

Chairman Ruby and members of the committee,

I would like to express my OPPOSITION to House Bill 1373, establishing personhood at the moment of fertilization. This bill if passed has significant, far-reaching and detrimental consequences beyond the topic of abortion.

As you may know, the field of OB/GYN is already facing a critical shortage of practitioners nationwide, it has been projected we will have a nationwide shortage of approximately 5000 OB/GYN's by 2030. Complicating this is the fact that 70% of our state is considered a maternity care desert. We need more physicians to make obstetric and gynecologic care accessible to the citizens of our state. Restrictive bills, such as HB 1373, deter physicians from practicing in North Dakota. Barriers to care, such as lack of qualified providers, contribute to increased maternal and neonatal morbidity and mortality. This is an unnecessary bill with devastating effects for both healthcare providers and patients.

~~As you may know, the field of OB/GYN is already facing a critical shortage of practitioners nationwide, it has been projected we will have a nationwide shortage of approximately 5000 OB/GYN's by 2030. Complicating this is the fact that 70% of our state is considered a maternity care desert. We need more physicians to make obstetric and gynecologic care accessible to the citizens of our state and restrictive bills, such as HB 1373 deter physicians from practicing in North Dakota. Barriers to care, such as lack of qualified providers, contribute to increased maternal and neonatal morbidity and mortality. This is an unnecessary bill with devastating effects for both healthcare providers and patients.~~

The establishment of personhood at fertilization introduces legal ambiguity and complications for OB/GYNs who are already working in a highly regulated field. ~~My facility relied on Locum physician coverage over the past year to maintain patient care and I have personally seen delays in intervention and management of ectopic pregnancies due to the ambiguity of our laws and potential for litigation. All physicians know an ectopic pregnancy will not result in a live birth but when faced with possible legal consequences for acting in the best interest of the patient in front of you uncertainty led to poor decisions. Doctors could find themselves at risk of legal action for performing diagnostic procedures that could result in miscarriage, in vitro fertilization (IVF), or even the management of miscarriages and ectopic pregnancies. All physicians know an ectopic pregnancy will not result in a live birth, but when faced with possible legal consequences for acting in the best interest of the patient, uncertainty will lead to poor decisions. The~~ My hospital I currently work at as an OB/GYN facility has relied on Locum physician coverage over the past year to maintain patient care. and I have personally seen delays in intervention and management of ectopic pregnancies from these providers due to the ambiguity of our laws and potential for litigation. These risks ~~would~~ create an environment of fear and uncertainty for OB-GYNs, deterring ~~new~~ medical professionals from entering the field and leading current physicians to leave.

As you may know, the field of OB/GYN is already facing a critical shortage of practitioners nationwide, it has been projected we will have a nationwide shortage of approximately 5000 OB/GYN's by 2030. Complicating this is the fact that 70% of our state is considered a maternity care desert. We need more physicians to make obstetric and gynecologic care accessible to the citizens of our state and restrictive bills, such as HB 1373 deter physicians from practicing in North Dakota. Barriers to care, such as lack of

qualified providers, contribute to increased maternal and neonatal morbidity and mortality. This is an unnecessary bill with devastating effects for both healthcare providers and patients.

~~As it is, The the~~ field of OB/GYN is physically, mentally and emotionally taxing. The threat of legal ramifications if a medically necessary if a procedure is viewed as violating personhood rights will create an untenable work environment. My physician group has been trying to hire new physicians for the past 4 years with minimal success. In each interview I have attended, there has been a focus on how this type of legislation impacts the care we provide in North Dakota. Previously, I always responded that Physicians are retiring earlier and fewer medical students are entering the specialty. My physician group has been trying to hire new physicians for the past 4 years with minimal success. In each interview I have attended there has been a focus on how the political climate of North Dakota impacts the care we provide. I have always said I felt comfortable doing what my hands and brain were trained to do. Should HB 1373 pass I can't say I will have that confidence. I am a very good doctor, I love my patients and what I do but if faced with a decision that may impact my ability to provide for and go home to my children, I will always choose my children.

I am confident my medical skills, training and judgment would support that I acted in the patient's best interests. Should House Bill 1373 pass, it would force me to balance evidence-based patient care with my personal freedoms and the ability to provide for and go home to my children. I, and my partners would not be able to practice with that hanging over our heads.

I urge you to consider the broader implications of this bill, particularly the harm it will cause to our ability to attract and retain skilled healthcare providers. I respectfully ask that you vote against this bill, not only for the sake of OB-GYN recruitment but for the health and wellbeing of all the patients who rely on us and our healthcare system.

Thank you,

Caitlin Pandolfo, MD