

HB 1488

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 request the committee give a “do not pass” recommendation to HB 1488.

While I truly appreciate that Representative Murphy recognizes the dangers of SB2150, the complexity of pregnancy and the importance of abortion as part of full scope of women’s health care, there are reasons why I cannot support HB 1488.

First and foremost, our current state abortion law, SB 2150, is still in litigation. The state has recognized the vagueness in SB2150 and dangers it poses of forcing health care providers to make legal interpretation of what constitutes enough “serious health risk” to legally allow a provider to perform an abortion. In HB 1488 "Medical emergency" is defined as *“a condition that, in reasonable medical judgment, so complicates the medical condition of the pregnant woman that it necessitates an immediate abortion to prevent her death or a serious health risk”*. Physicians do not have legal training to be able to feel confident about at what point a woman is sick enough to be able to proceed with an abortion to confidently avoid criminal charges. It also goes against standard medical care to force a patient to wait to receive a medical treatment until they are sick enough that they would die or have serious health complications without the treatment. There is no place in medicine where we make patients wait for medical treatment like that.

The ND Supreme Court recently rejected a motion for an injunction from the state to keep SB2150 in effect until the Supreme Court’s final decision has been made regarding the state’s appeal to the judge’s decision on SB2150. This move by the ND Supreme Court kept the Judge’s decision on SB2150 (that it violates our ND state constitution) in place while the ongoing appeal continues. While this is ongoing and the outcome is still yet to be finalized, developing a new abortion law would seem inappropriate and add to confusion.

HB 1488 has a requirement for hospitals to have an “abortion review committee”. While the idea behind that may sound good, it will lead to confusion and variance in practice in the state and is also completely unnecessary. Managing pregnancy complications and

abortion care is part of the standard training that obstetrics and gynecology physicians go through in their required four-year residency program. Just like we have the competence to counsel patients and decide which patients are appropriate surgical candidates for a hysterectomy, or decide which patients need a cesarean section in labor, we have the competence to manage a patient's pregnancy, counsel her on complications and educate on options, include abortion when that is appropriate. We do not require medical oncology doctors to present their patients to a "palliative care committee" when a patient decides to stop life-saving cancer treatment. We do not require an ICU doctor to get approval from a committee when a patient or their family decides to withdraw care.

Another concern is that this committee in HB1488 is required to have "internal medicine or pediatrics and family medicine doctors" on the committee. Pediatrics and Internal Medicine specialties have zero training in abortion care or managing pregnancy complications in their residencies. Family medicine residencies typically require a 4-month rotation on the Obstetrics service, covering low risk obstetrics. These rotations are not the equivalent training that an OBGYN resident has in managing high risk pregnancies, complications, ectopic pregnancy, miscarriage and/or abortion care. To require a hospital to have an abortion approval committee with physicians on there that are not trained in the topic of pregnancy or abortion care does not make any sense.

For the above reasons, I am urging the committee to make a "do not pass" recommendation on HB 1488.

Respectfully,

Collette Lessard, MD, FACOG