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**To:** House Human Services Committee  
**From:** Christopher Dodson, General Counsel  
**Date:** February 5, 2025  
**Re:** House Bill 1488 - Legalize Abortion and Repeal a Woman's Right to Know

The North Dakota Catholic Conference opposes House Bill 1488.

House Bill 1488 would legalize the intentional killing of an unborn child. This alone is enough reason to oppose this bill. From the moment of conception, human life exists, and that life deserves protection under the law until natural death. This is not a religious statement. It is grounded in scientific facts and the basic principles upon which civil society rests. HB 1488 violates this fundamental principle.

House Bill 1488 also contradicts the will of the people of North Dakota and undermines this state's commitment to building a culture of life. Throughout its history, even before statehood, North Dakota protected unborn human life from abortion. Even during the forced interruption imposed by *Roe v. Wade*, North Dakota sought to limit abortion as much as legally possible. The passage of SB 2150 last session restored the state's commitment to life by consolidating and codifying the state's abortion laws that had been unenforceable before the U.S. Supreme Court decision in *Dobbs v. Jackson Women's Health*.

Proponents of this bill have presented two primary arguments in favor of its passage. First, they assert that it represents a "middle ground" and a "compromise" between those who oppose legalized abortion and those who support it. Second, they argue that this bill offers necessary clarity for physicians facing situations that threaten the mother's life or health. Both claims are without merit.

The claim that HB 1488 is a middle ground or compromise implies that the bill would allow more abortions than under our current law but less than what was allowed under *Roe v. Wade*. House Bill 1488 would do nothing of the sort. In fact, HB 1488 would allow as many and possibly more abortions than before the *Dobbs* decision and the enactment of SB 2150.

House Bill 1488 would legalize abortions through 15 weeks of gestation for any reason. For the years 2017 - 2021 — the five years before *Dobbs* — 99% of all abortions in the state occurred during these weeks. HB 1488 would turn back the clock and allow virtually every abortion done before *Dobbs*.

House Bill 1488 appears to greatly restrict the remaining 1%, but it does not.<sup>1</sup> HB 1488 allows abortions from the 16th week through the twenty-

seventh week for any “medical purpose.” “Medical purpose” is not defined in the bill. It is apparent from the bill, however, that the abortion does not have to be necessary.<sup>2</sup> Without a definition and without a necessity requirement, abortions could be done for any reason the physician considers “medical.”<sup>3</sup>

HB 1488 allows abortions from the twenty-seventh week through parturition for any reason “medically required.” “Medically required” is also not defined. Parturition is the process of giving birth, also known as childbirth.

Even during the *Roe* era, North Dakota limited abortions after viability to when they were medically necessary to prevent the mother’s death or a serious health impairment. The state also prohibited abortions for reasons of sex selection and genetic disorders. HB 1488 contains no such limitations, contains no real restrictions on abortions at any stage, and would legalize killing a child in the process of being born.

House Bill 1488 is not a “compromise” bill. It is the most radical pro-abortion legalization bill ever presented in North Dakota.

The second argument made in support of HB 1488 is that the bill provides needed clarity for those abortions that happen in the hospital setting. The argument fails for several reasons.

The claim that clarity is needed is suspect. The existing law sets out the parameters for when abortions may be done to save the life of the mother or to prevent a serious health risk. The physicians now claiming in court that the law lacks clarity supported that legislative language just last session. Moreover, in sworn deposition testimonies, the physicians admitted that the law allowed abortions for pregnant women who, pre-viability, suffer from hemorrhaging, severe preeclampsia, eclampsia, ectopic pregnancies, or preterm premature rupture of membranes. One physician acknowledged that the law did not prevent her from performing a medically necessary abortion. She concluded that the necessity of performing an abortion to protect the mother’s health in that case was a “no brainer.”

Notably, the existing law has not prevented the state’s hospitals from performing abortions necessary to save the life of, or to prevent a serious health risk to, the mother. From 2017 to 2022, the number of abortions performed in hospitals ranged from zero to 2. For 2023, the number was two. Physicians in hospitals understand the law as much as, or better than, they did before.

Rather than trying to address the purported vagueness in the law’s parameters, HB 1488 takes the approach of eliminating the parameters altogether.

