

**2025 HOUSE HUMAN SERVICES**

**HB 1478**

# 2025 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Pioneer Room, State Capitol

HB 1478  
1/29/2025

Relating to contraceptive health care rights; and to provide a penalty.
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8:57 a.m. Chairman M. Ruby opened the hearing.

Members Present: Chairman M. Ruby, Vice-Chairman Frelich, Representatives Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Hendrix, Holle, Kiefert, Rios, Rohr

### Discussion Topics:

- Contraceptive description
- Rights to contraceptives
- Proposed amendments related to Medicaid.

8:58 a.m. Representative Hanson, District 44, introduced the bill and submitted testimony, #32331, #32333.

9:06 a.m. Doctor Ana Tobiasz, North Dakota Section Chair of the American College of Obstetricians and Gynecologists, testified in favor and submitted testimony, #32393.

9:13 a.m. Courtney Koebele, Executive Director of the North Dakota Medical Association, testified in favor and submitted testimony, #32295.

9:16 a.m. Seth O'Neill, Executive Director of the North Dakota Domestic & Sexual Violence Coalition, testified in favor and submitted testimony, #32166.

### Additional written testimony:

#31379, #31387, #31393, #31410, #31447, #31667, #31744, #31862, #31894, #31907, #31911, #32087, #32098, #32099, #32101, #32187, #32223, #32246, #32253, #32347, #32360, #32362, #32381, #32399, #32401, #32404, #32405, #32435

9:17 a.m. Chairman M. Ruby closed the hearing.

*Jackson Toman, Committee Clerk*

## Prepared Testimony of Shauna Erickson-Abou Zahr, M.S., LMFT

## Testimony in Favor of House Bill 1478

Chairman Ruby and Members of the Committee:

I share my testimony in favor of HB 1478 as a woman who has spent her life in our state, required access to contraceptive services for diverse reasons, and practice at a local nonprofit supporting children's mental health, of which a frequent topic of client stress is protection against unplanned pregnancy and sexually transmitted infections. My personal needs have included but not been limited to painful cycles that used to keep me out of school and my athletic events, skin related problems, irregularity in painful cycles every month, heavy cycles that impacted iron levels and therefore overall health, and IVF planning and procedures. Having safe, affordable, and informed access to contraceptive services are pivotal to people's lives in our state.

My testimony serves as a plead to consider the protections HB 1478 would provider North Dakotans.

Contraception provides a means to manage many women's health conditions including endometriosis, polycystic ovarian syndrome, and clinically heavy menses cycles. Of equal importance, it provides access to means to manage pregnancy occurrence, which has correlation to decreased need of abortion procedures for unplanned pregnancies. Protecting access to contraceptive services allows for doctors and patients to make decisions about their healthcare needs, and in our state we need to allow our medical experts to diagnosis, treat, and prescribe as their extensive training has prepared them to do.

Please consider the extensive purpose contraceptive access holds for the health of our neighbors, and vote in favor of HB 1478.

Sincerely,

A handwritten signature in black ink, appearing to be 'S. Erickson-Abou Zahr', with a long horizontal line extending to the right.

Shauna M. Erickson-Abou Zahr

1/24/25

Beth Anderson, Family Nurse Practitioner  
301 Desiree Drive, Grand Forks, ND

Dear Honorable Members of the Legislature,

As a Family Nurse Practitioner, I strongly support HB 1478 and HB 1477, which protect patients' rights to contraception and infertility services. It is critical that patients have the ability to make informed healthcare decisions, without interference from the government. The right to access reproductive healthcare services, including contraception and infertility treatments, is essential for individuals to maintain control over their health, well-being, and future.

Government intrusion into a patient's medical care undermines the trust between providers and patients. Medical decisions should be made by healthcare professionals and patients, not by politicians. By passing HB 1478 and HB 1477, the legislature can ensure that North Dakotans have access to the care they need without unnecessary barriers or restrictions.

I urge you to support these bills and protect the rights of patients to receive essential care.

Sincerely,  
Beth Anderson, FNP

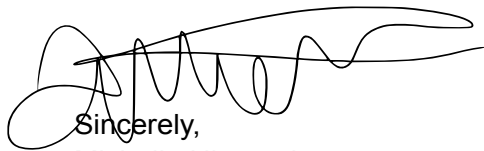
My name is Michelle Nitengale, and I am a North Dakota resident, military spouse, and educator, writing in strong support of HB 1478. This bill is essential in protecting the rights of individuals to access contraceptive healthcare, a fundamental component of personal health, family planning, and well-being.

Contraceptive healthcare is a cornerstone of preventive medicine and allows individuals to make informed decisions about their futures, whether that involves timing their pregnancies or managing medical conditions like endometriosis or polycystic ovarian syndrome (PCOS). Access to affordable and comprehensive contraceptive care empowers individuals to safeguard their physical health, take control of their reproductive health, and achieve their personal and professional goals without unnecessary barriers.

As a military spouse, I have witnessed the unique challenges that come with balancing family planning, healthcare access, and financial stability. For many families like mine, insurance plans and healthcare options can be limiting, particularly when access to contraceptives is treated as optional rather than essential. By passing HB 1478, North Dakota can set a powerful precedent by ensuring that everyone—regardless of income, insurance coverage, or geographic location—can access the contraceptive healthcare they need.

This legislation goes beyond healthcare access; it addresses equity, dignity, and the right to make private decisions about one's own body. Without adequate protections, individuals and families face unnecessary hardships, including unintended pregnancies, financial strain, and adverse health outcomes. Supporting HB 1478 ensures that all North Dakotans have the resources to make the best decisions for themselves and their families.

I urge you to vote in favor of HB 1478. By doing so, you will affirm North Dakota's commitment to equity and compassion, ensuring that contraceptive healthcare is treated as a right, not a privilege. Thank you for your time, consideration, and dedication to improving the health and well-being of our state's residents.



Sincerely,  
Michelle Nitengale

Hello,

I would like to introduce myself to you all. Because hearing stories from a person different from you will require at least knowing something about them to connect with.

My name is Elizabeth Samuelson, but everyone calls me Beth. I am a 31 year old wife, dog mom, social worker, friend, daughter, sister, and am incredibly grateful for the chance to become a mom. A chance some people want to take away from me. But you have the opportunity to change that with HB 1477, HB 1282, and HB 1284.

My husband and I have been able to do so much together. We got married when I was 23 after dating since we were 17, bought a house, took our dog into our home, and then started to plan a family. Unfortunately, this plan did not go as we hoped.

We spent month after month wondering if God had forgotten us. Months of waiting became months of ER visits due to my extreme pain we had no explanation for. ER visits became scans, lab draws and eventually surgery to tell us I had endometriosis. This I knew was the culprit for my infertility.

Despite this, we have been blessed enough to find not only providers of fertility care in our area, but caring ones. They have supported us through truly the most difficult time in our lives. Through failed attempt after failed attempt, they have been there with support and plans to help us.

We have finally made it to the point of trying IVF. We have two little babies waiting for us at the clinic. And are hoping to do a transfer very soon. Therefore, I find it only my Gods direction that I am testifying now. God has made everything in my life happen on such an important and undeniable timeline. From recent job changes all the way back to him saving my life as an infant myself. Nothing has gone wrong, even in the midst of hardship, because his plan has always been there. And I know his plan for my babies at the clinic is for them to have a chance at life. Life that will only be possible through the care our IVF clinic provides.

Some of the proposed bills will effectively cancel our treatment with the clinic. Something the government should not be able to control. Please hear me, along with all the other women and girls who will inevitably need this clinic to do what they want most, grow their families and have babies. This care is necessary, this care is beautiful, this care needs to be covered by insurance (as it is largely unattainable otherwise), and this care is here because of God. All of the beautiful children I know in my life who started as an embryo at a fertility clinic are no less deserving of life than any one of us who began differently than them. Children come to families in all different ways, including IVF care.

