Senate Judiciary Committee
SB 2150
January 16, 2023

Good afternoon, Chair Larson and Committee Members. My name is Liana Haven, and I am a current fourth year medical student in the state of North Dakota applying to an Obstetrics and Gynecology residency in this upcoming Match. Thank you for the opportunity to testify in support of SB 2150 so long as amendments be considered by this committee.

While I am originally from Minnesota, North Dakota has always been a second home to me. This is where my mom grew up, and where I would come to spend holidays with my family out in Killdeer. It was because of this, I chose to come to the University of North Dakota to earn my degrees in a Bachelor of Science, Master of Public Health, and soon my Medical Degree. While I would be honored to come back and practice in this state after I complete my four-year residency and return the investment that this state has placed in me and my education, I do not see how that could be possible with certain aspects of SB 2150 standing as they currently do.

I would like to applaud the lawmakers of this state in removing the affirmative action aspect from the "Trigger Law" that was proposed. However, there are still several areas of concern I have with SB 2150. There are three which I will discuss further; the time restricted proposed to receive an abortion of a pregnancy in the case of rape or incest, the verbiage around what constitutes a medical emergency for abortion, and limitations related to termination in presence of unviable anatomic abnormalities of the fetus.

The first concern relates to the limited 6-week time frame to receive an abortion in the case of rape or incest. The average menstrual cycle can be anywhere from 21-35 days with the average being 28 days. However, if the latter of 35 days is someone's "normal" menstrual cycle length, they would only have a week to know their menstrual cycle is late, obtain a positive pregnancy test and receive the care they need after already being a victim to rape or incest. That is not feasible especially when considering other factors like finances, travel, and emotional stress that could be factored into such a circumstance. It is also estimated that between 15-25% of women of reproductive age have irregular menstrual cycles. As such, their cycles may be lengthened or shortened in unpredictable ways, meaning they may not know they have missed a menstrual cycle within the proposed 6-week time frame. Thus, while the exceptions for rape and incest are important and I am grateful they are present, the proposed timeframe does not accurately account for the wide range of menstrual cycle lengths and the likelihood someone would know they became pregnant after their assault.

The second concern with the proposed bill is the verbiage related to what is constituted as a medical emergency, or exemption. As the bill currently stands it states, "substantial AND irreversible harm". However, this adds unnecessary vagueness and complicates the care a physician would provide and threatens the life of the woman. For example, a condition known as preeclampsia requires the delivery of the fetus regardless of its gestational age to save the life of the woman. The complications of eclampsia, which can occur if pre-eclampsia is not

treated with the delivery of the fetus, are substantial including seizures that can lead to coma and potentially death, but this does not always occur, nor can it be known when dealing with the patient who needs care emergently. Because of this, and many other situations where the treatment is early delivery, or termination, the verbiage should be changed to "substantial OR irreversible harm" for better clarity and ensuring physicians will not question if the care they are providing is within the legal parameters set by the state.

Thirdly, I ask the Chair and Committee Members to consider adding a clause allowing for providers to perform a termination~~,~~ in the presence of anatomical abnormalities that would result in an unviable fetus at birth. While there can still be a heartbeat in these cases, other anomalies make it as such that the fetus would either die in the womb, or shortly after their delivery. This situation is deeply personal and difficult to make, but should be made by the pregnant woman. To force the continuation of a pregnancy to term or until the fetus dies in the womb can cause great emotional trauma. Depending on the anomaly present, the woman's life can also be in danger through complications of carrying such a pregnancy. Having this exception in place would provide great comfort to patients placed in this difficult situation and mean they don't need to travel great distances to receive the care they feel they need and to allow them to grieve as they feel necessary.

While I personally have other oppositions to items within SB 2150, I know many of these aspects have already been in place within the state of North Dakota for a long period of time. To prevent further harm to the people of the state of North Dakota, I would like to reiterate my support for SB2150. If the proposed alterations mentioned above are considered and lead to changes of the bill, I as aspiring obstetrician and gynecologist would consider returning to this state to provide care to the women across this great state.

Thank you for taking the time to read my written testimony. I greatly appreciate it.