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 Ana Tobiasz, MD and I am a Maternal Fetal Medicine physician at Sanford Health in Bismarck. Thank you for the opportunity to testify in opposition to HB 1313. I am asking the committee to give this bill a Do Not Pass recommendation.

My medical training and expertise is in caring for women during high risk pregnancies. I was born and raised in Munich, ND and completed my undergraduate and medical school training at the University of North Dakota. After medical school I completed a 4 year residency training in Obstetrics and Gynecology followed by a 3 year fellowship training in Maternal Fetal Medicine. I have worked as a maternal fetal medicine specialist at Sanford Bismarck since July 2017. I am the first and only MFM in Bismarck and one of only three within the entire state. I care for women who have underlying health conditions, as well as diagnose and manage fetal health conditions. I am also a mother to 4 children and I myself received a fetal diagnosis during my first pregnancy and therefore have a very personal understanding of what families are going through when they receive difficult news during their pregnancy. Unfortunately not all pregnancies result in a healthy mom with a healthy baby at the end of the pregnancy.

Women who choose to proceed with pregnancy termination make this decision for many different reasons—sometimes in the circumstance of a very desired pregnancy. For women with certain medical conditions, continuing with the pregnancy may result in them losing their lives. In the United States, despite all of our medical advances, the situation of maternal mortality is actually quite dire in comparison to other countries. The maternal mortality rate in the United States has increased from 9/100,000 in 1999 to 26/100,000 in 2015. There are many contributing factors, however a portion of this difference falls to differences in family planning services, including access to contraception, health care, and abortion services.

I am not here to make a statement on the morality of pregnancy termination. I am here today to present to you the unintended consequences that this legislation will pose for my patients. The decision to proceed with pregnancy termination includes many factors that many are not aware of and includes situations you cannot even imagine unless you are a health care professional caring for these women and families, or are a patient or family member of a patient in these difficult circumstances.

A high risk pregnancy is defined as one that places the woman, fetus, or infant at risk for death or residual injury, requiring additional resources, procedures, or specialized care to optimize outcomes. This is my life's work and have spent 7 years of post-medical school training to learn how to care for women in these circumstances. I have managed many extremely high risk pregnancies, including pregnant women with heart conditions, autoimmune conditions, severe trauma, heart surgery during pregnancy, and diagnosing life limiting fetal anomalies, to name just a few. I have an intricate understanding of how medical conditions affect pregnancy, and how pregnancy can affect medical conditions. There are even some medical conditions that are considered a contraindication to pregnancy. Many of these women will do well in the early stages of pregnancy, however by late in the pregnancy when their bodies have gone through the physiologic changes we expect, especially those changes that affect the heart, blood volume, lungs, and clotting system, it may be too late to save either the mother or baby's life if we wait until she is in a life-threatening circumstance. I have several real life examples from my patients—these conditions and situations are unfortunately not that rare.

Preeclampsia is a condition where women develop high blood pressure, and can develop damage to other organs such as liver failure, kidney failure, seizures, cardiac arrest, and even death. Early changes in placental formation are the cause of preeclampsia and there are no good methods to completely prevent preeclampsia from occurring. The only treatment and cure is delivery and removal of the placenta. This condition typically presents symptoms in the later stages of pregnancy, and typically occurs at the point which the fetus is viable if delivered. Occasionally for women with certain high risk health conditions, this condition can occur prior to the point of fetal viability. If the woman remains undelivered, preeclampsia will ultimately proceed to a serious and life threatening condition. Sometimes we are not able to safely delay delivery for weeks until fetal viability occurs. This bill would limit my ability to safely care for women in this circumstance, and it may result in the death of the woman.

Approximately 30% of women in the United States deliver via cesarean delivery. This poses a risk for every subsequent pregnancy for several reasons. One very serious and ultimately life-threatening complication is if the pregnancy implants in the cesarean scar site and the scar ruptures. This is typically diagnosed in the first trimester, at which time the fetus cannot survive if delivered. The only treatment to ensure the women does not completely rupture her uterus, damage her bladder, and hemorrhage to death, is to perform a procedure to effect delivery. Ideally this would happen prior to those downstream effects happening. This bill would make it illegal for physicians to proceed with life-saving treatment prior to the women's health decompensating to the point of almost no return. The woman undergoing the procedure would face criminal charges for undergoing a necessary and life-saving procedure because she was not yet in a life-threatening circumstance.

Another example are certain heart conditions, such as women who have heart failure. They may handle the changes that occur in pregnancy until well into the second or third trimester, however at that point they can decompensate to the point of cardiac arrest. I have had some patients who unintentionally became pregnant with such health conditions and opted to continued their pregnancy. Many of them have ended up receiving heart transplants. I have had some of them who ended up dying within weeks or months of delivery while waiting for a heart transplant. By them waiting to be delivered until they were in a life threatening circumstance, they have done irreparable damage to their heart. Should I be charged with a felony for counseling this woman on the possibility of this occurring and offering her referral for termination services? Should that woman face the same for making the decision to save her life before it became imminently life threatening?

What constitutes a sufficient threat to a pregnant person's life? Who gets to make this determination? As you can see from these examples, for a physician trained to care for pregnant women in these circumstances, it is unethical to wait for a medical condition to deteriorate to a life-threatening state, at which point we may not have the opportunity to save the mother's life. Intervening prior to the mother's life being in danger is the life-saving intervention that reduces morbidity and mortality.

An additional concern is that this bill would restrict my ability to speak openly and honestly about medical care and letting patients make decisions for themselves and their families for a procedure that is legally recognized by the federal government. I would face criminal charges for even discussing pregnancy termination for a woman seeking these services for any reason. This is an unprecedented intrusion into the physician-patient relationship. It is my duty, irrespective of my personal beliefs, to provide adequate and comprehensive counseling to my patients who are seeking these services.

In summary, I strongly oppose HB 1313 due to the unintended consequences of this legislation, as well as the interference of the patient physician relationship to discuss legally recognized and safe procedures.

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