

Human Services Committee  
HB 1488  
February 5, 2025

The Honorable Chair Ruby and members of the Human Services Committee,

My name is Dr. Jerry Obritsch. I am an Obstetrician and Gynecologist and having practiced for 33 years at Mid Dakota Clinic here in Bismarck for 31 years and the last 2 years at Essentia Mid Dakota Clinic. I was born in Dickinson and raised on the family dairy and grain farm, the 9<sup>th</sup> of 12<sup>th</sup> children. I attended Dickinson State College, now Dickinson State University, earning a bachelor's degree in biology and a bachelor's degree in chemistry. I attended the University of Nebraska – Lincoln earning a master's degree in microbiology. I returned to North Dakota and attended medical school at the University of North Dakota School of Medicine and Health Sciences earning my MD. I completed my internship and residency at the University of Missouri School of Medicine. I am currently a Professor of Obstetrics and Gynecology in the Department of Obstetrics and Gynecology at the University of North Dakota School of Medicine. I am Board certified by the American Board of Obstetrics and Gynecology and am certified in Obstetrical and Gynecological Ultrasound by the American Registry of Diagnostic Medical Sonographers (ARDMS). I am a member of the American College of Obstetricians and Gynecologists (ACOG) and the North Dakota Society of Obstetrics and gynecology (NDSOG) and the Association of American Prolife Obstetricians and Gynecologists (AAPLOG). I am a member of Alpha Omega Alpha Honor Medical Society, founded by William W. Root, MD, 1902. This is the elite honor society of medical students, residents, and physicians. I have provided Ob/gyn satellite services to Standing Rock Indian reservation for 32 years and to the Mobridge Hospital and clinics, Mobridge, SD, for 20 years. I have delivered approximately 7,000 babies in my career and performed several thousand gynecological surgical procedures.

I am here today in opposition of HB 1488. As an Ob/gyn, I am greatly concerned regarding the language of HB 1488. In section 8, 14-02.1 - 04.4, it states, "An abortion procedure may be performed from fertilization through fifteen weeks of gestation". In essence, this allows abortion for any reason or put another way, abortion on demand through 15 weeks of gestation. In section 8, 14.02.2, it states "An abortion procedure may be performed from sixteen through twenty-six

weeks only when approved for a medical reason. In section 8, 14.02.3, it states, "An abortion may be performed from twenty-seven weeks through parturition only when deemed medically required and approved by an abortion approval committee."

I find several important, concerning issues with the sections I previously mentioned. First of all, clearly this bill is suggesting abortion on demand up to 15 weeks for any reason whatsoever. This has not been and is not the intention of the ND legislature, as is evidenced by the current statute SB 2150 (I note this statute is currently in appeal to the ND supreme Court). I am not apologetic that I have spent my entire career bringing life into this world, not taking it out for reasons that do not justify forfeiting the life of an innocent human being.

Second, I am concerned as an Obgyn regarding the enactment of an "abortion approval committee." I have been on a number of committees over the past several decades and from my experience, committees most often favor the attending physician's request, rendering committees less than effective in their design and intention. I am also concerned regarding the abortion approval committee, on the other hand, policing an Obgyn's decision making. An Obgyn is a highly trained, specialized Physician who should not require a committee in making an extremely personal decision. I question the intrusion in the sacred Physician patient relationship as well. As an Obstetrician gynecologist, we deal with some of life's most difficult decisions involving significant anxiety and at times, heartbreak with our pregnant patients. There is no closer physician patient relationship in all of Medicine than an Obstetrician and his/her pregnant patient. What is meant to be one of life's happiest moments resulting in birth of a newborn can instead be rocked with maternal morbidity and/or fetal death. Sadly, I speak from experience over the past several decades.

Third, other than section 14-02.1 allowing abortions on demand up to 15 weeks gestation, the current statute already in place (SB2150) allows for reasonable medical judgment in all other cases throughout gestation, including ending a pregnancy before viability (utilizing the ethical principle of double effect) or delivering the baby after viability requiring neonatal intensive care to protect maternal well-being. The ND supreme court has determined the life and health of the mother is constitutionally protected.

Fourth, HB 1488 would allow ending a pregnancy up to a patient's due date with fetal issues but not maternal issues. This would include fetal malformations, genetic disorders, etc. An Obgyn could request approval to do so in front of an abortion approval committee and gain permission at any gestational age. It is conceivable that a Trisomy 21 baby (Down syndrome) could be presented to the abortion approval committee for termination of its life secondary to parental request to do so. We all know people with Down syndrome who contribute significantly to society. Society does not require, nor should it demand that everyone be born "perfect." Babies with severe malformations and/or severe genetic disorders (Trisomy 16, 18, for example) can be cared for in a perinatal hospice setting if they survive birth. This setting can be more conducive to grieving a loss versus terminating the pregnancy and the patient left to grieve in a more difficult environment.

In conclusion, I see HB 1488 as a means to achieve abortion on demand up to 15 weeks, creating an unnecessary abortion approval committee, and providing exceptions that are already in place with the current statute allowing the Ob/gyn to exercise reasonable medical judgement to care for his/her patient. This fulfills not only an expected high medical standard but a constitutional requirement of our state, as determined by the ND supreme court. Finally, as an Obgyn, I have successfully practiced my specialty over several decades within the confines of the current law without difficulty. I do not relish additional requirements such as having to go through an abortion approval committee.

Respectfully submitted,

Jerry M. Obritsch, MD, FACOG