

Zena Homan, MD, FACOG

Testimony in Opposition to HB 1511

Senate Judiciary Committee

March 17, 2025

Chair Larson and Members of the Judiciary Committee,

My name is Dr. Zena Homan, and I am a Board-Certified OB/GYN practicing in Fargo, North Dakota. I was born and raised in LaMoure, ND, earned a degree in Food and Nutrition from North Dakota State University, and completed my medical training at the University of North Dakota School of Medicine and Health Sciences. After completing my residency, I returned to North Dakota with my family, and we currently reside in West Fargo. I have practiced as an OB/GYN for over 14 years and am committed to continuing to provide care to the patients of North Dakota for many years to come.

I first want to express my gratitude for your thoughtful consideration of education in the context of this bill. Education is undeniably a cornerstone of medical practice, and I strongly support initiatives aimed at enhancing the knowledge base of healthcare providers. However, I respectfully seek clarification on several aspects of this proposed legislation, particularly its implications for the licensing and practice of medicine in our state.

The Need for Practical and Effective Education

While I understand and respect the intent behind the bill, it raises questions regarding the most effective and feasible method to ensure that physicians and other impacted parties are properly educated on abortion laws. The dynamic and frequently changing nature of our state's abortion laws presents significant logistical challenges. The North Dakota Board of Medicine currently oversees licensure every two years, and given the potential for frequent legal changes, ensuring that each licensee is provided with up-to-date information would be both logistically difficult and expensive. It is also unclear how such a requirement could be enforced or how physicians would be protected from liability if they are unable to access the required educational materials due to delays or changes in the law.

The content of this educational course is also vague. There are not clearly defined parameters or guidelines specifying the scope and structure of this education, including its duration, level of difficulty, assessment methods, or process for verifying knowledge

acquisition and addressing questions. The only stated requirements are that it must be created by a physician with 25 years of experience and overseen by the Attorney General's office. For context, organizations offering continuing medical education (CME) must be accredited by the Accreditation Council for Continuing Medical Education (ACCME) or a recognized state medical society, ensuring compliance with both the AMA's and accreditor's standards. Given these established protocols, it would be prudent to involve such accrediting bodies in the development of this education. However, it remains unclear how, or if, this will be accomplished.

Mandating a specific course for "physicians engaging in the practice of obstetrics" as a prerequisite for licensure creates unnecessary barriers and inefficiencies. This approach could also incur substantial costs, which would divert resources from other critical healthcare needs. Furthermore, such a requirement could deter well-qualified professionals from practicing in North Dakota, potentially exacerbating physician shortages and reducing access to care.

Comparison to Other States and Specialties

When compared to other states, North Dakota's proposed educational requirements are unprecedented, particularly in their specificity to one medical specialty. The only analogous requirement I am aware of is the one-time federal DEA opioid training, which applied to all providers, not just those in a specific specialty, and focused on the scientific understanding of opioid prescribing. Additionally, the bill overlooks the fact that physicians in various specialties, including family medicine, emergency medicine, and radiology, play critical roles in patient care and may be impacted by abortion laws. The exclusion of these providers from the educational requirement creates a narrow focus that does not align with the reality of modern healthcare delivery.

If the legislature believes that education on abortion laws is essential, I would encourage expanding access to this information for all healthcare professionals who may be impacted, rather than targeting a narrow group. One possible solution would be to create an easily accessible educational resource available on the state's website, such as on nd.gov or the Department of Health and Human Services website, where all interested parties can voluntarily access this information.

Concerns with Specific Provisions in the Bill

There are specific provisions in the bill that I believe warrant reconsideration:

Section 1, Number 1 (Lines 10-11): The phrase, "an abortion may not be performed by any individual other than a physician engaged in the practice of obstetrics," reflects a fundamental misunderstanding of medical practice. Obstetrics primarily involves prenatal

care and labor and delivery services, whereas the management of first-trimester pregnancy complications—such as miscarriages and ectopic pregnancies—falls under the domain of gynecology. Restricting the language to obstetrics fails to encompass the full scope of care necessary for these patients. Furthermore, in certain settings, such as critical access hospitals, an OB/GYN may not always be available. In such cases, essential care may need to be provided by emergency physicians, family medicine physicians, or advanced practice providers. Given these concerns, the phrase “the practice of obstetrics” is overly vague and does not accurately reflect the realities of patient care. For clarity and accuracy, I recommend removing this sentence.

Section 1, Number 4 (Lines 13-16): The proposed one-year timeframe for mandatory education is misaligned with the current two-year licensure cycle. This creates significant logistical challenges and inefficiencies, particularly as state laws may change within that period. A more practical approach would be to allow for flexible, ongoing access to educational resources, rather than mandating a specific timeline for course completion.

Section 2, Lines 21-29: I respectfully suggest removing this section, as it mandates specific educational requirements for a limited subset of physicians, without providing sufficient justification for why this group alone should be targeted. Such a requirement creates unnecessary barriers to licensure and may dissuade potential medical professionals from practicing in North Dakota. If the need for education is agreed upon, I recommend replacing this section with a broader, more inclusive approach, such as making resources available to all providers and citizens via accessible online platforms.

Section 3, Lines 5-7: Requiring that the educational contract be awarded to an entity with a physician possessing a minimum of 25 years of experience is arbitrary and does not ensure a better understanding of state abortion laws. It also limits the pool of eligible providers, as many physicians with extensive experience may not currently practice obstetrics. A more suitable requirement would be to ensure that the selected individual has demonstrated expertise in North Dakota’s laws and the healthcare system, rather than relying on a rigid, outdated experience criterion.

Conclusion

In conclusion, I urge you to consider these concerns and recommend a do not pass on this bill in light of its potential unintended consequences. By creating unnecessary barriers to licensure, it could exacerbate existing challenges in maintaining a robust healthcare workforce in North Dakota. If education on abortion laws is deemed necessary, I encourage you to make it available to all healthcare professionals who may benefit from it, rather than mandating specific education for a narrow group.

I am confident that through thoughtful and inclusive consideration, we can create a more effective and equitable approach to ensuring that healthcare providers have access to the information they need to care for their patients. I would welcome the opportunity to further discuss these concerns and provide additional feedback.

Thank you for your time, attention, and commitment to the health and well-being of North Dakota's citizens.

Sincerely,

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