

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Banking, Commerce and Insurance Committee March 1, 2022

**WILLIAMS:** Good afternoon, everyone, and welcome to the Banking, Commerce and Insurance Committee hearing. My name is Matt Williams. I'm from Gothenburg and I represent Legislative District 36. And I'm honored to serve as Chairman of the committee. The committee will take up the bills today in the order posted, and we just have one bill on our schedule today, LB715. As you might guess, the committee members may come and go during the hearing, and I hope they come before they go today. To better facilitate today's hearing, I ask that you abide by the following rules and procedures: please silence or turn off your cell phone. Move to the front row when you are ready to testify. The order of testimony will be the introducer, followed by proponents, opponents, neutral testimony, and then we'll allow a closing. When you come up to testify, please hand in your pink sheet to the committee clerk; and when you begin your testimony, if you would please spell your first and last name. We ask that you be concise and it is my request that you limit your testimony to five minutes. We will be using a light system. The light will be green for the first four minutes. It will turn yellow at the end of four minutes and then it turns red at the end of five minutes. And at that point, we ask you to conclude your testimony. If you will not be testifying at the microphone but want to go on record as having a position on a bill being heard today, there are white tablets at each entrance where you may leave your name and other pertinent information. These sign-in sheets will become exhibits in the permanent record at the end of today's hearing. Written materials may be distributed to committee members as exhibits only while testimony is being offered. Hand them to the page for distribution when you come up and we need 10 copies. So if you don't have 10 copies, they will make those copies for you. To my immediate right is committee counsel, Bill Marienau; to my left at the end of the table is committee clerk, Natalie Schunk. And I hope we have some other committee members joining us this afternoon. Today we are joined by our pages, Malcolm and Logan, and I would point out that today is Malcolm's 20th birthday, the same day as, as Nebraska became a state on Statehood Day. So if you really want to suck up to the pages, sing Happy Birthday when you come up to testify. With that, we will now begin and we will open our public hearing on LB715, introduced by Senator Hunt. Welcome, Senator Hunt.

**HUNT:** Thank you, Chairman Williams, and I want to say happy birthday, Malcolm, who is one of my constituents, so I hope you have a wonderful day.

**MALCOLM DURFEE O'BRIEN:** It's going great so far.

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**HUNT:** Good. I'm Senator Megan Hunt, M-e-g-a-n H-u-n-t, and I represent District 8, which includes the northern part of midtown Omaha. LB715 is a bill that would lift Nebraska's ban on health insurance plans offering any coverage for abortion care. With our current law, Nebraskans are forced to purchase an additional option rider to provide supplemental coverage for abortion services if they may want or need an abortion at any time in their future. No public or private plan can include any coverage for abortion care, regardless of if it's a marketplace plan or an employer-sponsored plan. In 2011, Nebraska lawmakers decided to single out abortion as one type of healthcare that Nebraskans must pay for out of pocket, even if they're already paying thousands of dollars a year to have healthcare coverage. We are in the minority on this, and Nebraska is already one of the most restrictive states in the nation when it comes to laws limiting abortion. Of our six neighboring states, only two have a similar insurance restriction, Kansas and Missouri. Abortion is well studied and among the safest medical procedures a person can get. Most people who experience unwanted pregnancy may not anticipate their need for abortion care and are unlikely to have planned for such in advance, so they probably didn't buy this rider protection for their insurance. Without this coverage, Nebraskans who get abortions are left with unexpected bills that can be financially crippling. The average cost charged for an abortion can vary from \$500 to \$1,200, depending how far along the pregnancy is and the type of procedure used. In some cases, patients have to delay abortion while they take time to come up with the necessary funds. Or they may learn of a fetal diagnosis in the second trimester when abortion is more costly. If the mother has medical complications, that can drive up costs substantially as well. This is one of two pieces of new legislation I'm introducing this year on reproductive healthcare. Advocates and providers hear that the two main barriers for women seeking abortion in Nebraska are cost and access to care in underserved areas. This bill seeks to address the cost barrier, and I have another bill, LB716, that would address the access barrier. Where abortion access is limited like it is in much of the nonmetropolitan Nebraska area, people who need abortion care already have to pay travel costs to access the care they need. Young women of color are most impacted, and they are already the group that is most marginalized in our healthcare system and through other systems of inequality. In Nebraska, 40 percent of our residents live in a county that has no access to abortion services. Last week we had "abortion day" at the Nebraska Legislature, as we kind of, you know, jokingly kind of call it. And we heard three draconian measures to severely limit or restrict abortion in Nebraska, and we all saw how big that day was, even if we don't sit on the committee where those