IVF care is something that should not only be protected, but expanded. Expanded to those who cannot afford treatment due to its complexity increasing its cost. Expanded to those who live far away from facilities that provide the treatment. As many communities as possible should have a clinic available. Expanded to all hearts and minds to see that what we are doing is supporting families and children through this care, and I know Gods hand has been on this the whole time.

Please consider the women desperate for this care, who are your constituents. The people you are supposed to be here to serve. The beauty of America is supposed to be that you can determine your own destiny and make your own choices. Including accessing care to expand your family. Any care that is needed.

Elizabeth Samuelson, LBSW  
Elizabeth.l.samuelson@outlook.com  
701.238.9190

Re: HB 1478

Erin Lee, 6207 17<sup>th</sup> St N, Fargo, ND 58102

Human Services Committee Members:

Hi, my name is Erin Lee. I live in Fargo and work as a nurse practitioner at Sanford Health in the OB/GYN clinic. I'd like to convey my support for HB 1478—protection for contraception.

I see girls and women of many ages. Contraception or “hormonal regulation” as it also could be called, should be a basic service that every woman has a right to.

First of all, contraception prevents pregnancy. If your stance is that abortion shouldn't be an option, then do you know the single handed most effective way to lower the unintended pregnancy rate? It is to provide contraception access. Numerous studies have found this—that when contraception access is available, abortion rates are lower in those areas.

Secondly, there are a lot of medical reasons why hormones are used outside of contraception:

Regulation of PCOS, endometriosis pain, peri-menopausal symptom regulation, suppression of ovarian cysts, suppression of menstrual migraine, PMS, PMDD, acne, hirsutism, prevention of anemia, to decrease heavy menstrual flow or heavy menstrual cramps, reduce frequency of periods, prevent ovarian & uterine cancer, and regulation of irregular periods (to name a few).

Luckily, we have a lot of different options for types of hormones: doses, methods of administration (pills, patches, gels, rings, IUDs, arm implants, injections). This is because all women react differently to different methods and sometimes if there are a lot of side effects we need to try another type. As health care providers we can discuss and go over risks and benefits with the patient to figure out what might be the best fit for their needs.

I have 2 daughters ages 15 and 16. They are currently not in need to use hormonal methods but may be in the future. If they don't have access in our state, do you think they will stay here? Probably not; they'd probably consider moving to another state that is more women-friendly and where they have more options. Also, if somehow access to contraception is affected by any of the other bills that are attempted to be passed this year, once my youngest is graduated in 3 years, I would definitely consider leaving our state and practicing health care somewhere else. We need to keep trained health care professionals in our state.

I really can't think of any reason why you would not support this bill. It is basic health care that should be allowed. Some of the restrictive bills trying to be passed could affect contraception so please consider supporting HB 1478. I would also be happy to answer questions you have. You can email me at [erinlee79@outlook.com](mailto:erinlee79@outlook.com) or [erin.lee@sanfordhealth.org](mailto:erin.lee@sanfordhealth.org).

Thank you for your time!

January 27, 2025

I am strongly in favor of both bills 1477 and 1478 as they relate to the right to make personal choices for reproductive care. Due to the constant attacks and attempts at religious freedom that I often see from the ND Legislators, I find bills like these to be not only refreshing, but absolutely necessary.

It should never be up to a governing body to make choices for people, especially women, when it comes to making decisions for their bodies. There are multiple reasons women make the choices they do with reproductive care, and they are all very personal. Oftentimes, access to some of these options is also medically necessary and government should never be allowed to implement laws to restrict medical care. I'm so tired of people trying to force their religious beliefs on others by attempting to take away choice or medical care options. I am thankful these the sponsors of these bills are attempting to protect the rights of everyone, regardless of religious beliefs.

RaNae Jochim

South Bismarck Resident

Politicians have no place between my doctor and myself when it comes to whether or not I choose to prevent a pregnancy. If this bill were introduced on behalf of men and whether or not they could receive medication to 1.) prevent unwanted pregnancies, 2.) help with very painful and debilitating cramps/spasms that occur every 28 days, 3.) prevent awful cystic acne breakouts and much more **without** outside political interference... it would pass with zero opposition. Let's show women that same common-sense treatment.

As a constituent of this state which HB1373 very directly impacts, I am urging it to be added to the Century Code in its entirety. Women are tired.

House Human Services Committee  
HB 1478  
January 29, 2025

Chair Ruby and members of the Committee,

My name is Caitlin Scheresky and I am a senior at the University of North Dakota pursuing an English major and Political Science minor. I'm writing to express my strong support for House Bill 1478 which seeks to protect access to birth control for all individuals in our state.

Birth control is far more than a means of family planning—it is a critical component of healthcare. Throughout my time at UND, I have met many classmates who rely on contraception for medical reasons, such as managing endometriosis, polycystic ovary syndrome (PCOS), and other health conditions. Birth control allows them to take control of their health, reduce pain, and maintain their quality of life.

For others, birth control is an essential tool for family planning. It empowers individuals and couples to determine the timing and size of their families, which is vital for achieving personal, educational, and career goals.

For the last two years, I have served as the President of The F Word, UND's feminist student organization. One of the events we hold in the spring semester is the Safe Sex Kit Project, in which we collect monetary and physical donations, put together kits with over-the-counter contraception and resource information, and distribute them around UND's campus and the greater Grand Forks community. I've seen firsthand the impact that birth control and other forms of reproductive healthcare can have on the quality of life for people who can get pregnant—including myself. For me, birth control isn't just about pregnancy prevention, it's necessary for regulating my menstrual cycle.

Even beyond that, it is instrumental in the lives of those with health conditions impacting their reproductive organs and quality of life. I cannot stress enough how birth control is a critical part of reproductive healthcare. The right to birth control cannot be lost to the generations of people who need it to live fulfilling, healthy, and safe lives. Birth control saves lives; the loss of access to critical reproductive healthcare would be deadly. I beg you, do not turn your backs on your constituents—vote in favor of HB 1478.

As a young person preparing for my future, I want to live in a state that respects and values my right to make decisions about my health. Protecting access to birth control sends a clear message that North Dakota supports its residents' autonomy and well-being. It also

demonstrates a commitment to creating an environment where young people like me can thrive without fear of losing access to essential healthcare.

I urge you to support HB 1478. This bill is about more than health care; it's about equity, opportunity, and creating a state where we all feel valued and supported.

Thank you for your time and for considering my perspective. I hope you will stand with students, families, and individuals who rely on birth control to live healthy and empowered lives.

Sincerely,  
Caitlin Scheresky  
2777 S 34<sup>th</sup> Street, Apartment 108  
Grand Forks, ND, 58201  
Caitlin.scheresky@gmail.com

Testimony in support of HB 1478 and HB 1477

Dear Chairman and Members of the Committee,

It should be not be controversial that reproductive healthcare should be easily available to the men and women of this state. The decision to prevent pregnancy, or the decision to attempt IVF are deeply personal and should not be intruded on by our government.

Reproductive healthcare should include easy access to ALL types of contraception. Not only to prevent unintended pregnancies and thus limit the need for abortion, but also to treat a wide range of sometimes debilitating medical conditions (e.g. Polycystic Ovarian Disease, endometriosis). Access to condoms is not enough. Male condoms are an inexpensive contraceptive, but condoms don't begin to address the varied situations people find themselves in. Condoms can not treat PCOD. Condoms don't regulate painful cycles. Condoms don't treat endometriosis. Condoms don't treat bad acne. Men may refuse to wear condoms etc. Again, we need easy access to all types of contraception as determined by the patient and their healthcare provider, without government intrusion.

Reproductive healthcare should also include assisted reproductive techniques. The government should not prevent the only means by which some families can conceive a much-wanted child. And no, for many families, adoption or foster care are not substitutes for having their own biological child.