To borrow a line from a court case, “The problem of the plaintiffs is not that they do not understand, but that basically they do not accept its proscription.” *Steinberg v. Brown*, 321 F. Supp. 741, 745 (N.D. Ohio 1970)

House Bill 1488 is not only a bill against unborn human life. It is also a bill against women. North Dakota has wisely enacted legislation to ensure that women are fully informed if they are considering an abortion and that their health and safety are protected if they do have an abortion. House Bill 1488 repeals all of those provisions.

House Bill 1488:

- Allows non-physicians to perform nearly every type of abortion;
- Permits online telehealth abortions;
- Repeals the state's 24-hour contemplation period;
- Removes requirements to inform the mother:
  - That the father is financially liable to support the child;
  - That medical-assistance benefits may be available for prenatal care, childbirth, and neonatal care;
  - That she is free to change her mind about an abortion at any time;
  - About alternatives to abortion programs;
  - That an abortion terminates the life of a whole, separate, unique, living human being; and
  - About the possibility of abortion-drug reversal;
- Repeals all laws related to abortion drugs. The abortionist providing abortion drugs would no longer have to:
  - Comply with FDA protocols;
  - Track adverse consequences;
  - Inform the woman of the drug's label warning information;
  - Ensure that there is a physician available in cases of an emergency following the use of an abortion drug; and
  - Be a licensed physician.
- Removes the requirement that abortion facilities post a sign informing women that they cannot be forced or coerced into an abortion;

- Removes the requirement that women be offered an ultrasound before an abortion;
- Weakens the state’s educational materials about unborn human development and abortion;
- Repeals the requirement that abortionist physicians have hospital admitting privileges;
- Removes requirements that abortion facilities keep patient records; and
- Eliminates abortion compliance reporting.

We should call this bill what it is. It is not a compromise bill in any respect. It does not provide clarity in the law. It is extreme abortion legislation based on flawed information that endangers the lives of women and our youngest children.

We urge a **Do Not Pass** recommendation on House Bill 1488.

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<sup>1</sup> Only 1% of abortions in North Dakota occurred after the fifteenth week. Of that 1%, 94% happened at the Red River Women’s Clinic during the sixteenth week.

<sup>2</sup> Under the bill, abortions from the 16th to 27th weeks need only to have a “medical purpose.” Abortions after the 27th week need to be “medically required.”

<sup>3</sup> To illustrate, in their challenge to the existing statute the physician plaintiffs contend that medical/health reasons for abortion include “health conditions unrelated to their pregnancies, such as back pain requiring surgery, but could not receive treatment for those conditions while they were pregnant,” pre-existing cardiovascular conditions, diabetes, psychiatric conditions like bipolar disorder, major depressive disorder, anxiety disorders, and psychotic disorders, breast cancer treatment — even when continuing the pregnancy is possible’s inability to balance “health treatment with the demands of pregnancy and then caring for an infant.” a past history of child abuse or neglect, the possibility of postpartum depression, morning sickness, and mental health stress caused by out-of-state travel or the financial costs of having a child.