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bills were heard because the Capitol was literally full of people that day that showed up to express their opinions about these bills. There's wedge issues where we know the Capitol is going to be full. We know we're going to have late night hearings and this was absolutely one of them. And the reason I mention this in this hearing is because I feel like the supporters of those restrictive abortion measures like to represent themselves as representing the opinion of the majority of Nebraskans. But last week, we had obvious proof that that's not the case. Most Nebraskans support policies like, like, like what this bill provides: the ability for people to choose with their healthcare provider, with their families, with their faith, what's best for them and their families. And I'll also note for larger context that today's hearing is not going to have the volume or attention. You know, obviously we-- a lot of our colleagues aren't even here to listen to the material, to listen to the testifiers. And I do not expect this bill to advance out of this committee. But the bills that we heard in Judiciary Committee last week are actually presenting a grave threat to reproductive justice in Nebraska. And I think the expectation is that those bills may be pulled from the committee to the floor with a floor motion. So I'm putting a lot of my effort into organizing people around those bad bills, knowing that they have a real chance of passing. But I felt it was important to introduce this bill and have a conversation about how we can do something proactive and productive in Nebraska that will actually help people and provide a platform to show that this is what most Nebraskans actually want. Public opinion research from the Pew Center in 2020 found that more Nebraskans believe abortion should be legal in all or most cases than those who do not. And then there's the reality. I mean, we can talk about polling, we can talk about science, we can talk about the lack of people who are here to take this bill and this policy seriously. But the real life truth is that as long as people have been getting pregnant, there have been people who don't want to be pregnant and people will always get abortions. People will always have the need for abortions. And today, approximately one in four people will have an abortion within their lifetime. It is safe. It is healthcare and Nebraskans who put hundreds of dollars of every hard-earned paycheck they get each month toward healthcare coverage shouldn't have to purchase expensive additional coverage to pay out of pocket for healthcare that's necessary that they need. And we don't have this kind of targeted ban on coverage for any other service in Nebraska. When someone has made a decision to terminate a pregnancy, they should be able to do that right away without delay. No matter how you personally feel about the issue, Nebraskans are the ones who should be able to make a choice about whether to keep and end a pregnancy, not

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lawmakers, not the Banking Committee, you know, with due respect, because our current laws don't do anything to decrease abortions in Nebraska. They just punish women who end up needing them. Many of these women may already be struggling financially, and the burden of medical bills incurred from abortion care may contribute to keeping them in a cycle of poverty. Or worse, they might attempt to self-manage a dangerous abortion, which is another topic. Speaking of the fiscal note, it talks about the cost of coverage for state employees. But I want to note that the bill doesn't even require this, so I think this fiscal note is not accurate. It was sloppily done. You know, this is if the state opts in to provide this care. But I think that we can assume that the state would continue to not provide coverage for abortion care because it's not required by this bill. This bill does not require any plan to offer it. It allows them if they want to. If your insurance provider says, yeah, we'll add this coverage, that's still up to them. This doesn't mandate anything like that. And to me, that's a free market principle right there. So this bill is in line with what Nebraskans want. It's in line with our conservative fiscal principles as a state. And I'd be happy to answer any questions.

