

Testimony in Opposition  
HB 1313  
Human Services Committee  
January 26, 2021

Good afternoon Chair Weisz, Vice Chair Rohr, and members of the Committee:

I am Dr. Jessica Sedevie, MD, an Obstetrician/Gynecologist at Sanford Health in Bismarck. I have dedicated my life to my work as a physician and have the unique perspective of having both saved lives and watched others lost secondary to complications of pregnancy. I appreciate the opportunity to speak against HB 1313 and ask that the bill be given a Do Not Pass recommendation.

As a physician providing OB/GYN care, a Christian, a mother and pregnant woman who has endured infertility and recurrent miscarriage, I am here to testify that HB1313 does not serve the purpose of providing safe care to women and while the intent may be to save lives, may have the unintended consequence of taking lives instead. I do not seek to defend or discuss the morality of abortion. I wish only to highlight the complexity of pregnancy and the situations that I am asked to navigate as a provider. The policy would inappropriately obstruct the way we care for patients, criminalizing counseling and introducing the threat of incarceration for providers. This is an absolute intrusion into the patient-physician relationship during times when autonomy and empathy are paramount. Obstruction of information and resources for patients is unacceptable, harmful and degrades our relationship. In some cases, it could take lives.

Having endured 4 miscarriages, I can speak to the physical and emotional torture involved. The last thing I needed was someone investigating the validity of my loss. That additional emotional trauma would not be acceptable. I had a patient I cared for who lost an infant at 21 weeks secondary to intra-uterine infection. In this scenario, sometimes a heartbeat is present at the time of delivery and sometimes not. In all cases, the woman needs delivery as a life-saving measure. She would not have lived an additional 2 weeks to carry her baby to viability. In some cases, a woman needs a procedure to speed delivery faster than induction. In this particular case, the introduction of investigation by another party questioning the loss vs abortion would have only further injured the patient and our patient/physician relationship. Trust is paramount in these situations. The language of this bill does not protect providers in this scenario and invites additional players into a room where the patient-physician relationship is important to the eventual healing for this patient and the introduction of mistrust will only further the harm. Additionally, delaying care, waiting for fetal demise or worsening sepsis would be unacceptable and place a patient at risk of losing her uterus, her life, or both. My patient is a wife, a mother, and alive today to carry another pregnancy because of the care she was able to receive in her last pregnancy, care that would be compromised by this bill.

I had another patient who came in for routine, uncomplicated care for her highly desired pregnancy for 20 weeks only to have her baby diagnosed with lethal anomalies at her routine ultrasound. This patient had the terrible choice of losing her pregnancy at 20 weeks or at 40, but regardless would not be taking

a baby home. In fact, carrying her pregnancy to term would only increase her risk of complications including preeclampsia which is one of the leading causes of maternal mortality in this country. The emotional trauma of continuing a nonviable pregnancy and being approached at the grocery store by strangers to ask about your boy/girl, names, rub your belly is something that I cannot fathom having to face. This decision should be up to the patient with help from her provider and support system without the provider risking imprisonment for discussing options.

If we truly want to reduce abortions, we should look at data from Colorado where early contraception and long-acting contraception were given, reducing unintended pregnancies and abortion rates. We should not allow the intrusion of this litigation into the patient-physician relationship or risk women's lives waiting for dangerous situations to become life-threatening. We should not compromise the care physicians are able to provide to women or threaten imprisonment to those who would continue to try to provide health and wellness to these women. We should allow women who have lost pregnancies to be interrogated about the circumstances of their losses.

Thank you again for the opportunity to speak about my experience in caring for women and the potential negative impact of HB 1313 on my patients and my practice. I ask that you choose to protect life. I recommend Do Not Pass for HB 1313.

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