Sadly, these bills are needed because of the consequences of "fetal personhood" legislation that is again proposed in this session and other attacks on reproductive healthcare.

Sincerely,

Alex Deufel – District 40

Hello,

My name is Ralenia Seifert

I am in favor of HB 1282. This not only helps parents who are unable to conceive on their own but also parents that have a genetic life threatening gene that is most likely to be passed on to the child, especially if both parents carry the gene.

My Grandson was born with Niemann Pick Type C which is a disease that affects your Neurological functions at some point in your life, which can be as early as birth. The life expectancy is 13 years old and that is devastating to think that this could happen. Both my son and daughter in law carry this gene, but did not know at the time of trying to have a baby through IUI. The only way that my son and daughter in law can have any more children is through IVF, they need to make sure that the embryos do not have the Niemann Pick gene.

Thank you so much,

Ralenia and Travis Seifert

North Dakota House of Representatives  
Human Services Committee  
North Dakota Legislative Assembly  
600 E Boulevard  
Bismarck, ND 58505

January 27, 2025

Dear Chair Ruby and Members of the House Human Services Committee:

My name is Anastassiya Andrianova. I am a 43-year old woman and the mother of a school-aged daughter. I write **in support of HB 1478** – protection for contraception, because decisions about reproductive care should be left to the patient and their medical provider, not subject to political influencing or governmental intrusion.

Others, including medical professionals, have provided testimony and evidence as to why it is important to leave medical decisions to experts; they explain, for example, that contraception is used for a variety of purposes, such as the regulation of endometriosis, peri-menopausal bleeding and hormonal regulation, and other physical and mental conditions.

Please leave the decision-making to the patient and their medical provider.

It's a basic individual liberty.

**Vote DO PASS on HB 1478.**

Thank you for your time and consideration.

Sincerely,  
Anastassiya Andrianova, teacher, mother, and concerned ND citizen  
Fargo, ND

**House Bill No. 1478**

There are a myriad of reasons that an individual seeks out contraception, including preventing unwanted pregnancy, treating a medical condition such as endometriosis or polycystic ovarian syndrome, preventing pregnancy when on a medication that could be harmful to a developing fetus, and due to a medical condition, that would make pregnancy dangerous.

In my scope as a genetic counselor who practices in reproductive medicine, I have had the privilege of working directly with individuals and families as they navigate reproductive planning and decision-making. I recall one couple who had recently found out they were both carriers of the same recessive genetic condition, meaning each of their future pregnancies had a 25% chance of being affected. For the sake of privacy, I will not name the condition, but it is a disease with onset of symptoms in childhood. Symptoms can be serious and life-threatening, and this condition is associated with an overall shorter life-expectancy. In addition to significant health concerns, treatment for this condition can cost hundreds of thousands of dollars, placing an additional financial burden on families.

The couple I was working with had a prior pregnancy scare and were incredibly anxious about passing on this genetic condition. They felt immense guilt for not being careful and for their status as carriers of a genetic disease (which they have no control over). Thankfully this couple was able to access birth control which gave them peace of mind and time to discuss various reproductive options with their medical team before pursuing pregnancy when it was right for them. All North Dakota residents deserve the right to make decisions about if or when to pursue creating a family, and they deserve an open discussion about family building options.

I have also worked with individuals who have a genetic condition in which pregnancy can be very dangerous to the health of the pregnant person. One example is a connective tissue disorder called Marfan Syndrome, which has a prevalence of about 1 in 5,000 individuals (~156 North Dakotans). Individuals with Marfan Syndrome are at an increased risk of aortic root dilation and dissection, the leading cause of early mortality in affected individuals. Pregnancy can be incredibly taxing on the cardiovascular system and can lead to further weakening and dilation of the aortic root in individuals with Marfan Syndrome. Prior studies have documented increased infant and maternal mortality rates, as well as an increased need for emergency cardiac surgery for pregnant patients with Marfan syndrome. Individuals with Marfan syndrome should carefully consider pregnancy and the associated risks, as well as have a monitoring plan in place with high-risk pregnancy providers and Cardiologists. When or if an individual with Marfan syndrome pursues pregnancy should be their choice, and they deserve access to reliable ways to prevent pregnancy.

Protecting access to contraception protects North Dakotans. I have highlighted situations that I encounter on a regular basis but there are countless others. I am happy to answer any further questions and can be reached at [ejohnson7107@gmail.com](mailto:ejohnson7107@gmail.com). Thank you for your time and consideration.

Ellen Johnson  
Senior Genetic Counselor  
Sanford Health Reproductive Medicine, Fargo, ND

I am writing to express my **strong support for House Bill 1478**. This legislation is crucial in ensuring that women have the right to make decisions about their own healthcare, including the use and access to birth control. As a constituent, I believe that access to reproductive healthcare is not only a fundamental right but also an essential aspect of personal autonomy and well-being.

HB 1478 offers necessary protections to ensure that women continue to have the freedom to make informed choices about their healthcare needs with the guidance and support of their trusted medical providers. Birth control plays a vital role in allowing women to plan their families, manage their health, and live their lives with agency. When women are empowered to make decisions about their reproductive health, they can pursue education, careers, and contribute to society with the confidence that their personal health decisions are respected.

The ability to access birth control without barriers or restrictions is critical to reducing unintended pregnancies, improving maternal health, and safeguarding women's overall well-being. Reproductive healthcare decisions should be made between a woman and her healthcare provider, not subject to political interference. It is essential that our laws reflect respect for personal autonomy and allow women to have control over their bodies and their futures.

I urge you to support HB 1478 and stand with the millions of women who deserve access to safe, reliable, and equitable healthcare. Please ensure that our state protects access to birth control and supports a woman's right to make decisions about her healthcare in consultation with her trusted healthcare provider.

Thank you for your time and consideration of this important issue. I trust that you will make the right choice in supporting this bill and protecting the rights of women in our state.

Sincerely,

Erin Price  
Bismarck, ND

Chairman Ruby and Members of the Committee,

I am writing to you today as a concerned citizen and a practicing Women's Health Nurse Practitioner in North Dakota who believes that access to contraception is a fundamental right for all individuals. I am requesting your support for HB1478 ensuring that affordable and reliable contraception is accessible to everyone in our state.

Access to contraception is essential not only for preventing unintended pregnancies but also for its vital role in managing various medical conditions. Contraceptives are commonly used to treat a wide range of health issues such as polycystic ovary syndrome (PCOS), endometriosis, heavy menstrual bleeding, and irregular cycles, among others. For many individuals, access to contraception can mean relief from painful symptoms, improved quality of life, and prevention of long-term health complications. Denying access to these medications for medical reasons is not only a health issue but an infringement on personal well-being.

When individuals have access to affordable, reliable birth control, they are better able to plan their pregnancies, reducing the need for abortions. In a state that (unfortunately) has so many people that feel they should control a woman's right to make decisions about her own body, I certainly hope that the connection between reliable contraception and subsequent reduction in unintended pregnancies is easy to comprehend. Unfortunately, for some, the use of contraception to prevent a pregnancy while trying to escape an unsafe and abusive relationship is also a reality. By making contraception more accessible, we can ensure that people have control over their reproductive health and can make the decisions that are best for their lives and futures.

Barriers to contraception—whether political, financial, logistical, or cultural—still exist in our state. It is crucial that we work toward removing these barriers and ensuring that all residents of our state can access contraception, whether for reproductive purposes or to manage medical conditions, without unnecessary obstacles including politics in their doctor's office.

I urge you to support policies and bills like HB 1478 that make contraception more accessible and affordable to the incredible women of our state. Your sister, daughter, niece, friend, or family member will thank you.