**WILLIAMS:** Thank you, Senator Hunt. Are there questions? I have a couple. I just want to be sure that I'm understanding. Right now we have a what you described, I think, as a targeted ban and your legislation would remove that targeted ban. But right now, a person can buy, you know, with their insurance company, they can buy additional coverage if they so want. Is that--

**HUNT:** If the company offers it.

**WILLIAMS:** If--

**HUNT:** There are also, there's also many plans that don't even offer the choice.

**WILLIAMS:** OK. When, when it, when it is available, does this cover-- and we discussed this in HHS last week when you were in there-- does it cover what I call a medication or medication abortion as well as a--

**HUNT:** It would be up to the terms of the plan, but I would expect it to. I think it would be a safe assumption.

**WILLIAMS:** OK. And the two states that you said right now, was that Kansas and Missouri?

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**HUNT:** Kansas and Missouri.

**WILLIAMS:** Kansas and Missouri, OK. Wanted to be sure on that. Any additional questions?

**HUNT:** I point to Kansas and Missouri to say, you know, even when we have what we call antiabortion values or pro-life values, there are still people who are going to need this medical care. And making it an option for insurance companies to provide that coverage is working fine for them. And I don't see why it wouldn't work well for us too.

**WILLIAMS:** Thank you.

**HUNT:** Thank you.

**WILLIAMS:** We invite the first proponent. Good afternoon and welcome.

**NYOMI THOMPSON:** Good afternoon, Chairman Williams and members of the Banking, Commerce and Insurance Committee. My name is Nyomi Thompson. That's N-y-o-m-i T-h-o-m-p-s-o-n, and I'm representing I Be Black Girl. I Be Black Girl is a collective that creates space for black women, femmes, and girls to access and reach our full potential through reproductive freedom. I'm testifying in support of LB715 because everyone deserves affordable and accessible healthcare choices, which LB715 provides through insurance coverage. Our approach to our work is advocating for the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we do have in a safe and sustainable community. That right can only be achieved when all women and folks with reproductive systems have the complete economic, social, and political power and resources to make healthy decisions about our bodies in all areas of our lives. Abortion is considered to be a separate, politicized entity within the broader health insurance system, but a lack of coverage for this critical piece of healthcare can have devastating impacts on women and folks with reproductive systems. Access to reproductive healthcare ensures that each person can thrive. In order to protect and expand access to affordable, safe medical care, health insurance options must include abortion coverage. Regardless of how we feel about abortion, Nebraskans should be able to make their own decisions about what is best for them without any government interference. Nebraska's laws impose significant barriers to abortion affordability, therefore access which we know fall the hardest on those who are working to make ends meet, rural Nebraskans, and people of color, in particular, black women and femmes. These groups already lack access to healthcare, and ongoing barriers have a significant impact on their

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quality of life. According to the American Community Survey, in Nebraska over 25 percent of black women of reproductive age live below the poverty lot-- sorry, live below the federal poverty level compared to the rate of 10 percent for white women in the same age range. For a single woman living at the federal poverty level, the out-of-pocket costs of an abortion is 44 percent of their monthly income. Women living at or below the federal poverty level already experience financial hardship, often unable to make ends meet or afford living essentials. Nebraska further exacerbates this tradeoff of essential needs, and no individual should experience a significant deterioration in quality of life due to utilizing their right to choose what is best for their bodies. Women who utilize their right of choice are proven to be more financially stable, set ambitious career goals, and raise their families under more emotionally and financially stable conditions. The state of Nebraska is enforcing a web of barriers that push-- pushes abortion care to be unaffordable and inaccessible, therefore, combating the safety of communities. People want to live in places they can thrive, and the limiting of reproductive rights will push Nebraskans to leave and prevent others from choosing Nebraska as their home. We urge you to advance LB715 and ask you to support Nebraskans with reproductive systems in their right to bodily autonomy. Thank you for your time.

**WILLIAMS:** Thank you, Ms. Thompson. Are there questions? A couple of times in your testimony, you mentioned cost as a major stumbling block, an issue. Do you have an idea how much the cost is to purchase an insurance rider on a current policy?

