

Senate Judiciary Committee  
HB 1511  
March 17, 2025

The Honorable Chair Diane Larson and members of the Senate Judiciary 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 degree. 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 in favor of HB 1511. This bill has to do with nonpartisan legislation regarding an educational opportunity for Ob/gyns who provide prenatal care and delivery of the pregnant female in our state. It is intended to provide education regarding the current statute of SB 2150, which I am aware is currently in appeal to the ND Supreme Court scheduled for oral arguments

on March 25th. The current statute is easily understood and is not medically vague as some may contend in the legal profession. In fact, it states pregnancy may be ended under the following findings and is not an abortion if done with the intent to: a. remove a dead unborn child caused by spontaneous abortion (in layperson's term: miscarriage); b. treat a woman for an ectopic pregnancy; c. treat a woman for molar pregnancy. N.D.C.C § 12.1-19.1-01. Furthermore, the statute states an abortion is deemed necessary based on reasonable medical judgement which was intended to prevent the death or a serious health risk to the pregnant female." N.D.C.C § 12.1-19.1-03. "Reasonable medical judgement means a medical judgement that would be made by a reasonably prudent physician who is knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved." N.D.C.C § 12.1-19.1-01. Ending a pregnancy prior to viability may be necessary to protect the life and health of the mother (principle of double effect) as guaranteed by the North Dakota constitution. Ending a pregnancy after viability to protect the life and health of the mother results in a newborn requiring neonatal intensive care. Two other parts of the statute are present. The ND legislature has legalized ending a pregnancy secondary to rape prior to 6 weeks of gestation. Finally, mental illness is not a reason to end a pregnancy secondary to abortion not being the medical standard of care in caring for the pregnant woman with mental illness(es).

These are easily understood and practiced elements of the statute passed at the last legislative session and signed into law (Again, I note the appeal currently filed with the ND Supreme court). As an Obstetrician gynecologist, I am aware of the fear and misunderstanding of the current statute among my colleagues. They are reluctant to practice with confidence within the confines of the current statute. I believe this reluctance is primarily due to not understanding what the current statute states. This may be due to fearmongering by individuals unhappy with the current statute as well as other reasons. As one of my colleagues stated, "I have trained too long and too hard only to face criminal prosecution." After explaining what the statute contains, my colleague was relieved and confident understanding how to practice within the confines of the statute.

Whatever the reason(s) may be, I feel there is unjustified fear secondary to not fully understanding of the law. This, then, becomes the basis for HB 1511 introduced by Representative

Rohr. I envision a 1 hr. instructional module performed online with 1 hour of continuing medical education credit (CME) awarded. This is not a time-consuming undue hardship upon the busy Obgyn who becomes informed of the statute and its contents. In order to renew our Drug Enforcement Agency (DEA) license to prescribe narcotics and pain relief, Physicians have to complete an 8-hr. educational module regarding opioid pain management. This is a one-time request for DEA licensure renewal. I completed my requirement approximately 2 yrs ago and quite frankly, have forgotten most of the material even though it is an 8-hr. requirement. With this in mind, I would value this 1 hr. module be completed with our license renewal every 2 years. We all know the value of repetition in retaining information in our busy everyday lives. In order to ensure the module is completed by Obgyns providing Obstetrical services, the North Dakota Board of Medicine would provide the module requiring its completion to renew licensure. Other Physicians who do not provide Obstetrical services would not be required to complete the 1 hr. module for license renewal. The module would be developed by an Obgyn and Attorney to ensure its accurate content and approved by the Attorney General's office.

In conclusion, HB 1511 would afford an opportunity for Obgyns to obtain accurate information alleviating undue fear and anxiety about criminal prosecution practicing within the confines of the current statute. Requiring it ensures the Ob/gyn takes advantage of this educational opportunity. It is clear to me that my colleagues, for whatever reason(s), do not understand the law; hence, its "confusion". In my experience, many professions and licensing agencies require continuing medical education to understand new laws, especially since these laws often vary from state to state. A good example is the DEA requirement to educate us Physicians on Opioid dependency which I earlier discussed. Finally, information regarding the 1 hr. module can easily be modified if existing law changes potentially occur. As such, I urge a DO pass of HB 1511.

Respectfully submitted,

Jerry M. Obritsch, MD, FACOG