Respectfully,

Alli Harrison

House Human Services Committee  
HB 1478  
January 29, 2025

Chair Ruby and members of the Committee,

As a mother of two daughters, I am writing to urge you to support HB 1478 that would protect access to birth control for all individuals. For many people, including my daughters, contraception is not just about family planning, it is essential for managing their health and well-being.

Both of my daughters rely on birth control to regulate heavy and painful periods that once disrupted their daily lives. My older daughter has an IUD that is nearing expiration. She had hoped to switch to a short-term option, allowing her the flexibility to plan for children in a few years. However, she now feels compelled to consider another long-term IUD, fearing that her choices may soon be limited.

Access to birth control is a fundamental part of healthcare, enabling women to make decisions about their own bodies and futures. Policies that restrict this access place unnecessary burdens on families and compromise the health and autonomy of individuals.

I implore you to stand with families like mine and support legislation that ensures continued, unimpeded access to all forms of contraception. Your leadership can make a meaningful difference in preserving the health and choices of countless women in our state.

Please give HB 1478 a “Do Pass” recommendation.

Thank you for your time and commitment to serving our community.

Cora Turner  
3202 1<sup>st</sup> St N  
Fargo, ND



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**House Bill No. 1478**  
**House Judiciary Committee**  
**Testimony Presented Seth O'Neill, JD, MSW**  
**Email: [soneill@nddsvc.org](mailto:soneill@nddsvc.org)**  
**January 29, 2025**

Chairman Ruby and the Members of the House Human Services Committee, my name is Seth O'Neill, and I represent the North Dakota Domestic & Sexual Violence Coalition, in support of HB 1478.

Domestic violence victims do not feel they can leave an abusive relationship due to having a child with their abuser. Frequently, abusers will use children as a form of abuse, withholding their children from the survivors or even physically and mentally abusing the children as well. Contraceptives are a very important resource for victims in order to avoid an unplanned pregnancy.

Another aspect of contraception that protects survivors would be preventing the financial burden of an unplanned pregnancy. An unplanned pregnancy can have intense financial strain on a victim which can impact the survivor's ability to leave the abusive relationship. Having a child for anyone is an expensive choice, but when it is unintentional it can cause more strain on the parent due to their inability to plan for it.

Chairman Ruby, and members of the committee, we believe it is important for all North Dakotans to have access to contraceptives. We encourage the committee to give HB 1478 a "Do-Pass" recommendation. I appreciate your time and I am happy to answer any questions you may have. Thank You.





**Testimony  
Support for HB 1478  
House Human Services  
January 29, 2025**

Chair Ruby, Vice Chair Frelich, and members of the Committee,

My name is Katie Christensen Mineer, and I am the North Dakota State Director of External Affairs for Planned Parenthood North Central States. Thank you for the opportunity to submit testimony in support of HB 1478.

Planned Parenthood North Central States provides advocacy, education, and health services, including expert reproductive health care, across our five-state region. At our Moorhead health center, over 50% of our patients are residents of North Dakota. We have tens of thousands of activists and supporters throughout the state. Our education team reaches more than 500 people each year through programming, trainings, and community presentations. Planned Parenthood is here to ensure all people have the information and the means to make free and responsible decisions about whether and when to have children, and our mission affirms human rights to reproductive health care and freedom.

If passed, HB 1478 would safeguard access to birth control by preventing governmental interference, thus reinforcing an individual's ability to make decisions about their health and family planning. This protection is particularly significant, as 90% of females aged 18 to 64 have used contraception at some point in their reproductive years.<sup>1</sup>

Birth control is vital for public health and individual well-being. It empowers people to plan their families, pursue education, and achieve economic stability. Contraceptives are also essential in preventing unintended pregnancies, especially for those experiencing intimate partner violence who may lack control over their reproductive choices. Additionally, birth control offers critical health benefits, such as reducing the risk of certain cancers and managing conditions like endometriosis and polycystic ovary syndrome.

Ensuring unrestricted access to contraception is not only a matter of personal freedom—an issue supported by 91% of Americans—but also a proven strategy to improve public health outcomes and drive economic growth.<sup>2</sup>

The Planned Parenthood Minnesota, North Dakota, South Dakota Action Fund strongly urges a Do Pass recommendation on HB 1478. Thank you for your consideration.

Katie Christensen Mineer  
kchristensen@ppncs.org  
701.388.7369

1. Frederiksen, B., Ranji, U., Long, M., Diep, K., & Salganicoff, A. (2022, November 3). *Contraception in the United States: A closer look at experiences, preferences, and coverage*. KFF. <https://www.kff.org/womens-health-policy/report/contraception-in-the-united-states-a-closer-look-at-experiences-preferences-and-coverage/>
2. Cousens, M. (2024, June 11). *Four in five Americans support legislation protecting access to contraception*. Navigator Research. <https://navigatorresearch.org/four-in-five-americans-support-legislation-protecting-access-to-contraception/>

House Human Services Committee

HB 1478

January 29, 2025

Chair Ruby and members of the Committee,

My name is Moinjama Konneh , and I am a college student at North Dakota State University, where I am actively involved in several campus organizations, Women's Activist Organizations which focus on leadership and advocacy. I'm writing to express my strong support for HB1478. Birth control is not only a personal healthcare decision—it is a critical tool for advancing public health. Ensuring access to contraception reduces unintended pregnancies, improves maternal health outcomes, and supports healthier families overall. Access to birth control is especially vital for BIPOC individuals, who often face systemic barriers to healthcare.

By reducing disparities, this bill has the potential to create a more inclusive and supportive state for all residents. As a college student, I have seen firsthand how access to contraception allows women to stay in school, plan for their futures, and contribute to society in meaningful ways. For many students on campus, the ability to access birth control is directly tied to their educational and professional success. As I am approaching graduation and considering where to begin my career, I want to know that North Dakota prioritizes policies that respect and support an individual's right to make decisions about their health. Protecting access to birth control demonstrates that our state values equity, opportunity, and the well-being of its residents. I urge you to support HB 1478.

Birth control is a fundamental component of healthcare that empowers individuals to make informed decisions about their reproductive health and family planning. It is not only a matter of personal autonomy but also an issue of public health and economic stability. When individuals have consistent and affordable access to contraception, they are better able to pursue educational and career opportunities, plan their families, and contribute more effectively to society. Conversely, barriers to contraception can lead to unplanned pregnancies, economic hardship, and adverse health outcomes.

Unfortunately, marginalized communities, including low-income individuals, people of color, and rural residents, often face significant challenges in obtaining birth control. These barriers include high costs, limited availability in rural areas, stigma, and restrictive policies that

disproportionately impact those already experiencing systemic discrimination. For instance, rural areas in North Dakota often lack healthcare providers, let alone clinics that specialize in reproductive health. This disparity forces many individuals to travel long distances, take time off work, or incur additional expenses to access contraception—if they can access it at all.

Moreover, systemic racism and economic inequality exacerbate these challenges. According to national data, women of color are more likely to face financial barriers to healthcare and less likely to have consistent access to birth control. By failing to address these inequities, we risk perpetuating cycles of poverty and poor health outcomes in already vulnerable populations.

To address these pressing issues, I respectfully recommend the following actions:

1. **Expand Medicaid coverage** to include all forms of contraception without cost-sharing. This will ensure that low-income individuals have access to the full range of contraceptive options.
2. **Invest in rural healthcare infrastructure** by funding community health centers and mobile clinics that provide reproductive health services, including birth control, in underserved areas.
3. **Strengthen comprehensive sex education** programs in schools, ensuring that young people are equipped with accurate information about contraception and reproductive health.
4. **Pass legislation that safeguards access to birth control**, preventing future restrictions that could jeopardize reproductive healthcare.
5. **Support community-based outreach programs** that work to reduce stigma and increase awareness about contraception, particularly in communities with historical barriers to care.