**NYOMI THOMPSON:** I don't have that information, but if you'd like, I could get back to you.

**WILLIAMS:** And maybe somebody following you would have that. One other question that in particular, you're talking about the-- those living below the poverty line and especially those women of color. Do most of those women currently have insurance coverage? In your judgment, do they have insurance coverage now?

**NYOMI THOMPSON:** When I looked at the data on the American Community Survey, it does show about between 80 and 90 percent are insured, whether that's under private health insurance or government provided, like, marketplace or Medicaid.

**WILLIAMS:** But there's coverage of some type.

**NYOMI THOMPSON:** Um-hum.

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**WILLIAMS:** That just simply doesn't include the, the potential for abortion coverage without an add-on.

**NYOMI THOMPSON:** Right.

**WILLIAMS:** OK. Any additional questions? Seeing none, thank you for your testimony.

**NYOMI THOMPSON:** Thank you.

**WILLIAMS:** Invite the next proponent. Good afternoon and welcome.

**SCOUT RICHTERS:** Thank you. Good afternoon. My name is Scout Richters, S-c-o-u-t R-i-c-h-t-e-r-s, here on behalf of the ACLU of Nebraska in support of LB715. I first want to thank Senator Hunt for bringing this legislation to expand access to abortion care because abortion is healthcare and abortion is a right. The ACLU works every day to stop the relentless attacks on abortion access and reproductive freedom. Deciding whether and when to become a parent is one of the most private and important decisions a person can make. Senator Hunt's bill rightly removes unnecessary restrictions in the path of Nebraskans who need to access abortion care. As you've heard, LB715 repeals Nebraska's ban on private insurance plans covering abortion care. Abortion is essential healthcare. It is a safe and simple medical procedure that more than 2,000 Nebraskans obtain each year. Again, as you heard, cost is one of the most significant barriers to accessing abortion care. It can range from \$400 to over \$1,000 per medication abortion and aspiration abortion. Additionally, Nebraskans already face numerous barriers to care that can further increase costs. For example, Nebraska has banned telemedicine for medication abortion, abortion so that Nebraskans, especially those who live in rural areas, are required to drive hours, take time off work, find care for their children, pay for gas and lodging to access care that we know is extremely safe. According to the Guttmacher Institute, Nebraska is one of only 11 states to ban private insurance coverage for abortion. Though these bans do have exceptions to save the life of the pregnant person, there is absolutely no reason, aside from a politician's own personal belief about abortion, to forbid private insurance plans from covering one medical procedure. Additionally, I wanted to mention that there's an increasing awareness among businesses that supporting reproductive freedom is, is good for business. In Nebraska, we know that 67 percent of women aged 19 to 64 do have insurance coverage through their employer. And so banning private insurance plans from covering abortion, as we currently have, is political interference in the relationship between employers and employees. The decision about

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coverage should be left to the company or negotiated with the employee. And I wanted to also note a recent report from Rhia VENTURES, and it found that comprehensive reproductive healthcare is essential for attracting and retaining workers and also results in cost savings. Just a few statistics I wanted to note: 86 percent of women surveyed by a PerryUndem study said that the ability to control if and when to become a parent has been important to their career paths. Additionally, 83 percent of women said that they want their employer's insurance to cover the full range of reproductive healthcare, including abortion. So to sum it up, LB715 would be a good step to simultaneously support the reproductive rights of Nebraskans, would allow businesses to make decisions that are best for them and their employees, and support workforce development here in Nebraska. So we urge your advancement, and I would be happy to answer any questions.

