Nebraska Right to Life Position on 'Choose Life Now' Ballot Initiative

On the heels of the Protect Women and Children ballot initiative (#434), which Nebraska Right to Life strongly supported and which was voted into the state constitution in November 2024, comes a recently launched ballot initiative titled "Choose Life Now" (CLN).

Background

While our position at Nebraska Right to Life has always been that all life from conception to natural death should be protected under the law, we support incremental steps toward that goal. We had seen failed attempts in other states to make abortion illegal at all stages of gestation, and the major pro-life organizations in this state judged the votes would not be there to pass such a measure in Nebraska as well. Therefore, when pro-abortion advocates began collecting signatures to put on the November 2024 ballot a proposed constitutional amendment virtually guaranteeing the right to abortion throughout all nine months of pregnancy, NRL actively worked to pass the countermeasure #434, which protects children in the womb after the first trimester, while allowing for future protections to be enacted by the legislature. It is important to understand that the Protect Women and Children amendment (now Article I-31 in the Nebraska Constitution), while establishing legal protection for unborn babies during the second and third trimesters, does not enshrine a right to abortion in the first trimester.

"Choose Life Now"

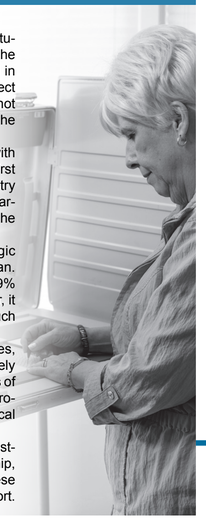
A ballot initiative that would provide constitutional protection in our state for children from the moment of conception was actually attempted in advance of the 2024 election, but failed to collect enough signatures by the deadline. NRL did not support that effort, and does not now support the CLN ballot initiative for the 2026 election.

The incremental strategy that was used with #434 was critical to Nebraska becoming the first state in the nation to defeat the abortion industry in spite of being outspent by a considerable margin by pro-abortion groups inside and outside the state.

The CLN effort takes a different strategic approach by attempting a complete abortion ban. Given that the abortion industry received 49% support for its extreme initiative last November, it is highly unlikely the same voters will support such a proposed constitutional amendment.

As has been demonstrated in other states, significant defeats of pro-life proposals negatively impact our culture and the likelihood of success of other pro-life efforts. These defeats energize pro-life opponents, who will use them to their political advantage and to raise money.

Ballot initiatives require large financial investments (millions of dollars), strategic leadership, and effective and consistent messaging. These components are currently lacking in the CLN effort.



New Study Shows Abortion Pill Harms Women More Than Drug Label Indicates

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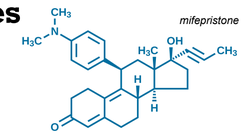
The current FDA-approved drug label refers to the results of 10 clinical trials with a total of 30,966 participants, less than 0.5 percent of whom reportedly experienced serious adverse reactions. But these figures are based entirely on data from trials taking place more than a decade ago.

The Increasing Market Share of Chemical Abortion

Increased access to chemical abortion has coincided with a rapid increase in its prevalence. Chemical abortions — the vast majority of which are performed using a combination of mifepristone and misoprostol — now account for roughly two-thirds of all abortions in the United States. *[Editor Sidenote: This figure for Nebraska was 82% in 2023.]* In fact, Danco Laboratories boasts that more than 5 million U.S. women have used its abortion pill since it was approved in 2000. Thus, it has become increasingly important to understand the risks and harms to women from chemical abortion in general and from mifepristone in particular.



mifepristone

Our Research Project Team

Our research project was conducted and validated by a team of data scientists, analysts, and engineers, with assistance from our clinical team of board-certified obstetricians and gynecologists. Members have a history of academic research and peer-reviewed publication.

** Founded in 1976, the Ethics and Public Policy Center is Washington, D.C.'s premier institute working to apply the riches of the Jewish and Christian traditions to contemporary questions of law, culture, and politics, in pursuit of America's continued civic and cultural renewal.*

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Calling Pro-Life Warriors

As you can see by the content of this newsletter, it is important for you to stay informed on pro-life issues. If you would like to be added to our email list so you can receive updates, please send an email to nebraskartl@gmail.com with the subject line: Add me to NRL email list.