By taking these steps, North Dakota can lead the way in ensuring that all individuals, regardless of income, race, or geography, have the resources they need to take control of their reproductive health. This is not just a matter of health policy—it is a matter of equity, dignity, and respect for the fundamental rights of all individuals.

I urge you to prioritize this issue and to consider the voices of those directly impacted by these barriers. Expanding access to birth control is not only the right thing to do it is a practical and necessary step toward building a healthier, more equitable society.

Sincerely,  
Moinjama Konneh

**House Human Services Committee****HB 1478****Wednesday January 29, 2025**

Chair Ruby and Committee Members, I am Katie Casey, a Family Nurse Practitioner who works in a clinic that provides obstetrics and gynecology care. I currently practice as a nurse practitioner at Altru Health System in Grand Forks, North Dakota. I have completed my bachelor's and advanced nursing degree at the University of North Dakota and North Dakota State University, respectively.

I am writing in support of HB 1478.

Access to contraception is an essential component of health care. In the time that I have been practicing, the initiation, management, and continued use of contraception has been a large part of my practice. The access to contraception allows a woman to decide when and if to pursue a pregnancy and helps manage many serious medical conditions, many of which are listed in this bill. The benefits of contraception are numerous, such as reduced morbidity through improved health and well-being, reduced mortality, the opportunity to allow women to achieve education and employment goals, and the opportunity to become economically self-reliant.

Please consider approving HB 1478 so women of North Dakota may continue to have the right to contraception to delay childbearing until personally ready, to treat serious morbidity experienced by many, as well as prevent mortality. Thank you for listening to my testimony.

Sincerely,

Katie Casey

**WRITTEN TESTIMONY IN SUPPORT OF HOUSE BILLS 1477 and 1478**

House Human Services Committee on House Bills 1477 and 1478

Date of Hearing: January 29, 2025

Debra L. Hoffarth, 1320 11<sup>th</sup> Street SW, Minot, ND 58701

This written testimony is presented in support of House Bills 1477 and 1478, which safeguards access to fertility health care treatment, such vitro fertilization (IVF), and contraception.

Reproductive healthcare is fundamental to the well-being and autonomy of individuals and families. IVF and contraception are essential components of this care, empowering people to make informed decisions about when and how to grow their families.

For individuals facing infertility, fertility health care treatment, such IVF, provides a pathway to parenthood that might otherwise be inaccessible. Infertility is a deeply personal and often devastating experience. IVF offers hope and an opportunity for those who wish to have children but face medical barriers.

Similarly, access to contraception is important to public health and individual freedom. Contraceptives allow individuals to plan pregnancies and protect against certain health conditions. Research shows that access to contraception reduces unintended pregnancies, improves maternal and child health outcomes, and contributes to economic stability for families and communities.

Assisted reproduction and contraception are essential and protecting them is critical to ensuring equitable and comprehensive reproductive healthcare for all.

This legislation affirms the basic principle that everyone deserves the right to access the healthcare they need without fear or interference from the government. It upholds the values of compassion, science, and respect for individual autonomy.

Please support House Bills 1477 and 1478.





**House Human Services Committee**  
**HB 1478**  
**January 29, 2025**

Chairman Ruby and Committee Members, I am Courtney Koebele, the Executive Director of the North Dakota Medical Association, the professional membership organization for North Dakota physicians, residents, and medical students.

NDMA supports HB 1478 to protect access to contraception.

Access to comprehensive contraceptive healthcare is a critical component of women's health, and NDMA is committed to encouraging and upholding policies and actions that ensure those services.

Access to contraceptives is cost-effective and reduces unintended pregnancy. Additionally, non-contraceptive benefits may include decreased bleeding and pain with menstrual periods and reduced risk of gynecologic disorders, including a decreased risk of endometrial and ovarian cancer.

Contraceptive care plays a crucial role in improving maternal health outcomes by offering individuals the means to plan and space pregnancies, ultimately contributing to healthier pregnancies and birth outcomes, and reducing maternal mortality rates. Most notably, contraceptive care:

- Prevents unintended pregnancies and sexually transmitted infections (STIs).
- Promotes healthy birth spacing.
- Reduces maternal mortality.
- Enhances access to prenatal care.
- Improves socioeconomic outcomes.

This bill provides a pathway to secure the right to receive contraceptives, and for healthcare professionals to provide contraceptives without restrictions from state and local governments.

For the above-stated reasons, we request your support for HB 1478. Thank you.

## HB 1478 - Protecting access to contraception

Rep. Karla Rose Hanson  
House Human Services Committee - 1/29/25

Chair Ruby and members of the House Human Services Committee,

My name is Karla Rose Hanson, and I represent District 44. Today I bring to you HB 1478, which aims to protect contraceptive health care rights.

In short, this bill defines contraceptives in state law and says that patients have the right to receive, and health care professionals have the right to provide, contraception without interference from state or local government entities.

The bottom line is: let's keep the government out of your doctor's office.

### **Definitions:**

The first page and a half of the bill provides definitions for contraceptives and other terms.

Contraceptives are birth control. They help prevent unplanned pregnancies.

Contraceptives are also used to treat and prevent a wide variety of serious medical conditions. Examples are uterine and ovarian cancers, endometriosis, polycystic ovarian syndrome (PCOS), ovarian cysts, heavy bleeding, migraines, premenstrual syndrome (PMS), premenstrual dysphoric disorder (PMDD - a severe form of PMS), acne and more.

Ironically, contraceptives are also used by patients experiencing infertility. For example, a patient with PCOS may use birth control to achieve regular cycles for infertility treatment.

A wide range of contraceptives exist, including barrier and hormonal methods.

The bill clarifies that contraceptives **do not** include drugs that cause abortion. Specifically, the drugs mifepristone and misoprostol are used to end a pregnancy or manage an incomplete miscarriage. Because they are used for an established pregnancy, not to prevent a pregnancy, they are not contraceptives.

At a minimum, I urge this committee to add the definition of contraceptives to state law. People sometimes conflate products use to prevent pregnancy with products used to end pregnancy, and it is important to clarify that there are two separate categories.

### **Rights:**

The next section of HB 1478 outlines the rights related to contraceptive health care.

The bill says that patients have the right to receive contraceptives, health care professionals have the right to provide contraceptives, insurance providers have the right to

cover contraceptives, and manufacturers have the right to create contraceptives -- all without restrictions from state and local governments.

That means that the state legislature could not pass a state law that creates barriers for patients, doctors, insurance providers or manufacturers related to contraceptives. It also means that state agencies could not implement administrative rules that have the force of law that interfere with these rights. And it means that political subdivisions like city and county commissions could not implement a policy that impedes these rights - for example, restrictions on the public health entities they oversee.

This bill does NOT require health insurance companies to cover these services. Rather, it says that the government can't prohibit insurance companies from offering coverage.

### **Penalties/Exceptions:**

The next section of the bill outlines what happens if the government does violate these rights. It says that the state attorney general or the person adversely affected by the policy, including a patient or a health care provider, can bring a civil lawsuit to restore those rights. This is a civil process, not a criminal one.

### **Amendments**

I would like to offer two small amendments to help clarify the intent and scope of this bill related to Medicaid. In the copy of the amendment, these are on Page 3, lines 1 and 24.

### **Why is this needed?**

Contraception is an essential part of health care, used to prevent and treat a wide variety of medical conditions. Any restrictions on access to contraception would make it more difficult for the many North Dakotans who have uterine and ovarian cancers, PCOS, endometriosis, ovarian cysts and other conditions that require medical treatment.

Contraceptives also prevent unplanned pregnancies. Roughly half of all pregnancies are unplanned. Some unplanned pregnancies will end in abortion. Increasing access to contraceptives has been proven to decrease the rate of unplanned pregnancies and the rate of abortion. If you want to see fewer abortions, we should prevent barriers to contraception access so there are fewer unplanned pregnancies.

