Senate Judiciary Committee

January 16, 2023

SB 2150

Chair Larson, and members of the Committee, I am Dr. Erica Hofland. I have worked as an obstetrician for past 10 years in Dickinson, North Dakota. I am here to support Senate Bill 2150, as amended.

North Dakota's laws regarding termination care have been confusing and conflicting. This lack of clarity became more pronounced when it became possible that North Dakota's trigger law would be enacted. I appreciate this bill's attempt to consolidate laws around termination care and I am relieved to see this bill removes affirmative defenses in regard to providing obstetric medical care. Affirmative defenses are very harmful to the timely and evidence-based care we provide to the families of the state of North Dakota.

There are, however, sections of this bill that require further discussion and amendment. Medical care is complex, and this bill does not fully recognize how ill a pregnant woman can become. The definition of a medical emergency on page 2 and page 6 lines needs a minor amendment. The word that needs to be changed specifically is page 2, line 6. Currently this definition reads "to prevent her death or substantial and irreversible physical impairment." This should read "to prevent her death or substantial <u>or</u> irreversible physical impairment." Identical language should be amended on page 6, line 4.

While this change might seem subtle it has a large impact. Pre-viable severe preeclampsia can put a woman at risk of seizure and stroke. These complications are devastating, but with aggressive medical care the effect of a stroke can be lessened and, in some cases, can be reversible. Likewise pre-viable rupture of membranes and chorioamnionitis (an infection within the uterus due to the early rupture of membranes) can cause such a pronounced infection that a hysterectomy with resulting loss of fertility can occur. However, with early intervention this devastating consequence can be avoided. Appropriate medical care should not be withheld to families in the above or numerous other scenarios to the point they are at "substantial <u>and</u> irreversible physical impairment."

Another area of concern is with page 2, line 25-28. While this bill allows for termination care in the case of rape or incest the bill effectively makes it impossible to access by placing a six-week limit on those terminations. It is well documented that many pregnant individuals do not recognize their pregnancy until a much later gestational age. Additionally, individuals who have suffered sexual assault often do not have timely care. The phrase "if the probable post fertilization age of the unborn child is six weeks or less" should be removed from this bill.

There are other sections of this bill that could be improved upon as well. It is challenging to highlight all of these in this testimony. As stated above I do support this bill as it removes problematic affirmative defense language. I do not, however, want this committee to think my support for this bill is without reservations.

Thank you for the opportunity to testify.

Sincerely submitted,

Erica Hofland, MD, FACOG

Dickinson, North Dakota