

Senate Judiciary Committee
SB 2150
January 16, 2023

Good afternoon, Chair Larson and Committee Members,

My name is Julia Dworsky, and I am a third-year medical student in North Dakota. Thank you for the opportunity to testify today. I am asking the committee to give this bill a Do Pass recommendation, provided that the following amendments can be granted:

1. Medical emergencies changed to “substantial OR irreversible physical impairment.”
2. Including an exception for termination for lethal fetal anomalies.
3. Clarifying the documentation needed to prove rape and incest to allow for an abortion, as well as to extend the gestational age to later than six weeks gestation.

I did not grow up in North Dakota, but I became acquainted with this state while working at Minnesota clinics providing obstetrical care, including abortions. Between referrals from providers who could not help their patients receiving a lethal fetal diagnosis to the families driving over 10 hours in a blizzard to get basic medical care, I realized that there was a strong need for access to reproductive healthcare in North Dakota. My time in medical school has motivated me to become an OBGYN. I hoped to practice in North Dakota and bridge the gap in healthcare access that I saw during my work experiences. However, as SB 2150 stands today, this is unfortunately not a feasible option for me, my classmates, and future applicants to the medical school program unless the following amendments are made.

Firstly, the current language in SB 2150 includes an exception for termination for preventing “death or substantial and irreversible physical impairment.” This ambiguity leaves providers at risk of criminal charges for providing the standard level of practice for common medical conditions, such as preterm rupture of membranes. An abortion may prevent severe complications such as intrauterine infection, sepsis, or hysterectomy. Amending the language to “substantial OR irreversible physical impairment of a major bodily function” would allow medical providers to act in line with their medical training without intentionally harming a patient by waiting for irreversible bodily damage to occur.

The second change that should be made regards an exception for the termination of a pregnancy for lethal fetal anomalies. Patients in North Dakota who choose to terminate must leave their homes and support systems to utilize a different state’s health system for this care. While the outcome of the fetus in a diagnosis of lethal anomaly is inevitable, mortality increases drastically for the woman continuing a pregnancy to term. North Dakota patients should be supported and cared for by their state health system regardless of their decision to terminate or not when faced with the diagnosis of a lethal fetal anomaly.

The last change I propose relates to the exception of rape and incest. This exception must clarify the specific proof needed to qualify for an abortion. There is no need for survivors of rape and incest to be further harmed emotionally when determining how to receive medical care.

Additionally, limiting this exception to six weeks gestation further harms these survivors as it is not a feasible timeline for an abortion to occur.

The barriers to medical care as SB 2150 currently stands will alienate people from North Dakota, as patients will be forced to seek standard care elsewhere. Providers in various specialties such as OBGYN, Emergency Medicine, Family Medicine, and more will fear facing criminal charges for performing standard functions of their jobs.

The primary purpose of the medical school in North Dakota is to educate physicians for subsequent service in North Dakota and enhance the quality of life in North Dakota. As a medical student, I do not feel that SB 2150, as it currently stands, embodies this purpose, as it will negatively impact the quality of life and safety of healthcare recipients in this state.

Thank you for the opportunity to submit written testimony.

Julia Dworsky, MS-III