

Senate Bill 2232
House Human Services Committee
March 17, 2025

Chair Ruby and members of the Senate Human Services Committee,

My name is Dr Ana Tobiasz. I am an obstetrician/gynecologist and maternal fetal medicine physician who has practiced in the state since 2017. My training and expertise is in providing care to individuals experiencing pregnancy complications and high risk pregnancies. I am also representing the American College of Obstetricians and Gynecologists as the ND Section Chair and also the North Dakota Medical Association. I urge a DO PASS on SB 2232.

Pregnant women with substance use disorders are commonly encountered in my practice. Addiction and substance abuse is a health condition in the same way that hypertension, heart disease, cancer, or diabetes are health conditions. It is not a moral failing. Behavioral and medical interventions are effective at treating substance use disorders. There are multiple studies indicating that prenatal care and access to treatment improves outcomes for both maternal and fetal/neonatal health. I have also seen this in my practice firsthand.

On the other hand, drug enforcement policies that deter individuals from seeking prenatal care are contrary to the wealth of the mother and the fetus/neonate. Seeking obstetric-gynecologic care and being honest about your health conditions and seeking help for those health conditions should not expose a woman to penalties. Being mandated to report women with substance use disorders to child protective services is a barrier in maintaining a safe physician patient relationship. I have encountered this on several occasions where pregnant individuals stopped returning for prenatal care after they were reported for using substances in pregnancy, even though they were seeking help and were engaged in counseling and treatment. This exposes them to worse outcomes, including higher rates of preterm birth and low neonatal birth weight, in addition to potential ongoing untreated substance use in pregnancy and all the risks that accompany this such as exposure to infectious diseases, hypertensives crises, and placental abruption, among others. They miss out on vital aspects of health care monitoring and prevention. It also fosters distrust of the medical system if your private health care concerns are being reported to child protective services.

SB 2232 still allows for reporting of substance use in pregnancy if the physician or other health care worker has concerns but allows for using discretion in doing so.

I urge you to give a DO PASS to SB 2232 which helps to preserve the physician patient relationship and will improve our ability to help patients seeking medical care, thereby improving obstetric and neonatal outcomes.

Respectfully,

Dr Ana Tobiasz, MD
Maternal Fetal Medicine Physician
American College of Obstetricians and Gynecologist, ND Section Chair
NDMA member