



TO: Health and Human Services Committee  
FROM: Marion Miner, Associate Director of Pro-Life and Family Policy  
Nebraska Catholic Conference  
DATE: February 24, 2022  
RE: LB716 (Allow Abortion by Non-Doctors) (Oppose)

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 opposes LB716, which would allow non-doctors to perform abortions in Nebraska.

It must be mentioned from the outset that abortion is a terrible evil that simply should not be expanded. Every abortion kills an innocent preborn human being who has the right to life. We should be working for a future with fewer, not more, abortions.

Second, the abortion industry often claims that abortion, especially early abortion, is safe, and that therefore state health and safety regulations—e.g., that abortions be performed only by physicians—are arbitrary and serve no legitimate purpose. Both the premise and the conclusion of this claim are false.

Abortion is not safe. While official abortion complications reporting in the United States has never been standardized and is of notoriously poor quality, more rigorous domestic and international studies of chemical abortion early in pregnancy show complications rates that no person should find acceptable—up to 20% of women who undergo a chemical abortion suffer complications.<sup>1</sup> These complications can be quite serious and include hemorrhage, infection, and incomplete abortion requiring surgical intervention, among others. Numerous studies done even by abortion advocacy groups show alarmingly high rates of women will need surgical follow-up after a chemical abortion.<sup>2</sup> This is not a practice fit for outsourcing to non-physicians.

The truth and the reason for legislation like LB716 is that fewer and fewer physicians are willing to perform abortions. Even though training in abortion has been universally required for OBGYNs since 1996,<sup>3</sup> only 14% are willing to do them.<sup>4</sup> This reality is a threat to the business

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<sup>1</sup> Niinimaki et al, “Immediate Complications after Medical Compared with Surgical Termination of Pregnancy,” *Obstetrics & Gynecology* (October 2009).

<sup>2</sup> See, e.g., 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); Marie Stopes Australia 2020 Impact Report (p. 23).

<sup>3</sup> Stulberg et al, “Abortion Provision Among Practicing Obstetrician-Gynecologists,” *Obstetrics & Gynecology* (September 2011).

<sup>4</sup> *Ibid.*

model of an industry that profits on the death of preborn children and the despair of women in crisis.

It is also worth noting that LB716, were it to pass into law, would become the most radical law of its kind in the United States. Most states, including every state in the Midwest except for Illinois, do not allow anyone other than a physician to perform abortions of any kind. LB716 would allow non-physicians not only to distribute abortion inducing drugs—it would also authorize them to perform vacuum aspiration and surgical abortions. This is clearly not in the best interest of women or the medical profession.

The Conference respectfully requests that you oppose LB716.