**WILLIAMS:** Are there any questions? Seeing none, thank you for your testimony.

**SCOUT RICHTERS:** Thank you.

**WILLIAMS:** Invite the next proponent. Good afternoon and welcome.

**ANDI CURRY GRUBB:** Thank you so much. Good afternoon, Chairperson Williams and members of the Banking, Commerce and Insurance Committee. My name is Andi Curry Grubb, that's A-n-d-i C-u-r-r-y G-r-u-b-b. I'm the Nebraska state executive director for Planned Parenthood North Central States, and I'm here to state my support for LB715. PPNCS's mission is to affirm the human right to reproductive and sexual health and freedom for all by providing excellent care, trusted education, and fierce advocacy. Patients in our state rely on us for compassionate, nonjudgmental healthcare. They come to us because they know they will be heard, respected, and supported in taking charge of their lives and their futures by making their own decisions about the healthcare that is best for them. For many years, unnecessary restrictions on abortion access have interfered with our ability to do this, and we're thankful to Senator Hunt for introducing LB715, which is a great step toward undoing the harm that these laws have caused. Restrictions on abortion, including the one prohibiting insurance from covering the procedure in our state, do not reduce the instances of abortion. In research conducted by Nash and Dreweke, I'm not sure I'm saying that right, they found that rather than decreasing rates of abortion, these restrictions, quote, create hardships for people seeking abortion, including emotional consequences, delays in obtaining care, and diversion of money meant for other necessary



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expenses, such as rent, groceries, or utilities. In addition, there is research into how patients pay for abortion care. Nationally, only 7 percent of abortion patients were able to use private health insurance to cover their medical costs; 52 percent found it difficult to pay for the procedure and had to rely on someone else to help cover costs. Because abortion restrictions often, often increase costs due to delayed care, travel requirements, childcare costs, and lost wages, many patients also had to delay or not pay bills such as rent, food, and utilities. While all of this research is compelling and shows unnecessary burdens that have been placed on abortion healthcare, I think it's the personal stories from patients right here in our state that can help us understand the impact best. I've attached to my testimony a story from a patient that we served in March of 2020. She has given me permission to share her story. This patient was elated when she learned that she was pregnant with her second child. She told everyone she was pregnant, even though she knew she shouldn't quite yet. During her 10-week ultrasound and ensuing genetic testing, she began to learn that her daughter was not going to make it due to several different fetal diagnoses. This was confirmed by several different physicians as they reviewed her case. This was a deeply traumatic experience for this patient for so many different reasons that you can read in her own words. But here I would like to specifically highlight one. The cost of having an abortion at almost 15 weeks gestation was \$900-plus. I didn't have \$900 to just throw away. I had group health insurance with Nebraska Medicine. This procedure should have been covered by insurance, insurance I had with Nebraska Medicine. But because there was some law in Nebraska that says group health insurance coverage cannot be used unless there was physical harm to the mother, then it's not paid for. It's these stories, this evidence, this data that lead me to respectfully request that this committee votes yes and advances LB715. Thank you.

**WILLIAMS:** Thank you. Are there questions?

**ANDI CURRY GRUBB:** I did get the information that you asked for previously.

**WILLIAMS:** Go ahead.

**ANDI CURRY GRUBB:** In terms of abortion riders, there are as of 2018, the Kaiser Family Foundation conducted a study and there were no private insurance plans that actually offered an abortion rider. So even if you wanted one, you could not get one.

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**WILLIAMS:** OK. I've got a question about your testimony. In, in it you mentioned that nationally only 7 percent of abortion patients were able to use private health insurance--

**ANDI CURRY GRUBB:** Um-hum.

**WILLIAMS:** --to cover their medical costs.

**ANDI CURRY GRUBB:** Yeah.

**WILLIAMS:** So it's what we're talking about is not just Nebraska.

**ANDI CURRY GRUBB:** Correct.

**WILLIAMS:** It's nationwide.

**ANDI CURRY GRUBB:** Correct. And one of the things the citation is there for the study that that came out of and there's additional information in there. I'm not sure I'm going to get this completely right, but I believe the study found at the time that 39, only 39 percent of the patients that they were studying did not have insurance. And yet 69 percent of those patients were paying out of pocket. So even a large number of patients that had insurance were not able to use it because of laws like this, because they are unsure if abortion is covered under their insurance. A whole host of different reasons, but the restrictions definitely were one of the most cited reasons.

**WILLIAMS:** Thank you. Any additional questions? Seeing none, thank you for your testimony. Invite the next proponent. Anybody else here to testify in support? Seeing none, invite the first opponent. Welcome, Mr. Miner.

