

Chairwoman Bosh and members of the Judiciary committee,

Thank you for the opportunity to testify today. My name is Cleo Zagurski, and I am the Policy Fellow and Lobbyist for Reproductive Health Collaborative Nebraska. We are here to expand access to healthcare, which is why we urge the committee to support LB1161.

Reproductive Health Collaborative Nebraska works with a statewide network of 10 healthcare agencies in 22 counties, including 30 clinics, to advance access to high-quality reproductive healthcare for roughly 25,000 patients across Nebraska annually.

We appreciate Senator Juarez for bringing LB1161. Our providers consistently see the need for minors to be able to consent to their own healthcare, including prenatal care, STI testing, and preventative services. This bill allows common-sense exceptions to the existing statute when minors' ability to consent in specific situations directly supports their health and well-being.

The first population affected are pregnant minors or those experiencing a pregnancy-related condition. Over the past decade, minor pregnancies have accounted for an average of 1,066 pregnancies or 4.2% of all pregnancies annually in Nebraska (Osterman et al., 2024). In 2024, only 64.4% of births to Nebraska teens received adequate prenatal care, compared to 81.5% of all births (Nebraska Department of Health & Human Services, 2025; March of Dimes, 2025). Removing parental consent barriers will increase the likelihood of timely prenatal care, improving outcomes for both patients and pregnancies. This bill also explicitly addresses care after pregnancy loss, ensuring minors can access medically necessary care without delay.

The second group are minors who are parents or have dependents. These minors are already trusted to make healthcare decisions for their children. LB1161 recognizes that responsibility by allowing them to consent to their own care. Research shows that improvements in parental health are associated with increased child flourishing (Polnaszek et al., 2024). Access to preventive care, including contraception, supports their health and strengthens family wellbeing.

Finally, 18-year-olds will be able to consent to their own care. Nebraska is currently the only state where 18-year-olds cannot generally make their own medical decisions. This change aligns healthcare policy with the realities of adulthood, allowing young Nebraskans to manage their health as they graduate, join the workforce, or live independently.

By addressing the needs of these populations, LB1161 improves access to care without expanding services or undermining parental involvement where appropriate.

Reproductive Health Collaborative Nebraska strongly encourages the committee to advance this legislation.

Thank you for your time, and I am happy to answer any questions.

Cleo Zagurski
Policy Fellow & Lobbyist

References

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