

Chairman Hardin and members of the Health and Human Services 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.

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 clients across Nebraska annually. We are here to ensure access to high-quality healthcare, which is why we urge the committee to support LB 773.

LB 773 is about building a reproductive and maternal health system that recognizes a simple truth: pregnancy is not an isolated episode of care. It is one point within someone's reproductive health journey, which begins long before pregnancy and continues well after delivery.

The lack of an adequate health workforce across our state often requires pregnant people to travel long distances for support. For instance, in the panhandle region, there are only three OBGYN providers available to serve Nebraskans (Fitzhugh Mallan Institute for Health Workforce Equity, 2025). This lack of workforce, coupled with a system that treats pregnancy as a standalone event, leads to people lacking consistent care after delivery.

Healthy pregnancy spacing, postpartum care, and contraception-related health services are all connected. When Nebraskans are supported between pregnancies, we know that outcomes improve in future pregnancies; complications decline, and children and families are healthier. In rural communities, this continuity of care is especially important as our rural Nebraskans face larger geographic barriers and limited access to high-quality and necessary medical care.

LB773 supports this approach by making the Prenatal Plus Program permanent, allowing providers to coordinate care across pregnancy and postpartum periods. Permanency makes it possible to design care plans that follow a person through different stages of their reproductive life, rather than dropping support at delivery and restarting only when the next pregnancy occurs.

This stability also strengthens the rural clinics that anchor care across Nebraska's reproductive healthcare deserts. When programs are predictable, clinics can maintain services, preserve care continuity for patients, and focus on prevention rather than emergency response. LB773 moves our state toward a system that supports Nebraskans while they meet their reproductive health ambitions—regardless of income or zip code.

We urge the committee to advance LB773. Thank you for your time.

Cleo Zagurski

Policy Fellow & Lobbyist

References

Fitzhugh Mallan Institute for Health Workforce Equity (2025). Prescription Contraception Workforce Tracker. George Washington University. <https://www.gwhwi.org/tracker-contraception-workforce.html>