**MARION MINER:** Thank you. Thank you. Good afternoon, Chairman Williams and members of the Banking, Commerce and Insurance Committee. My name is Marion Miner, M-a-r-i-o-n M-i-n-e-r. I'm the associate director of pro-life and family policy for the Nebraska Catholic Conference, which advocates for the public policy interests of the Catholic Church and advances the gospel of life through educating-- engaging, educating and empowering public officials, Catholic laity, and the general public. I'm here today to express the conference's opposition to LB715, which would repeal Nebraska's statutes prohibiting insurance coverage for most abortions. The conference opposes, opposes LB715 because abortion is not healthcare. Abortion is a terrible and tragic evil that the state should not subsidize or otherwise encourage. Nebraska has a longstanding state policy of providing "protection for the life of the unborn child whenever possible." Regrettably, there

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are still approximately 2,000 abortions per year in our state. We should always be searching for ways to reduce, not increase that number. Many women seek abortion in desperation because they feel they have no other option. That's a reality that we are very well aware of. Nebraska has many nonprofit ministries that give much needed assistance to women in such situations, including a place to live, help finding work, a chance to help them complete their education, and free of cost childcare. Those efforts need to be more widely promoted and expanded. Such supporting efforts, which not only save babies' lives but it would also change the trajectory of many mothers' lives for the better, stand in stark contrast against what LB715 offers, which is violence against innocent persons as a solution to difficult circumstances. If you did watch the hearings for LB933, LB781, and LB1086 in Judiciary Committee last week, you had the opportunity to hear from some of those organizations who are doing really, really outstanding and wonderful work for these women and families. In closing, I would simply say that Nebraska can do better than abandon women to abortion. And I will say one more thing sorry, sorry to keep you hanging here, but in an-- in an often cited study, the Turnaway Study, which is not reliable for many different reasons. It's very biased, slanted in its methodology toward a pro-abortion bent. Nevertheless, they found that 95 percent of women who had, for whatever reason, been denied access to abortion for some reason had not been able to follow through with their plan to access an abortion, 95 percent of women after five years were happy that that-- that that option, which they had sought in the first place they were not able to follow through with. So we can do much better for them than to abandon them to abortion. For that reason, we ask that you not advance LB715.

**WILLIAMS:** Thank you, Mr. Miner. Are there questions? Seeing none, thank you for your testimony.

**MARION MINER:** Thank you very much.

**WILLIAMS:** Invite the next opponent. Good afternoon and welcome.

**MARY HILTON:** Thank you, Senator Williams. Members of the committee, my name is Mary Hilton, M-a-r-y H-i-l-t-o-n. I am a mother of seven children. Long before I was a mother, I was a child in my mother's womb back in September of 1972, when my mother received a letter from my grandmother offering to pay for an abortion of me. And so when abortion is ever brought up, it's really personal. I had that letter in my possession and I read it every year at my birthday to my family. It is a horrible thing what we have done in this country to allow mothers to abort their children. So grateful for my mother, who,

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though, has made some bad choices in her life, made some really good ones and the most important, to keep life. Back then there was the lie that abortions, if we just legalized them, they would be rare but safe. But after 60 million children being killed in America since 1973 and in our own state, 200,000 Nebraskans, one tenth of our current population, have been murdered by their mother. It is certainly not rare. And our state should do everything to decrease and reduce abortions. Infanticide is always wrong. Killing children is never OK and should never receive a thumbs up from our government. There needs to be justice for the unborn. Abortions are not necessary healthcare and lawmakers very much have the right and the responsibility to protect and to promote life. Ultimately, that is your responsibility. That's why we have an ordered society to protect life. Making it easier and less expensive for mothers to kill their children is not OK, and I don't believe it is in line with what Nebraskans want. And even if it were, it wouldn't make it right. Health insurance logically promotes life, not the voluntary taking of a life of a tiny unborn child. I believe the state very much should keep the status quo and not allow insurance companies to cover abortion in this state. Thank you for your time.

