

Re: HB 1373

Dear Chair Ruby and Members of the Human Services Committee:

Hi, my name is Erin Lee. I live in Fargo and work as a nurse practitioner at Sanford Health in the OB/GYN clinic. I will soon also be working at Sanford Reproductive Medicine (I did in the past from 2008-2015 and will be doing so 1 day/week again starting February 3). I'd like to convey **OPPOSITION** for HB 1373—a bill to define life at fertilization.

I have major concerns with this bill. One is that the **ONLY** clinic performing IVF (in vitro fertilization) in ND won't be able to operate anymore. This is due to the liability that would come if something happened to even a day 1 embryo (the fact is a large percentage of embryos **DON'T** survive beyond this stage and only a small percentage grow to Day 5 which is when they are transferred or frozen for later implantation into the uterus). If something happened to an embryo, the lab staff, nurses, providers, and/or health care organization could be potentially charged with murder based on each different judge's interpretation of the bill. Is that example far reaching? Possibly, but no one is going to want to take that chance, as there could be a judge who interprets the law that way. **SO** many couples experience infertility (approximately 15%) and some need to utilize IVF in order to conceive. Do you really want to limit and make these couples who already have to drive a long distance (for example a Williston patient driving to Fargo) have to go even further? They are already under so much stress and financial strain.

It would also potentially affect early pregnancy management. I work in OB and see many patients in the first trimester of pregnancy. There are situations where a woman has a live (with a heartbeat) embryo in her fallopian tube. That embryo has zero chance of surviving, but if not removed, will likely cause the fallopian tube to rupture which then the mother could bleed to death if not treated quickly. Providers may be reluctant to treat the mother (since the embryo under this law is a "person" and could be charged with murder), even though the only option is to remove that to save her life. Again, is this far reaching? Maybe, but as a health care provider with my license and my family's livelihood on the line if I go to jail, I am not going to want to take that chance.

North Dakota already has an abortion bill in, so what is the purpose of this bill anyway? It is just so extreme and affects so many women/families. I currently have two daughters, in 9th and 11th grade. If laws like this pass, once my youngest graduates in 3 years, I will definitely be moving out of this state so I can practice elsewhere. I've lived in ND in 44 of my 45+ years. I have been an NP for almost 17 years. I don't want to move, but I sure don't want to practice in states with laws such as this. Conversations about fertility and early pregnancy need to stay between a woman and her health care provider, **NOT** with the government. This will affect retention of health care providers and also hamper recruitment of new ones to move here (or move back if they did their training elsewhere). There are many articles on this if you are interested. My daughters and other young women are watching and want to have autonomy in choices about contraception and their bodies. Please, do not pass bills that are going to make our young people want to leave our state, too!

Please consider **OPPOSING** HB 1373. I would also be happy to answer questions you have regarding IVF and also early pregnancy care, as I do provide both. You can email me at erinlee79@outlook.com or erin.lee@sanfordhealth.org.

Thank you for your time!

Respectfully,

Erin Lee, FNP-C/Sanford Health Broadway OB/GYN Clinic & Reproductive Medicine

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