After Roe v Wade was overturned, our abortion laws have been considered by the legislature and the courts. During this time, my constituents have expressed deep concern about their ability to access other types of reproductive health care, including contraception. They have seen other states attempt to include specific types of contraception in their abortion bans. North Dakotans want assurance that they'll be able to access contraception without interference from the government.

Mr. Chairman and members of the committee, I ask that you make those two small amendments and give HB 1478 a do-pass recommendation. Let's keep the government out of our doctors' offices and protect North Dakotans' access to contraception.

25.0341.02001  
Title.

Prepared by the Legislative Council  
staff for Representative Hanson  
January 28, 2025

Sixty-ninth  
Legislative Assembly  
of North Dakota

## PROPOSED AMENDMENTS TO

### HOUSE BILL NO. 1478

Introduced by

Representatives Hanson, Christy, Brandenburg, Grindberg

Senators Lee, Erbele, Hogan, Roers

- 1 A BILL for an Act to create and enact a new chapter to title 14 of the North Dakota Century  
2 Code, relating to contraceptive health care rights; and to provide a penalty.

3 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

- 4 **SECTION 1.** A new chapter to title 14 of the North Dakota Century Code is created and  
5 enacted as follows:

6 **Definitions.**

7 As used in this chapter:

- 8 1. "Contraceptive" means any drug, device, biological product, or method intended for  
9 the prevention of pregnancy or other health needs, including the treatment and  
10 prevention of uterine and ovarian cancers, endometriosis, polycystic ovarian  
11 syndrome, ovarian cysts, menorrhagia, migraines, premenstrual syndrome,  
12 premenstrual dysphoric disorder, and acne, which is legally marketed under the  
13 federal Food, Drug, and Cosmetic Act and distributed over the counter or through a  
14 prescription.
- 15 a. The term includes:
- 16 (1) An oral contraceptive;
- 17 (2) A long-acting reversible contraceptive, including an intrauterine device and a  
18 hormonal contraceptive implant;
- 19 (3) An emergency contraceptive;
- 20 (4) An internal and external condom;

1                   (5) An injectable contraceptive;

2                   (6) A male or female barrier method;

3                   (7) A transdermal patch;

4                   (8) A spermicidal product; and

5                   (9) A vaginal ring.

6           b. The term does not include abortion causing drugs, including:

7                   (1) Mifepristone; or

8                   (2) Misoprostol.

9           2. "Health care provider" means any person licensed to provide health care services in  
10 this state.

11           3. "Health carrier" means any entity providing a plan of health insurance or health  
12 benefits subject to state insurance regulation.

13           4. "Manufacturer" means the maker of a drug or device approved, cleared, or authorized  
14 by the United States food and drug administration or otherwise legally marketed.

15           5. "Widely accepted and evidence-based medical standards of care" means any medical  
16 service, procedure, or practice consistent with the guidelines of the American college  
17 of obstetricians and gynecologists.

18 **Rights.**

19           1. The state or any political subdivision of the state may not implement, administer, or  
20 enforce any law, rule, or policy that has the effect of prohibiting, limiting, delaying, or  
21 impeding access to a contraceptive or information about contraception, or otherwise  
22 violating the rights provided for in this section.

23           2. In accordance with widely accepted and evidence-based standards of care:

24           a. An individual has the right to:

25                   (1) Receive a contraceptive from a health care provider;

26                   (2) Purchase a contraceptive over the counter; and

27                   (3) Engage in contraception.

28           b. A health care provider has the right to:

29                   (1) Provide or assist with the provision of contraception; or

30                   (2) Decline to provide a contraceptive if the health care provider finds the action  
31 morally or religiously objectionable, as consistent with federal law and rules.

c. A health carrier or medical assistance has the right to cover contraceptive health care.

d. A manufacturer has the right to manufacture, import, sell, or distribute any drug or device intended for contraceptive use.

**Penalties - Exception.**

1. If a state agency or political subdivision or any individual, employee, official, contractor, or organization on behalf of a state agency or political subdivision, enacts or enforces a policy that restricts any right provided under this chapter, a civil action may be commenced against that state agency, political subdivision, or agent of the state agency or political subdivision by:

a. The attorney general; or

b. Any person adversely affected by the policy, including a health care provider.

2. If the court finds a violation of this chapter, the court shall hold the policy unlawful and set aside the requirement or limitation. The court may award appropriate equitable relief, including injunctive relief. The court shall award court costs and reasonable attorney's fees to a prevailing plaintiff. A plaintiff may not be held liable to a defendant for any costs resulting from nonfrivolous litigation under this chapter.

3. The enforcement of state health and safety law regarding a medical facility or health care provider is not a violation of this chapter if:

a. The regulation is in accordance with widely accepted and evidence-based standards of care for providing contraceptive health care; and

b. The health or safety objective cannot be accomplished by a less restrictive means consistent with this chapter.

4. This chapter does not mandate coverage for medical assistance.

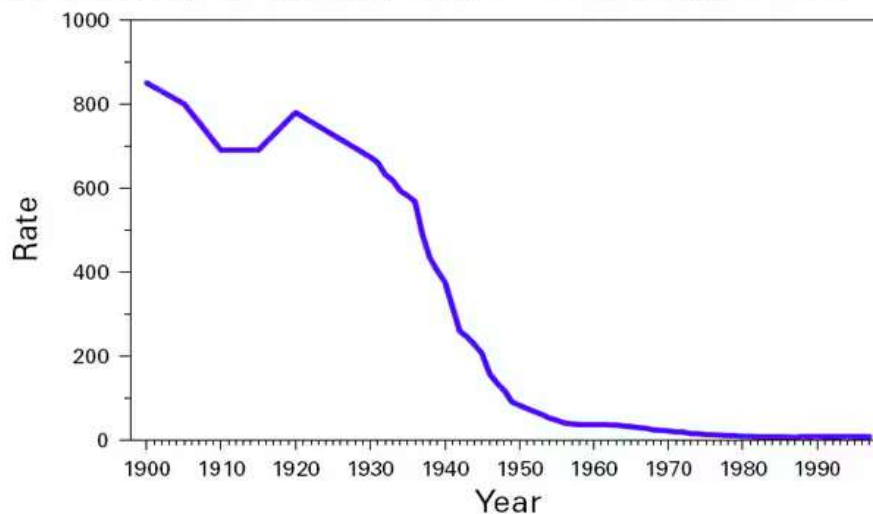
Julie Reiten  
Minot, ND

I am writing in favor of HB 1478.

I want to explain why this bill is important to me without compromising anyone's privacy, living or dead. Suffice it to say that I know women who have nearly died of childbirth. In one case, the husband valued his wife and took action to prevent future pregnancies. In another, the husband disliked the only contraceptive measure available to the couple at the time in rural North Dakota and valued his pleasure more than the life of his wife. This story is not unique. Prior to contraception, death by childbirth was a far more common occurrence than it is today. So was death from health complications exacerbated by having too many children. I was doing some genealogical research recently and found a number of female ancestors who had a lot of children and died young. I think anyone else who does the same research into their own family will find the same thing. That kind of thing was common; pregnancy puts a woman's body under immense strain, and constant pregnancy can have very negative long-term health impacts. If you look at the dates, some of these women had a baby every year except maybe one or two when they might have had a miscarriage.

I would like to share a chart from the Center of Disease Control website which can be found here:  
<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm4838a2.htm>

**FIGURE 2. Maternal mortality rate,\* by year — United States, 1900–1997**



\* Per 100,000 live births.

While there were other factors (like antibiotics), the availability of contraception was a significant contributor to that decline. Note that the numbers are per 100,000 live births; it doesn't show the number of women who died.

