

Senate Judiciary Committee  
SB 2150  
January 16, 2023

Greetings, Chair Larson and Committee Members. My name is Kirsten Bokinskie, and I am a fourth-year medical student at the University of North Dakota School of Medicine and Health Sciences. At present, I am applying to Obstetrics and Gynecology residency programs. I am very grateful for the opportunity to testify in support of SB 2150 so long as amendments are considered by this committee.

I am a life-long citizen of North Dakota and have much appreciation for the abundance of opportunity provided for me by this great state. I grew up in Fargo then moved across the Red River for my undergraduate education at Concordia College in Moorhead, MN. I chose to continue my professional education at UND SMHS due to the outstanding education and deep conviction to serve the people of North Dakota in my future practice as a physician. My aim to have a full-scope generalist ob/gyn practice and provide the best possible care to the people of North Dakota will not be possible without changes to certain parts of SB 2150. These changes will not only improve the health and safety of pregnant people in our state, but also aid in recruitment and retention of physicians.

I am thankful for the changes that have been made thus far, including the removal of the affirmative action aspect from the “Trigger Law” that was proposed. In addition to this change, it is imperative that three improvements be strongly considered. This includes the verbiage surrounding what constitutes a medical emergency, the 6-week timeframe proposed to receive an elective abortion for a pregnancy related to rape or incest, and the limits related to termination in the case of unviable anatomic abnormalities of the fetus.

First, the verbiage surrounding what constitutes a medical emergency needs to be modified. The current language states “her death or substantial AND irreversible physical impairment of a major bodily function, not including any psychological or emotional condition.” An amendment to change this language to “substantial OR irreversible physical impairment of a major bodily function” would allow for medical emergencies such as pre-viable membrane rupture and pre-viable preeclampsia to be cared for in the most medically appropriate and evidence-based fashion.

Second, the 6-week timeframe proposed to receive an elective abortion in the case of rape or incest does not allow adequate time for people to recognize a missed period, have a positive pregnancy test, come to terms with their horrific circumstance, and make a decision which is in their own best interest. Also, of note, is how and who is to say if a case is rape or incest? Will law enforcement or a formal reporting system need to provide proof to allow for termination of the pregnancy without legal repercussions for the pregnant person? Such traumatic circumstances for citizens in North Dakota need to be treated with care and adequate time to seek the care they need.

Third, the limits related to termination in the case of unviable anatomic abnormalities of the fetus should be evaluated. North Dakotans seeking an abortion in such conditions are required to

travel out of state for medical care. Individuals who are not able to travel out of state are then forced to carry to term regardless if fetal demise has already occurred. This greatly increases the risk of negative health consequences for the person carrying the pregnancy. If people choose to carry a pregnancy under these conditions to full term, that should be their choice, not based on their ability to seek care in another state.

In summary, I support the passing of SB 2150 with the previously mentioned amendments. I urge you to consider for allowing for medical emergencies to read “substantial OR irreversible”, exceptions for lethal fetal anatomic anomalies, and to clarify documentation and extending longer than 6 weeks in cases of rape or incest. These considerations are vital in the health and safety of not only pregnant people, but also the physicians of North Dakota.

Kirsten Bokinskie, BA  
Medical Student