro-life. And this is not a quick process. This has been a process of evolution that Senator Albrecht has been pursuing for years. It's not just her idea, it's from years of study and this is the culmination of that study. In a few moments, we have an opportunity to make a difference for the two-thirds of the Nebraskans who have asked us to make a generational impact. Thank you, Mr. President.

KELLY: Thank you, Senator Hardin. Senator Dover, you're recognized to speak. Excuse me, Senator, we're at time. Mr. Clerk, you have a motion on your desk.

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

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

ALBRECHT: Call the house, roll call in regular order, please.

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

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

leave the floor. The house is under call. Senators McKinney, Slama, Bostar, Wayne, please return to the Chamber. The house is under call. To the guests in the balcony and on the floor, pursuant to Rule 1, Section 11, the presiding officer has the discretion to empty the galleries in case of a disturbance or disorder-- disorderly conduct. While I don't anticipate exercising this authority, we would like to remind those observing the Legislature, there will be no outbursts, including clapping, heckling or cheering. Senators McKinney, Slama, Bostar and Wayne, please return to the Chamber. The house is under call. Senator Wayne, please return to the Chamber. The house is under call. All unexcused members are now present. Members, the first motion is the motion to invoke cloture. All those in favor vote aye; all those opposed-- roll call vote. 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, 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 not voting. Senator Sanders voting yes. Senator Slama voting yes. Senator Vargas voting no. Senator von Gillern voting yes. Senator Walz voting no. Senator Wayne not voting. Senator Wishart voting no. Vote is 32 ayes, 15 nays, Mr. President, to invoke cloture.

KELLY: Raise the call. Mr. Clerk, for items.

CLERK: Mr. President, your Committee on Enrollment and Review reports LB565A as correctly engrossed and placed on Final Reading. Additionally, your Committee on Enrollment and Review reports LB753A, LB799, LB815, LB816 as correctly engrossed and placed on Final Reading. Your Committee on Enrollment and Review reports LB138A, LB243A, LB254A, LB583A, LB683A, LB754A to Select File. Amendments to be printed: Senator Riepe to LB282, (LB626), Senator Murman to LB705,

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 27, 2023

and Senator Walz to FA78. New LR (LR117), Senator Sanders. That will be laid over. Name adds: Senator Blood, name added to LB480. Mr. President, Senator Vargas would move to adjourn the body until Tuesday, May 2, at 9:00 a.m.

KELLY: Senators, you've heard the motion. All those in favor say aye. Those opposed, nay. We are adjourned.