

Testimony in Opposition

HB 1313

Human Services Committee

January 26, 2021

Good afternoon Chair Weisz, Vice Chair Rohr, and members of the committee.

My name is Dr. Rachel Peterson, and I am an Obstetrician/Gynecologist physician at Sanford Health in Bismarck. Thank you for the opportunity to testify in writing in opposition to HB 1313. I am asking the committee to give this bill a Do Not Pass recommendation.

I was born and raised in Mandan, ND. I completed my undergraduate training and medical school at the University of North Dakota. Following medical school, I completed a 4-year residency in Obstetrics and Gynecology in Omaha, Nebraska at the University of Nebraska Medical Center. Following that, my husband and I were fortunate to return home to North Dakota and our families. I started practicing in Bismarck at Sanford in August 2017.

I am extremely concerned about HB 1313 and how it will affect my ability to provide quality care to my patients. The most important part of being a physician is the patient physician relationship. It is about building trust so that you can empower patients to make decision about their own care. I have always felt that I am part of the patient's team. I am there to help them make the best decisions for their health. I want to give them all the information I can so they can use it to make decisions that are right for them. With HB 1313 I may have to withhold important information about a patient's options for care which would increase distrust and effectively ruin our patient physician relationships.

When we discuss informed consent, we talk about the risks of the decision, the benefits of the decision, and the alternatives to the decision. With HB 1313 my hands will be very tied in even providing informed consent to my patients as I will not be able to provide the alternative of abortion. This makes patients not feel trust in our patient physician relationship and makes them feel alienated by the medical system.

Decisions in pregnancy care are incredibly complex at times. There are situations that may be considered life threatening that require delivery before a pregnancy is viable. Some of these decisions are "no brainers." No one will question the decision to end the pregnancy was the right one. However, there are many situations that are not straight forward. Women with certain medical conditions could end up with kidney failure requiring lifelong dialysis or a kidney transplant. While these conditions may not necessarily end in maternal death in the moment or during the pregnancy, they potentially may shorten the life span and seriously impair the quality of life for women if they continue in the pregnancy. When trying to advise a patient on her options HB 1313 may lead us to questions if we can even offer the option to the patient of ending the pregnancy. This could potentially delay care and lead to worsening disease process or death. How or who decides what is life threatening enough to offer abortion and not be charged with a crime for the option? Does life threatening including threats to mental health? Is suicidal ideation because a woman is carrying a baby with a life limiting condition a

reason to end the pregnancy early? What about domestic violence situations? Does this count as a life-threatening situation? We know that physical abuse increases in pregnancy and these women are at risk of serious injury or death. I have been involved in situations either exactly like this or similar. These decisions were difficult to walk through and with HB 1313 this becomes even more difficult, if not impossible.

My job is to provide women with all available information, options and empower them to make a decision that is right for them. I appreciate the ability to write testimony in opposition to the bill and again strongly encourage you to recommend a Do Not Pass. Please allow us to maintain a strong patient physician relationship and provide quality care to the women in North Dakota.

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