

Chairman Ruby and committee members:

My name is Alli Harrison and I am here in opposition of House Bill 1373.

I am a woman that was born and raised in North Dakota. I received my Bachelor's degree in nursing at the University of North Dakota. I worked in Women's Health as a labor and delivery nurse for five years before returning to graduate school to get my Master's Degree and board certification as a Women's Health Nurse Practitioner. I chose to continue my career in healthcare in North Dakota as a woman taking care of other women. I am a health care provider that cares deeply about the women, men and families of this state. I am a healthcare provider that is standing here today providing testimony in opposition of a bill that threatens to end important medical treatments for patients in our state. Thank you for this opportunity to explain how HB 1373 will harm North Dakota men and women who need specialized services to create a family

I have had the honor of providing care to women and men who suffer from infertility for close to 10 years now. Every single day is filled with highs and lows, happiness and sorrow, and an unexplainable feeling that only a woman who wants to become a mom can explain. And for those of us sitting across from the patients each and every day in that exam room, an unexplainable passion for helping them achieve their dream of having a child. HB 1373 threatens to make this amazing work impossible.

If passed, HB1373 could put North Dakota's only fertility clinic that provides IVF (in vitro fertilization) in jeopardy of needing to close their doors. This is a bill that will impact 1 in 6 couples that suffer from infertility. This bill will also impact patients with a cancer diagnosis or rare genetic condition that need IVF to conceive. In 2024 alone, we provided care to people across the state of North Dakota - 150 of them live in Grand Forks County, 142 of them live in Burleigh county, 86 from Ward County, and 130 residing in Stark and Morton County. These are YOUR constituents.

Sponsors of this bill have suggested that passing this bill will not ban IVF and that creating embryos, freezing them, and then implanting them will remain completely legal under this bill. Indeed, this bill does include a very short list of exceptions in which criminal charges would not apply. Unfortunately, this list does not include any scenarios in which an IVF provider would be able to use their highly educated, board certified, medically licensed background to provide IVF treatments without risk of litigation.

This bill calls for the definition of a human being to include an unborn child and for an unborn child to be defined as a "living human child before birth" from the moment

fertilization occurs between two cells, an egg and a sperm. During IVF, a sperm and an egg are placed together with the goal that fertilization occurs. Not all eggs fertilize. IF fertilization occurs, the cells begin to divide, and IF the division of cells continues, an embryo can result. Not all fertilized eggs develop into embryos. In fact, usually only 70% of mature eggs fertilize, and of those fertilized eggs, only 50% continue to develop into a blastocyst or embryo, which can be transferred into a uterus. Let me break that down a bit—if a woman gets 15 eggs during IVF, approximately 10 will fertilize, and 5 embryos will result. Each embryo transferred into the uterus has about a 20-60% chance of implanting, depending on age and other variables. For many, these numbers are much lower—fertilization rates may be low or absent, especially in cases of male factor infertility which accounts for up to 40% of infertility couples. Like any medical diagnosis, medical treatments work well for some, but not for others.

This bill implies it provides legal protection to medical providers if a loss of life occurs during diagnostic testing. An important clarification is that IVF is not diagnostic testing. This bill also provides protection in cases of spontaneous miscarriage. Spontaneous miscarriage is defined (per the American College of Obstetricians and Gynecologists) as a nonviable, pregnancy in the uterus, without a heartbeat. A fertilized egg is NOT a pregnancy in the uterus. A fertilized egg that does not make it to an embryo stage is NOT a pregnancy in the uterus. An embryo that is placed in a uterus during an embryo transfer that does not result in a positive pregnancy test is NOT a pregnancy in the uterus. NONE of these scenarios would be defined as a spontaneous miscarriage. However, with how this bill is written, ALL of these scenarios would be considered a loss of “life” and ALL of these scenarios put the patient and provider at risk of litigation and places them in the same category as criminals.

IVF is a treatment for a medical diagnosis. IVF services bring life into this world. This bill limits the ability of medical providers to treat their patients. Infertility patients are warriors, seeking one specific victory at the end of a very taxing physical, mental, and financial war—that victory being the ability to become moms and dads and to create a family.

Committee members and Chairman Ruby, I strongly urge you to place yourselves in the shoes of the patients that are sharing their stories today— what would your friend, your daughter, your brother, your niece, or your son say if their ability to have a child with the assistance of infertility treatments in North Dakota was taken away if this bill passes? Now picture yourself in their shoes again--your family member or friend having the ability to receive the medical treatments that they need in order to create the family they have dreamed of. All because of your opposition of this bill.

Please show your support of North Dakota patients hoping to start families by voting no on this bill. Thank you for your consideration.

Alli Harrison