



TO: Judiciary Committee  
FROM: Marion Miner, Associate Director of Pro-Life and Family Policy  
Nebraska Catholic Conference  
DATE: February 24, 2022  
RE: LB781 (Adopt the Heartbeat Act) (Support); and  
LB1086 (Adopt the Chemical Abortion Safety Protocol Act) (Support)

The Nebraska Catholic Conference advocates for the public policy interests of the Catholic Church and advances the Gospel of Life through engaging, educating, and empowering public officials, Catholic laity, and the general public.

The Conference supports both LB781 and LB1086 for the same reason we support LB933—because the human person has the right to life from the first moment of his or her conception. A heartbeat is simply one of the “signs” of life—an unmistakable sign that a living human being is present.

LB1086 is the Chemical Abortion Safety Protocol Act. Abortion reporting in the United States is still unstandardized and of notoriously poor quality, but more rigorous domestic and international studies done over many years<sup>1</sup>—and even the self-reporting of abortion practitioners<sup>2</sup>—illustrate how dangerous chemical abortion can be for women and why the lack of regulation around that practice must be remedied.

Women are suffering from complications after chemical abortions in Nebraska, and those complications are going unreported. Despite complications rates from chemical abortion ranging anywhere from 5-20% in nearly every study done on this issue in the last twenty years, Nebraska abortionists report *zero* complications almost every year in their annual reports. The math does not add up. Similar stories are coming in from other parts of the world.

In 2020, the U.K. lifted longstanding requirements that abortion drugs be administered in person due to the pandemic. A Freedom of Information Request revealed that although abortion providers reported only *one* complication from chemical abortion from April to June of 2020, hospitals received 36 emergency calls *per month* for at-home chemical abortion complications during that same time frame.<sup>3</sup> Emergency rooms are receiving these women without knowledge

---

<sup>1</sup> See, e.g., Niinimaki et al, “Immediate Complications after Medical Compared with Surgical Termination of Pregnancy,” *Obstetrics & Gynecology* (October 2009); Dzuba et al, “A Non-Inferiority Study of Outpatient Mifepristone-Misoprostol Medical Abortion at 64-70 Days and 71-77 Days of Gestation,” *Contraception* (May 2020).

<sup>2</sup> See, e.g., Marie Stopes Australia 2020 Impact Report (p. 23), reporting that 4.95% of chemical abortions done by Marie Stopes Australia were “incomplete,” requiring surgical follow-up. Accessed at: <https://www.mariestopes.org.au/wp-content/uploads/MSA-Impact-Report-2020.pdf>.

<sup>3</sup> House of Lords Debate, March 9, 2021, c1478, statement of Baroness Stroud. <https://www.theyworkforyou.com/lords/?id=2021-03-09a.1476.1#g1478.0>

of why they are there. And there is currently no requirement in place to ensure follow-up so that incomplete abortions and infection do not turn into serious health issues for these women.

The Conference supports both LB781 and LB1086—for the sake of unborn children and their mothers—and asks that you advance them to General File.