WANTED!

The 2025 Nebraska State Fair occurs Aug. 22 through Sept. 1, and Nebraska Right to Life needs volunteers to oversee our booth.

To volunteer, please email sandy@nebraskarighttolife.org.

Memorials

Earl Backes from Dwyane Johnson

Lenore Backes from Dwyane and Toodie Johnson

Richard Danek from Sidewalk Advocates for Life, Lincoln
Pam Murray
John and Lupe Albin
Steven and Karen Carr
Karen Bowling
Lincoln Right to Life

Yvonne Aulher from Brad and Janell Jorgensen

Jack Barrow from Paul Dicke

Joan Aylor from Aylor Family

NEBRASKA Right to Life
State affiliate to National Right to Life

June 2025

Status of 2025 Legislative Bills Supported by NRL

LB213 Science Standards on Basic Human Embryology

(Senator Holdcroft)

Requires the State Board of Education to develop science standards for elementary and high school students to learn about the development of the unborn child in utero.

Status: Advanced out of committee to general file; not on the floor this session.

LB214 Expand Safe Haven Law

(Senator Holdcroft)

Adds baby boxes to the list of authorized drop-off locations for newborn infants 90 days old or younger by parents or authorized person without fear of prosecution. The devices would be funded by a local community with a state grant to help with cost of installation.

Status: Not voted out of committee; will carry to 2026 session.

LB512 Chemical Abortion Safety Protocol

(Senator Holdcroft)

Requires abortion facilities to screen women for two dangerous health conditions: ectopic pregnancy and Rh negativity, before dispensing the abortion pill. It also requires the facility to schedule a follow-up appointment if the woman is sent home with the abortion pill.

Status: Advanced out of committee to general file; not on the floor this session.

LB632 Humane Disposition of Aborted Children Remains

(Senator Hansen)

Forbids abortion facilities from treating the bodies of unborn children as common garbage or "medical waste," and requires that these babies receive a burial or cremation to respect the child's human dignity.

Status: Advanced out of committee to general file; not on the floor this session.

Screening for Domestic Violence & Sex Trafficking

(Senator Storer)

Requires an abortionist to ask the woman seeking an abortion, in a place and manner that ensures privacy, whether she is doing so under pressure or coercion. Also requires the abortionist to screen for domestic violence and sex trafficking, and give the woman an opportunity to make a confidential phone call.

Status: Advanced out of committee to general file.

With the exception of LB214, which was not voted out of committee, all other pro-life bills introduced did not receive floor debate, but since this is the first year of a two-year biennium, they can be kept on hold and carried over to next year. They will not need to be reintroduced or require another hearing. We will continue to fight for their passage in 2026.

2025 NEBRASKA WALK FOR LIFE & GALA

The Nebraska Walk for Life Gala on January 31 was an unforgettable night as pro-lifers gathered to support the efforts of Nebraska Right to Life. The following morning, February 1, was a heartfelt day of remembrance for the victims of abortion.

NRL Board member Barb McPhillips calls to the stage Char Beran to receive the 2025 Light of Life Award for her efforts to promote the pro-life initiative 434.

NRL Director of Communications Dana Rashilla hugs Rebekah Allick as she receives the Warrior for Life Award on behalf of the six UNL student athletes who "stepped up to the plate" by appearing in a TV ad supporting pro-life initiative 434. The other athletes were Jordy Bahl, Lauren and Hannah Camenzind, Abbie Squier, and Malia Thoms.

Governor Jim Pillen provides welcoming remarks before a packed house of nearly 1,200 Gala attendees.

Senator Pete Ricketts shares his thoughts about the future of the pro-life movement after receiving the 2025 Julie Schmit-Albin Award for his stalwart support of pro-life state and national efforts.

Master of Ceremony Fr. Tim Danek interviews Walk speaker Elizabeth Gillette during the Gala.

Featured speaker Jim Caviezel of "Passion of the Christ" fame enthralled the crowd with his passion for life issues.

Walk participants sang the National Anthem and recited the Pledge of Allegiance before hearing brief comments from several elected officials and others on the State Capitol steps. They then symbolically walked around the Capitol on their way to the hotel to hear from the featured Walk speaker, Elizabeth Gillette.

