

they have put medical input into it or you want to buy yourself a lawsuit.

PRESIDENT: All right. Thank you. Now, I rapped for order just a little bit ago and I am going to ask you again for your cooperation. There are people out in the audience who have had difficulty in hearing and apparently there is too much noise on the floor. Now, I ask for your cooperation, please, this way. Please hold down the noise and the visiting on the floor. If you must visit, please step off in the wings. Now, back to Senator Anderson for his explanation of his amendment to 286.

SENATOR ANDERSON: Mr. President, thank you. The thing that I would like to emphasize in starting out in explaining my particular amendments and this is the point which Senator Stahmer raised some question about, is the medical input in these particular amendments. There has been considerable medical input, medical doctors that are involved in all phases of the care of children, both before and after birth and I think that there has been as much if not more input of qualified medical doctors in writing these particular amendments than there has in the NMA Ad Hoc Committee that wrote the particular amendments that Senator Stahmer has. I would like to emphasize that what we are dealing with right here is the end of a dialogue. There has been a long process. Senator DeCamp has emphasized that this thing has, probably, involved more hours of work on the part of more people who have legitimate input into this issue than any other bill that we are going to deal with in this session of the Legislature. We have the original bill. We have all of the hours of Committee work. The results of the hearings. We have the critique of the Nebraska Medical Association which they have submitted in regard to the Committee amendments. The particular set of amendments that I have has taken this critique, has attempted to deal with the critique whenever possible and has come down to the point where, as I pointed out in answering Senator Carpenter's question, we have, I think, three basic issues. The one of these is the definition of the viable child. The Nebraska Medical Association amendment, the Stahmer amendment, has suggested that we define the viable child as capable of having meaningful life under normal conditions. My amendment has retained what the original Committee amendment has said because here we think that it is important to say that life may be continued, the life of this aborted child may be continued under natural or life-support systems and, of course, the very important consideration here is that when you are talking about whether life-support systems should be included in the definition of viability, you have to remember that even the full-term baby does require life-support systems. A full-term baby is in no sense of the word capable of meaningful life under what might be called normal conditions. A second variation is in the method of abortion that is permitted after the child has reached the point of viability. The thing to remember here is that viability means that this child can survive if given adequate medical attention, if given adequate support systems. The child at that point of viability, of viability, and from then on, which could be somewhere between 24 and 28 weeks, can survive and so what we are saying is that it is not necessary to kill that child in performing the so-called therapeutic abortion. The abortion the Supreme Court says has to be included in our law in order to protect the life and health of the mother and so we are saying that at that point, if it is determined that this so-called therapeutic abortion is necessary in order to protect the mental health of the mother which is a reason that is commonly used, that the method of abortion must not be a method that would kill the...would kill the child. For example, the injection of the saline solution almost always kills the child. We are saying that that could not be used. The method of abortion