For reference: contraceptives were outlawed in the US in 1873 (they were never criminalized at all in most other western countries). They were federally legalized in 1918 though there were state laws that criminalized them in some states. They steadily grew in availability, variety, safety, reliability, legality (as various states changed their laws), and popularity. Condom use in particular boomed during and after World War 2. The first progestin pill was approved in 1957. Use of the pill gradually increased

throughout the 1960s and 1970s. By 1980, popularity had grown to the extent that, even though a 1930 ruling by the Pope that contraceptives were sinful was still in place, fully 80% of American Catholic women were using some form of contraception.

Preventing access to contraception is not a good way to try to control people's sexual behavior. You could say we already tried that experiment in the over a thousand years between the extinction of the plant that ancient women used until contraceptives became readily available in the mid 20<sup>th</sup> Century. The experiment failed. Instead of control, it led to death and misery, and many, many motherless children.

Since the language of the bill itself makes a good argument for passing it, I wanted to include a little historical perspective. I think it is useful and important to see why things developed in the first place.

Thank you.

Regarding House Bill 1478  
01/28/2025

My name is Shayna Wacha. I am writing in favor of the House Bill 1478. This bill would protect access to contraception and contraceptive information in our state. This bill is vital for ensuring that individuals, like myself, have the freedom to make informed, personal decisions about when to start a family. I urge you to stand with me and many others who rely on contraception for both family planning and essential healthcare.

For me, contraception is not just a tool for preventing pregnancy—it is an integral part of my ability to plan for the future. It gives my husband and myself the opportunity to ensure we are financially and mentally prepared to raise a child when the time is right. Without access to contraception, our ability to make these important life decisions would be severely limited.

Contraception also plays a crucial role in the treatment of various chronic health conditions that affect the female reproductive system, including endometriosis, Polycystic Ovarian Syndrome (PCOS), and even severe migraines. As a young adult, I was placed on contraceptives to manage painful menstrual cycles. Without access to contraception, I would have faced severe disruptions in my daily life, including missing school and work due to debilitating pain. Contraception allowed me to continue with my studies and job without those interruptions. For many women, including myself, contraception is not just about preventing pregnancy—it's about managing health conditions and ensuring we can keep up with our personal and professional goals.

This bill guarantees that individuals have the right to access contraception from healthcare providers, and can use it as part of their healthcare plan. It also respects the rights of healthcare providers to decline providing contraception based on moral or religious objections, in line with federal law.

Access to contraception is essential for promoting public health, empowering individuals to make informed choices about their bodies, and ensuring women have the necessary tools to treat chronic conditions and prevent unintended pregnancies. I strongly encourage you to support this bill to protect reproductive rights and ensure that all individuals in our state can make the healthcare choices that are right for them.

Thank you for your consideration.

Sincerely,

Shayna Wacha

To whole it may concern:

I am writing to attest to the character of Josie Guerrero. I have had the pleasure of knowing Josie since we were kids. We met around the age of 12/13 years old. I am one year older than her and we went to schools together. She has always been someone you can count on, someone who would care for you in any way she could. She is who you call when you need a shoulder, advice, a good laugh or just a pick me up.

Josie had a hard life growing up. Her mother had tendencies to be abusive which I had witnessed first hand one night at a sleep over when we were I was 13 and she would have been 12. Her mother had left us home alone and we snuck out. When we got back her mother had come home before us earlier and when we were not there she left again. When she got back after we had returned she was furious and used a hammer to break down Josies bedroom door then once through the door she started to attack Josie with that same hammer. This was traumatic for me and especially for Josie. Through the years she had continued to endure what I can best describe as psychological abuse and I am sure there was likely more physical abuse beyond what I witnessed that night. To this day she continues to be targeted and harassed by her mother. All of which causes her heartbreak and distress like anxiety. Despite all of this I have witnessed Josie do her absolute best to provide a loving and nurturing home for her young son. He is a happy loving boy. And it is so clear to see he is her absolute world. She is a wonderful mother despite all of the challenges she has faced. I am confident that anyone who spends any amount of time with her would also see this. Raising children in general is hard. Raising children with special needs is even harder. When you add in a factor of her own mother being toxic and doing anything possible to harass and try to intimidate her, I cant imagine the stress that would cause. But Josie is resilient and still shows that she can stay consistent with her sons needs and care.

Best,

Alisha Kania

House Human Services Committee

HB 1478

January 29, 2025

Chair Ruby and members of the Committee,

My name is Ana Mastin, and I am a student at the University of North Dakota. I am majoring in Kinesiology for pre-Athletic Training. I came to UND because of how well the health programs are. I participated in the cheer team for 3 years. I mainly picked UND because of how close, yet far it is away from home. I am originally from St. Cloud, MN.

I am writing to you in support of HB 1478 which would protect access to contraception for North Dakotans. I am a college student living with Endometriosis and Adenomyosis. Two conditions that have made it very difficult to live a normal and pain free life. For me, birth control isn't just about preventing pregnancy—it is an essential treatment that helps regulate my cycles, manage severe symptoms, and protect my long-term health.

Growing up, I had the worst menstrual periods. Most days, I'd go home from school or just not go to school due to the pain. I tried multiple pain medications, and various combinations, but nothing worked. I also was heavily participating in gymnastics and track during these times as well, which usually as young tweens and teens, you don't get your periods because of the amount of stress on your body. I started taking birth control to help my periods. My period didn't care. My contractions and cramps were so bad that it started to pull on my lower back muscles so much that I ended up being more prone to back injuries.

My sophomore year of high school I had a season ending back injury and was out for half my Sophomore year through my senior year. I had 2 herniated discs. At that time however, I was misdiagnosed by the chiropractor, and she suggested I get off of it. As soon as I was off of it, everything got worse. My parents took me to an actual doctor that specializes in backs and back injuries. I had an MRI done and found out it was herniated discs. Keep in mind that I was only 16 when I had these injuries.

Without access to contraception, my ability to manage my condition and pursue my education would be severely impacted. Birth control is critical healthcare for millions of people, and protecting access to it ensures that individuals like me can thrive.

Your support makes a meaningful difference for students like me, whose health and futures depend on this care.

Thank you for your time and attention.

Sincerely,

Ana Mastin

Grand Forks, ND

House Human Services Committee  
 HR 1478  
 January 29, 2025

Chair Ruby and members of the House Human Services Committee,

My name is Dr Ana Tobiasz. I reside in the Bismarck Mandan area and am a Maternal Fetal Medicine Physician who has practiced medicine in Bismarck since 2017. After completing medical school at the University of North Dakota, I have completed my residency training in Obstetrics and Gynecology and a fellowship in Maternal Fetal Medicine. I have expertise in managing high risk pregnancies, in addition to basic obstetrics and gynecology care. I am also representing the American College of Obstetricians and Gynecologist's positions as the ND Section Chair.

**Contraception in all forms is an essential part of healthcare. Pregnancy poses a significant risk to a person's health, even in the setting of what would be considered a low risk pregnancy.** Whether or not an individual decides to become pregnant and has the ability to control their fertility is important for a multitude of reasons. **Sometimes pregnancies need to be delayed to optimize a person's health to make it safer to carry a pregnancy.** As an example, if a woman has a heart condition that can be repaired prior to pregnancy in order to reduce her risk of heart complications or death, it is beneficial to her to be able to prevent pregnancy with appropriate contraception. If a woman is taking medications that are teratogenic (can cause birth defects) or undergoing treatment for cancer, utilizing contraception until they can get on lower risk medications or complete their treatments is critical to the health of her pregnancy as well as herself.

**Sometimes pregnancies need to be delayed due to life circumstances such as employment, financial ability, education, or other factors. The ability to plan a pregnancy is critical for the economic health of women so they can engage in the workforce and improve financial stability.**

In some instances, individuals may not want to become pregnant or have children for reasons that are entirely their own business. The ability to decide whether or not to pursue pregnancy is a fundamental right of bodily autonomy.