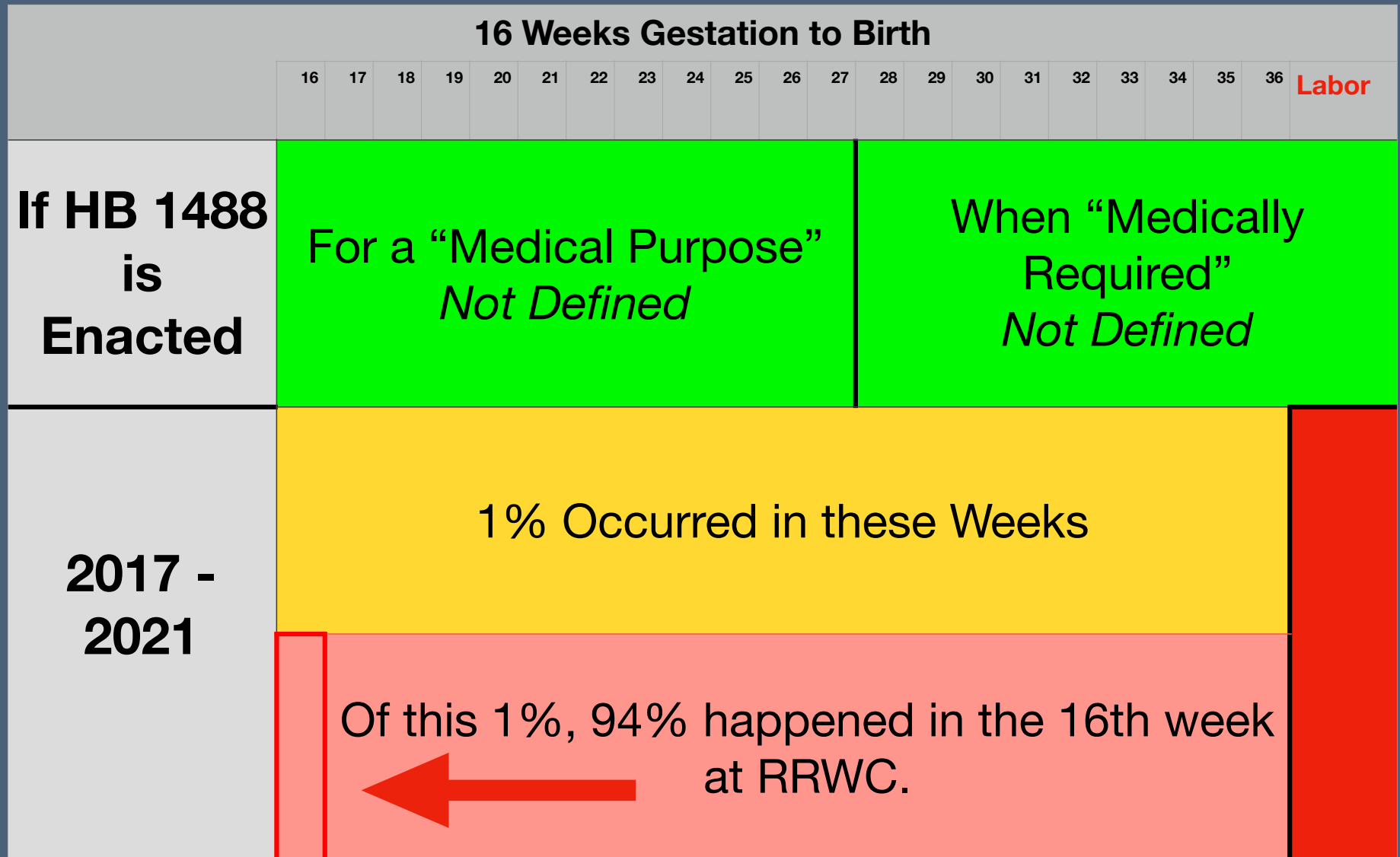
# What HB 1488 Would Do

		Weeks Gestation																																				
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	Labor
North Dakota Before <i>Dobbs</i> and SB 2150	Genetic Disorder	Prohibited											Prohibited															Prohibited				Labor						
	Sex Selection	Prohibited											Prohibited															Prohibited				Labor						
	Elective Abortions	Allowed																								Prohibited		Prohibited										Labor
	Medical Emergency	Allowed											Allowed															Prohibited				Labor						
	Life	Allowed											Allowed															Prohibited				Labor						
If HB 1488 is Enacted	For Any Reason											For a "Medical Purpose" <i>Not Defined</i>															When "Medically Required" <i>Not Defined</i>				Labor							

# HB 1488 vs. Abortions Before *Dobbs* First 15 Weeks

		First 15 Weeks Gestation														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<b>If HB 1488 is Enacted</b>																
				For Any Reason												
<b>2017 - 2021</b>		99% of All Abortions Occurred in these Weeks														

# HB 1488 vs. Abortions Before *Dobbs* Post 15 Weeks



# HB 1488 is Really About Legalizing Elective Abortions

Weeks Gestation				
	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 Labor			
<b>If HB 1488 is Enacted</b>	<table border="1"><tr><td>For Any Reason</td><td>For a “Medical Purpose” <i>Not Defined</i></td><td>When “Medically Required” <i>Not Defined</i></td></tr></table>	For Any Reason	For a “Medical Purpose” <i>Not Defined</i>	When “Medically Required” <i>Not Defined</i>
For Any Reason	For a “Medical Purpose” <i>Not Defined</i>	When “Medically Required” <i>Not Defined</i>		
<b>2017 - 2021</b>	Only 0.069% of All Abortions Occurred in Hospitals			



# **HB 1488 Permits Abortion “Through Parturition”**

**Parturition is the act of giving birth;  
childbirth - New Oxford American  
Dictionary**