

HB 1373

House Human Services Committee

February 5, 2025

Chair Ruby and Committee Members, I am Dr Collette Lessard, a board-certified physician in Obstetrics and Gynecology practicing in Grand Forks, North Dakota. I have been practicing as an OBGYN physician for nearly 12 years. I am also writing as the Legislative Chair for the North Dakota section of the American College of Obstetricians and Gynecologists.

I am writing this testimony to urge the committee to give a “do not pass” recommendation to HB 1373. HB 1373 is an extreme personhood bill which will have dangerous negative consequences on infertility care (specifically in vitro fertilization), pregnancy care and management of pregnancy complications, and on the recruitment of skilled healthcare professionals to our state.

This personhood bill defines “unborn child” as “an individual living human child before birth from the beginning of biological development at the **moment of fertilization upon the fusion of a human spermatozoon with a human ovum**”. First of all, there is no woman on earth who is pregnant when fertilization occurs. Fertilization of an egg by a sperm occurs in the fallopian tube. That embryo then travels into the uterus, where implantation may occur over the next few days. Until implantation of an embryo into the uterus occurs, **a pregnancy is not established and there is not a trace of pregnancy hormone (hcg) in a woman’s body, ever**. Many embryos never implant and do not develop into a pregnancy. This happens naturally all the time. So to make a bill into a state law that defines life as beginning at the moment a sperm fertilizes an egg is inaccurate and dangerous. An embryo has the potential to become a pregnancy, just like a sperm and an egg all have the potential to become a pregnancy. None of these alone are an established pregnancy.

Passing this personhood bill will be devastating for any family suffering from infertility. Last week, I wrote a testimony in support of HB 1477, which would ensure all North Dakotas continue to have access to the full scope of infertility care. This personhood bill is the exact reason why we need HB 1477 to pass. A personhood bill is an attack on full scope practice of women’s health care, including infertility, management of pregnancy complications and abortion care. If HB 1477 passes, the practice of in vitro fertilization (IVF) will be impossible in the state of North Dakota and hundreds of families affected by infertility will have their ability to grow their family in this state taken away. IVF is the only way many families can have children. Because IVF involves the careful practice of creating

embryos, it will be impossible to continue this standard and very effective medical practice in North Dakota.

HB 1373 tries to carve out some exceptions for pregnancy complications, but these are very limited. If HB 1373 passes, becoming pregnant in the state of North Dakota will be far more dangerous for women. HB 1373 states that it *“does not apply to the unintentional death of an unborn child resulting from: a. Acts performed under the usual and customary standards of medical practice during diagnostic testing; b. A procedure undertaken to save the life of a mother when accompanied by reasonable steps to save the life of the unborn child”*. If a pregnant woman experiences the pregnancy complication of PPRM (preterm premature rupture of membranes” at a pre-viable gestation (hypothetically, let’s say 19 weeks) and develops an infection (i.e. chorioamnionitis), at what point is the physician safely able to provide an abortion without being convicted of murder? What steps am I supposed to take to “save the life of the unborn child” who is not viable outside the uterus at 19 weeks? Are we going to require a NICU team to be at birth and attempt to resuscitate babies born before viability? Am I going to be forced to provide non- standard medical care and go against standard, evidence-based care before I can provide this patient an abortion? This personhood bill does not have exceptions for treating ectopic pregnancies. Ectopic pregnancies are pregnancies that have implanted outside of the uterus. These pregnancies are not able to safely grow to the point of viability and these pregnancies are incredibly dangerous and can kill a woman if left untreated. How are we supposed to manage these pregnancies if HB 1373 passes? These are just two of the many examples of how HB 1373 would make being pregnant in North Dakota more dangerous for women.

To wrap up my testimony, let’s focus on how we would recruit health care providers to our state. North Dakota is a maternity care desert. There are only about a dozen counties in this state that offer obstetric care and some of these counties do not offer full scope obstetric care (meaning women with ectopic pregnancies, bleeding from miscarriages, and other pregnancy complications need to be transferred to other hospitals in other counties). I have patients that travel more than 2 hours one way to have a prenatal appointment with me. I have described above the dangers to women and criminal dangers to health care providers that would occur if HB 1373 passes. Why would any physician want to come and practice in a state with those implications and dangers? I am certain we will also lose current practicing physicians and other health care providers if HB 1373 passes. Medical students will not want to come back here to practice either. This will all worsen the maternity care desert we have in North Dakota. This will also further make it more dangerous to be pregnant in North Dakota.

This is a state that values life and family. Why would we pass a bill that sacrifices the health and safety of mothers? HB 1373 is dangerous, and I am urging the members of the committee to vote on a “do not pass” recommendation.

Respectfully,

Collette Lessard, MD, FACOG