

HB 1373  
House Human Services Committee  
February 5, 2025

Chair Ruby and members of the House Human Services Committee,

My name is Dr Ana Tobiasz. I am an obstetrician/gynecologist and maternal fetal medicine physician practicing in the state since 2017. My specialty is in caring for high-risk pregnancies. I am one of five physicians practicing maternal fetal medicine in the entire state. I strongly urge a DO NOT PASS on HB 1373.

This bill has both intended and unintended consequences. The obvious intended consequence is a complete abortion ban in all circumstances except for the “life of the mother” with draconian penalties. The unintended consequence of this bill is that it will completely stop all IVF services in this state. While I do not specialize in reproductive endocrinology, I am familiar with the IVF process and have colleagues who practice in this specialty who can attest to the fact that this bill will prevent them from providing this necessary healthcare to individuals and families faced with infertility.

The portion of this law I can speak to based on my professional expertise is the actual intent of this law: to ban all abortions. Currently, there is no abortion clinic in North Dakota. The only abortions that are currently being performed are for instances of health- or life-threatening conditions necessitating termination of a pregnancy prior to the time of viability. Abortions have in general have been done only on an emergent basis over the last two years. There is a flawed assumption that doctors who practice obstetrics and gynecology in this state are not acting in their patient’s best interest or that we are somehow trying to provide abortions where they are not medically indicated. To be clear: there is not a health care professional in this state that is providing abortion care except where it is necessary to the health or life of the pregnant patient. Doctors and other health care professionals are using their many years of medical training and judgement to apply the standard of care to women and families experiencing unforeseen health conditions for pregnancies that are very desired. I do not believe that pregnant North Dakotans should unnecessarily suffer or die in pregnancy. This law will cause unnecessary harm and death.

North Dakota’s most recent abortion ban, SB 2150, which is less extreme than this bill, has already been struck down by the lower court and is on appeal with the North Dakota Supreme Court. The North Dakota Supreme Court refused to put the law back into effect while the appeal proceeds because it believes SB 2150 is likely unconstitutional and endangers pregnant North Dakotans by failing to adequately inform doctors how sick and endangered a patient must be before we can intervene without being charged with a crime. This is an absurd way to practice medicine. These laws not only endanger any pregnant patient in our State, but they also make our State a place that has struggled to attract doctors, making health care access worse, particularly in rural areas.

HB 1373 violates the North Dakota Supreme Court’s finding, issued in April 2023, that our Constitution protects the right to abortion where necessary to preserve a person’s health because this bill only permits abortions when necessary to prevent death. We already know that the North Dakota Constitution does not permit laws that only allow abortions necessary to prevent death. In my experience, I can assure this committee that if a law like this one were permitted to stand, it would undoubtedly lead to care being delayed to the point of no return — meaning pregnant women will die for lack of medical care that the doctor knows needs to be provided at an earlier stage than this law would allow. Good medical care should be readily accessible. Well-trained obstetricians/gynecologists should not be prevented from providing care that they know their patients need.

A real-life example of this conundrum is as follows. I am a high-risk pregnancy specialist who is consulted frequently by obstetricians/gynecologists across the state for medical advice. After ND's current abortion ban, also known as SB2150, was passed in 2023, I was contacted by a colleague who had a patient experiencing heavy bleeding prior to the point the pregnancy was viable. The patient was bleeding so heavily she was receiving blood transfusions, and her blood pressure was very low (also known as hemorrhagic shock). Patients in this state of health can die within minutes without appropriate intervention. The appropriate standard of care in this circumstance is to perform an abortion while providing resuscitative efforts including intravenous fluids and blood transfusions, and other medications to preserve their blood pressure. My colleague had already spoken to another colleague in advance of our conversation, who told her that the law required that she wait until the patient declined to the point her blood was no longer clotting and she goes into liver failure (a condition called disseminated intravascular coagulation or DIC) and near death. Is that what any of your constituents expect from their physicians? Now imagine that same patient, after nearly dying from pregnancy complications because her doctors were scared to intervene earlier for fear of being charged with a crime, was then charged with murder because a lawyer somewhere, reading about the situation in a medical chart, decides that the patient acted too early and wasn't really at risk of dying. The result of this law will be pregnant women dying while surrounded by doctors who are entirely capable not only of saving their life, but of preventing the situation from needlessly escalating to the point that the patient's life is at risk in the first place. These are very real situations that our physicians see all the time. Pregnancy can be complicated and dangerous. Our patients deserve to know their lives matter and our doctors deserve to be able to provide pregnant patients the best care.

Laws in our state should not impede appropriate medical care. Doctors and health care professionals who care for pregnant individuals are highly educated and trained to follow and apply the standard of care. Our training did not prepare us to weigh the risks of going to jail in order to take care of our patients. If this law passes, our state will face an even higher shortage of physicians and health care professionals who are willing to work here to provide ob/gyn care. We already have a maternity care desert. I for one will not put myself and my family at risk to continue to practice medicine in a state that incorrectly assumes that obstetricians and gynecologists in this state are not acting in their patient's best interests.

I strongly urge a DO NOT PASS on HB 1373.

Dr Ana Tobiasz, MD  
American College of Obstetricians and Gynecologists, ND Section Chair  
NDMA member  
Maternal Fetal Medicine Physician