

## **Senate Judiciary Committee**

### **SB 2150**

**Monday January 16, 2023**

Chair Larson and Committee Members, I am Dr. Ciara Johnson, a board-certified physician in Obstetrics and Gynecology practicing in Grand Forks, North Dakota.

I write in support of SB 2150, with a few critical amendments. I support and appreciate that this bill, compared to the trigger law, removes the affirmative defenses and outlines the ability for us as OB/GYN physicians to treat ectopic pregnancies as we have been trained to do for the safety of our patients. We are thankful that you heard our concerns about these issues.

As stated by the North Dakota Medical Association, we are requesting an amendment to SB 2150 regarding the medical emergency language. The requested amendment is to replace “and” with “or” on page 2, line 6 and to replace “and” with “or” also on page 5, line 31. These amendments are critical to patient safety. The amendments are necessary so that OB/GYN physicians can continue provide evidence-based care for our patients locally when unexpected and serious pregnancy complications arise.

In the current bill, the wording is “to prevent her death or substantial AND irreversible physical impairment of a major bodily function”. There are many examples of serious pregnancy complications that can occur prior to viability of the pregnancy that are proven to compromise maternal health and if not addressed in a timely fashion do just this. Waiting for serious medical harm, both substantial and irreversible, to occur before intervening is not the standard of care in any field of medicine and should certainly not be the expectation when caring for our own mothers, sisters, daughters and friends.

There are medical scenarios that we, as obstetricians, deal with on a daily basis that have been proven to frequently lead to such damage and, unfortunately, death including preeclampsia with severe features (elevated blood pressures that can lead to coagulopathies, seizure/stroke, potentially death), pre-viable preterm premature rupture of membranes (can result in systemic infection and death if pregnancy is not delivered) and massive maternal hemorrhage which can result from several conditions including abnormal placentation, incomplete but inevitable miscarriage and placental abruption. Though the recommended and evidence-based treatment for these conditions often results in the loss of a pregnancy, it allows us to keep our mothers, sisters, daughters, and friends alive.

The second requested amendment is in section 3b, regarding the gestational age limits on pregnancies conceived by sexual assault. Most women who are pregnant via sexual assault may not even know that they are pregnant until much farther along in the first trimester. Many are young, unsuspecting and scared individuals who have been through a traumatic experience they do not wish to address. We are requesting that this gestational age limit be removed or extended until a later gestation.

A third amendment requested is to allow for abortion for lethal fetal anomalies in this state. These anomalies and diagnoses are not often known about until 20 weeks, at the standard time of an anatomy scan. A family should be able to make an informed decision in these cases and receive compassionate care in the state of North Dakota with their OB/GYN physician and their families close by. Eliminating this possibility is a true disservice to our own people and places social and financial burdens on women who are already in very difficult situations.

As OB/GYN physicians, we face many complicated and high-risk medical circumstances with our patients in their pregnancies. As it is now, they are oftentimes extremely difficult to navigate appropriately due to both the medical and emotional complexities involved. The above-mentioned amendments are necessary so that all women can continue trust that they can seek AND receive safe care in THIS state when these unfortunate situations arise.

Like many other physicians in this state, I was born and raised here, received my medical education here and am now raising my own children here. I hope to continue to be able to use my acquired skills to provide very necessary care to the women in our state, but without these amendments in place, it would become very difficult for me to do so. I fear that we are at risk of losing very capable, competent and absolutely needed OB/GYN physicians in this state if these changes are not made. The women in OUR state deserve better than having to choose between receiving marginal care or leaving to receive evidence-based care. Please hear this today.

Thank you for the opportunity to provide my thoughts. I support my colleagues who are in Bismarck testifying on this in person today. If you have any questions, please do not hesitate to reach out.

Respectfully,  
Ciara Johnson, MD, FACOG