

House Human Services Committee
HR 1478
January 29, 2025

Chair Ruby and members of the House Human Services Committee,

My name is Dr Ana Tobiasz. I reside in the Bismarck Mandan area and am a Maternal Fetal Medicine Physician who has practiced medicine in Bismarck since 2017. After completing medical school at the University of North Dakota, I have completed my residency training in Obstetrics and Gynecology and a fellowship in Maternal Fetal Medicine. I have expertise in managing high risk pregnancies, in addition to basic obstetrics and gynecology care. I am also representing the American College of Obstetricians and Gynecologist's positions as the ND Section Chair.

Contraception in all forms is an essential part of healthcare. Pregnancy poses a significant risk to a person's health, even in the setting of what would be considered a low risk pregnancy. Whether or not an individual decides to become pregnant and has the ability to control their fertility is important for a multitude of reasons. **Sometimes pregnancies need to be delayed to optimize a person's health to make it safer to carry a pregnancy.** As an example, if a woman has a heart condition that can be repaired prior to pregnancy in order to reduce her risk of heart complications or death, it is beneficial to her to be able to prevent pregnancy with appropriate contraception. If a woman is taking medications that are teratogenic (can cause birth defects) or undergoing treatment for cancer, utilizing contraception until they can get on lower risk medications or complete their treatments is critical to the health of her pregnancy as well as herself.

Sometimes pregnancies need to be delayed due to life circumstances such as employment, financial ability, education, or other factors. The ability to plan a pregnancy is critical for the economic health of women so they can engage in the workforce and improve financial stability.

In some instances, individuals may not want to become pregnant or have children for reasons that are entirely their own business. The ability to decide whether or not to pursue pregnancy is a fundamental right of bodily autonomy.

Contraceptive methods can be utilized to treat multiple health care conditions as well, such as utilized for treating infertility, heavy bleeding, uterine cancer, among others.

There are multiple different types of contraception that individuals can choose based on their own needs. **There are some types of contraception that some individuals cannot take due to health risks.** As an example, women who have had blood clots cannot take contraceptives that contain estrogen as it increases their risk of clotting. They need to have access to other forms such as progesterone only options as well as non-hormonal options, such as a copper IUD (intrauterine device).

Pregnancy is widely recognized as beginning at the time a fertilized egg has implanted itself into the wall of the uterus. There are no contraceptives on the market that terminate a pregnancy after implantation into the uterus. They all work by either preventing fertilization of the egg or by preventing implantation. An abortifacient is an agent that disturbs an embryo that has already implanted. **Emergency contraception and IUD's do not disrupt a pregnancy that has already implanted. Their mechanism of action is based on preventing fertilization altogether by inhibiting ovulation or preventing fertilization.**

Unfortunately some of these options, such as IUDs and emergency contraceptives, have been falsely conflated with abortifacients. ND century code needs to reflect the facts and reality of this necessary healthcare in order to prevent any type of legislation that is misguided and protect access to this vital aspect of healthcare. This is necessary because other states have already tried to pass this type of legislation, therefore there is precedent that this type of legislation may occur in North Dakota as well. Additionally, **access to contraception reduces the rate of abortions.** Considering the ND legislature is intent on banning abortion and has previously passed legislation trying to ban nearly all abortions, protecting an individual's ability to decide whether or not to become pregnant is critical.

Lastly, **I hear from my patients frequently that they are concerned about access to reproductive healthcare within the state. Let's proactively preserve the rights of individuals to make decisions about their own healthcare and lives.** This is a positive step in preserving the physician patient relationship.

I respectfully request that you give HB 1478 a DO PASS recommendation.

Ana Tobiasz, MD
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Maternal Fetal Medicine Physician