**WILLIAMS:** Thank you, Ms. Hilton. Are there questions? Seeing none, thank you for your testimony. Invite the next opponent. Good afternoon and welcome.

**LAURA RAUSCHER:** Thank you. My name is Laura Rauscher, L-a-u-r-a R-a-u-s-c-h-e-r, and I've already submitted online some opp-- opposition to this bill, but I felt compelled to come down here in person and just speak to you and try to reason with you also. I'm totally opposed to this. I just heard testimony that 7 percent were able to use insurance, or 39 percent were able to use insurance, those two amounts. It isn't that getting this insurance is going to do a whole lot of help. If they're still getting their abortions in spite of not being available with insurance, I just would encourage you not to open the door. Please don't. I don't want any of my dollars going to an abortion at all. Back in the day, World War II was finishing, I was conceived out of wedlock. Back in the day, the hus-- the father's, my dad was talked to by mom's dad and said this happened. What are you going to do about it? How soon are you getting married? And that's how they handled it. What has happened is the morality needs to be taught more. Where are the men who are conceiving these children? Why don't they take responsibility? Why does it come-- become my responsibility when somebody else conceives? I just would urge you not to go ahead and follow through with this bill. I just wanted to come down and say that [INAUDIBLE]

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**WILLIAMS:** Thank you, Ms. Rauscher. Are there questions? Seeing none, thank you for your testimony.

**LAURA RAUSCHER:** Thank you.

**WILLIAMS:** Invite the next opponent. Is there anyone else here to testify in opposition? Seeing none, is there anyone here to testify in a neutral capacity? Seeing none, while you're coming up, Senator Hunt, we have 11 letters from proponents and 32 letters from opponents.

**HUNT:** Thank you, Chairman Williams and my colleagues, members of this committee. Just to answer a question that you asked earlier about the riders, I neglected to mention, and I'm happy to talk about it in my close, this is a talking point that antiabortion activists use a lot is that if, well, if you want to get an abortion, the state has banned the insurance coverage, but you can purchase a rider so that, you know, if it's so important to you, you still have the option to do that. But we actually don't have any evidence that any private insurance companies provide these riders. So, you know, hypothetically, in a fantasy world, that could happen; but they haven't chosen to do that. If this bill passed, is it likely that a lot of private insurers would choose to add it? I don't know, but it would take off the state prohibition on it, and I think that that's an important incremental step, especially for helping people in rural Nebraska and underserved populations and who are already living in poverty afford care that they end up needing. One testifiers said, well, if they're going to end up getting the abortion anyway, what does it matter? I think that as we continue to restrict access to reproductive healthcare-- and by that, I mean reproductive healthcare-- I don't just mean abortion. I mean access to sex education, access to contraception, access to well woman healthcare. Like, we just recently expanded Medicaid. And then I had healthcare for the first time in my life once, once that went through here in Nebraska and I'm able to go to the doctor finally for the first time, so. And you know, how does that impact my reproductive health or anyone else who's finally able to get medical care and just get the exams that they're supposed to have every year? So we can't assume that people are going to find a way to get an abortion anyway. That's not currently the case without access, without education and information about it, without ability to pay. No, there's a lot of people who won't get the care and they'll have to do what women in my family have had to do, which is give birth to stillborn babies or carry a pregnancy that could possibly kill them or, you know, just have to carry a pregnancy in an abusive relationship. And we also have data that shows that women in poverty who make the choice to keep

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their pregnancies, it doesn't help them get out of abusive relationships. So that's here nor there. My whole, whole prerogative is just that people can make the choice. People can choose what's best for them and their families and their futures and, you know, the families that they already have. And I think I've made that clear, you know, in my time in the Legislature and you all understand where I'm coming from with this. But one thing Nebraska could do is lift this prohibition. I think that's great. I'd be happy to answer any other questions.

**WILLIAMS:** Thank you, Senator Hunt. Are there questions? Seeing none, thank you for your testimony.

**HUNT:** Thank you.

**WILLIAMS:** And that will close the public hearing on LB715 and close our hearing.