It is gratifying to see the range of ages of the Walk participants every year!

In spite of still dealing with the aftermath of a recent serious fall from a horse, Governor Jim Pillen (left) shows his commitment by giving comments from the Capitol steps and then participating in the Walk.

UNL volleyball star and committed pro-lifer Rebekah Allick shared her thoughts with the Walk crowd and also took time to pose with young fans.

Senator Pete Ricketts addresses the crowd in front of the Nebraska State Capitol.

While Elizabeth Gillette is smiling in this photo, the story of her journey — from multiple chemical abortions, through depression and self-hate, to repentance and reversion to her Christian faith, and finally redemption and pro-life advocacy — took her and the listeners through a full range of emotions. The audience laughed with her, cried with her, and prayed for her and her family.

See the videos of the Capitol speakers' comments and Elizabeth Gillette's talk at https://www.youtube.com/@NebraskaRighttoLife.

New Study Shows Abortion Pill Harms Women

More Than Drug Label Indicates

Researchers at the Ethics and Public Policy Center* released a paper dated April 28, 2025, that reported results of a study on mifepristone abortions based on insurance data. The full paper (the first in a series by the EPPC investigating women's health and abortion using real-world data) contains details on methodology, figures, footnotes and sources. It can be found at eppc.org/wp-content/uploads/2025/04/25-04-The-Abortion-Pill-Harms-Women.pdf. The following information is excerpted from that paper.

Summary

- This largest-known study of the abortion pill is based on analysis of data from an all-payer insurance claims database that includes 865,727 prescribed mifepristone abortions from 2017 to 2023.
- 10.93 percent of women experience sepsis, infection, hemorrhaging, or another serious adverse event within 45 days following a mifepristone abortion.
- The real-world rate of serious adverse events following mifepristone abortions is at least 22 times as high as the summary figure of "less than 0.5 percent" in clinical trials reported on the drug label.
- The FDA should immediately reinstate its earlier, stronger patient safety protocols to ensure physician responsibility for women who take mifepristone under their care, as well as mandate full reporting of its side effects.
- The FDA should further investigate the harm mifepristone causes to women and, based on objective safety criteria, reconsider its approval altogether.

Background on FDA Approval and Regulation of Mifepristone

Mifepristone was developed by the French pharmaceutical company Roussel Uclaf S.A. and brought to the United States at the urging of President Clinton and after Congressional pressure. The FDA approved it under a little-used approval process for "certain new drug products that have been studied for their safety and effectiveness in treating serious or life-threatening illnesses and that provide meaningful therapeutic benefit to patients over existing treatments." Thus, to grant approval in this manner, the FDA had to consider an unwanted pregnancy a "serious or life-threatening illness" and find that mifepristone was more effective than surgical abortion in treating it. The FDA's decision cites minimal data: clinical trials with only 859 participants in the U.S. and 1,800 in France. The original FDA-approved drug label for Mifeprex (the brand name of mifepristone) from September 2000 indicated use of the drug for "the medical termination of intrauterine pregnancy through 49 days' pregnancy." It required several modest safeguards for women's health: Treatment with Mifeprex and misoprostol for the termination of pregnancy requires three office visits by the patient. Mifeprex should be prescribed only by physicians who have read and understood the prescribing information. Mifeprex may be administered only in a clinic, medical office, or hospital, by or under the supervision of a physician, able to assess the gestational age of an embryo and to diagnose ectopic pregnancies. Physicians must also be able to provide surgical intervention in cases of incomplete abortion or severe bleeding, or have made plans to provide such care through others, and be able to assure patient access to medical facilities equipped to provide blood transfusions and resuscitation, if necessary.

During the Obama and Biden administrations, the FDA chipped away at these initial safeguards, risking women's health in order to increase access to abortion. Under the current Risk Evaluation and Mitigation Strategy (REMS) in effect since 2023:

1. A mifepristone abortion now requires as a little as one telehealth visit with any approved healthcare provider (not necessarily a physician),
2. A woman may self-administer drugs obtained from a mail-order pharmacy, and
3. The prescriber need not report any adverse events unless he or she knows that a patient has died.

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