Contraceptive methods can be utilized to treat multiple health care conditions as well, such as utilized for treating infertility, heavy bleeding, uterine cancer, among others.

There are multiple different types of contraception that individuals can choose based on their own needs. **There are some types of contraception that some individuals cannot take due to health risks.** As an example, women who have had blood clots cannot take contraceptives that contain estrogen as it increases their risk of clotting. They need to have access to other forms such as progesterone only options as well as non-hormonal options, such as a copper IUD (intrauterine device).

**Pregnancy is widely recognized as beginning at the time a fertilized egg has implanted itself into the wall of the uterus. There are no contraceptives on the market that terminate a pregnancy after implantation into the uterus.** They all work by either preventing fertilization of the egg or by preventing implantation. An abortifacient is an agent that disturbs an embryo that has already implanted. **Emergency contraception and IUD's do not disrupt a pregnancy that has already implanted. Their mechanism of action is based on preventing fertilization altogether by inhibiting ovulation or preventing fertilization.**

**Unfortunately some of these options, such as IUDs and emergency contraceptives, have been falsely conflated with abortifacients. ND century code needs to reflect the facts and reality of this necessary healthcare in order to prevent any type of legislation that is misguided and protect access to this vital aspect of healthcare. This is necessary because other states have already tried to pass this type of legislation,** therefore there is precedent that this type of legislation may occur in North Dakota as well. Additionally, **access to contraception reduces the rate of abortions.** Considering the ND legislature is intent on banning abortion and has previously passed legislation trying to ban nearly all abortions, protecting an individual's ability to decide whether or not to become pregnant is critical.

**Lastly, I hear from my patients frequently that they are concerned about access to reproductive healthcare within the state. Let's proactively preserve the rights of individuals to make decisions about their own healthcare and lives.** This is a positive step in preserving the physician patient relationship.

I respectfully request that you give HB 1478 a DO PASS recommendation.

Ana Tobiasz, MD  
American College of Obstetricians and Gynecologists, ND Section Chair  
Maternal Fetal Medicine Physician

Chairperson Ruby and members of the Human Services Committee

I am asking you to vote yes and support HB 1478, which protects access to contraceptive health care in North Dakota. Contraceptives are essential not only for family planning but also for managing medical conditions like endometriosis, PCOS, and ovarian cancer. As a healthcare provider, my clinic and I serve women with these diseases every day, witnessing firsthand how vital contraceptive access is for their health and quality of life.

HB 1478 ensures individuals can access contraception, receive accurate information, and make informed decisions with their providers—free from unnecessary restrictions. It also prevents state agencies from enacting policies that limit access to essential reproductive care, safeguarding personal health and autonomy. I urge you to vote in favor and support the well-being of North Dakotans.

Thank you for your time.

Dr. Tara Harding

**House Human Services Committee****HB 1478****Wednesday January 29, 2025**

Chair Ruby and Committee Members, I am Dr Collette Lessard, a board-certified physician in Obstetrics and Gynecology. I have been practicing for nearly 12 years and have spent my entire career in Grand Forks, North Dakota at Altru Health System. I am also writing as the Legislative Chair for the North Dakota section of the American College of Obstetricians and Gynecologists (ACOG).

I am writing in support of HB 1478. Contraception is an important part of my practice as an OBGYN physician. While contraception is often thought of as a medication or device used to prevent pregnancy, many contraceptives are also used to treat gynecologic problems that women face throughout their reproductive years. A women's reproductive years can span 40 years or more, starting from the very first menstrual period until the final one (usually early to mid 50s). Contraceptives have a large amount of scientific research supporting their safety and their effectiveness when used for either preventing pregnancy or treating a gynecologic health problem. The decision to use contraception is individualized, as physicians and other health care providers consider each patient's health, medical and gynecologic problems. We also discuss a patient's goals and discuss risks and benefits of available options. Women need to be able to access any and all contraceptives.

Utilizing contraception to prevent an unplanned pregnancy is a choice made by many women. This allows them to complete their education and have the financial means to start their family. It also allows women to prevent pregnancy all together if they do not want to be pregnant. Contraception allows women to prevent an unplanned pregnancy while they optimize their health. For example, I have seen women focusing on weight loss or hypertension management before conceiving a pregnancy. This helps to improve their pregnancy outcomes and lower their risk of pregnancy complications in the future. Being able to access full scope contraception allows them to plan their family when they are ready.

Nearly half of pregnancies in this country are unplanned. Contraception and preventing unplanned pregnancies have been shown in research to reduce abortion rates. The North Dakota legislature has seen multiple attempts focused at reducing or eliminating abortions in our state. Ensuring women in our state always have access to full scope contraception will help reduce unplanned pregnancies and abortions in our state now and in the future. There are no contraceptive options that cause abortion. Contraception, including emergency contraception and IUDs, prevent pregnancy from occurring at all.

There are dozens of gynecologic problems that hormonal contraception is used to treat. Some of these are listed as examples in HB 1478. Two of the most common examples are

for the treatment of heavy and/or painful menstrual periods. A woman who has severe pain before and during menstruation (a menstrual period) due to endometriosis, for example, may miss work and school every month due to these symptoms. Use of many hormonal contraceptives can significantly minimize or eliminate some of these symptoms, allowing that woman to function and go to work/school and take care of her family without such debilitating symptoms from menstruation. These medications can also decrease the blood loss from menstruation significantly. Without them, some women suffer from anemia (low hemoglobin) and even need iron or blood transfusions from how much bleeding occurs.

Contraception is not needed by every woman, but every woman deserves access to these options if they want or need. These are all personal and individual decisions. I had the privilege of being able to give expert medical guidance when this bill was drafted and I understand the need for this legislation. I have heard from dozens of patients about their concerns of losing access to basic reproductive healthcare, such as contraception. I urge you to give a “do pass” and support HB 1478 so that every woman has continued access to contraception in North Dakota.

Respectfully,

Collette Lessard, MD, FACOG

**House Human Services**  
**January 28, 2025**  
**HB 1478 - Testimony in Support**

Chairman Ruby and members of the Committee,

My name is Shannon Krueger and I am writing in support of HB 1478.

I am a lifelong resident of North Dakota. I've raised two beautiful children here. But having children came with complications. Each delivery resulted in a c-section, an extended hospital stay, and/or time in the ICU. I came close to not surviving the birth of my second child. My doctor at the time encouraged me to continue the prescribed birth control pills to avoid another potentially dangerous delivery.

Prior to having children, I was prescribed birth control pills to help control heavy and painful menstruation (see attached letter). The severe cramps and the heavy flow were excruciating. Without the medication, my periods were unbearable.

Oral contraceptive pills have played a valuable role in my life—and my children's. I do not know if I could have survived a third pregnancy. Everyone should have the freedom to make these life-changing medical decisions with their healthcare providers—and without unnecessary government overreach. Protecting our rights and reproductive freedom benefits everyone. I urge you to support HB 1478.

Thank you.



HEALTH CENTER -  
MEDICAL ARTS

December 12, 2018

Shannon Krueger  
223 Souris Drive  
Minot, ND 58701

RE: Shannon Krueger  
DOB:  
MRN:

To Whom It May Concern:

Shannon is currently on combination OCP therapy for the management of menorrhagia and dysmenorrhea. She is doing well on this regimen and I am requesting that you continue coverage of this medication for medical necessity.

If you have any other questions or concerns, please feel free to call my office.

Warm regards,

A handwritten signature in cursive script that reads 'Heather Bedell, MD'.

HEATHER BEDELL, MD

HB/1003

Catherine Benton

HB 1477 & HB 1478

January 28, 2025

This written testimony is provided in support of House Bills 1477 and 1478, which ensure access to fertility healthcare treatments such as in vitro fertilization (IVF) and contraception.

Reproductive healthcare is a cornerstone of individuals' and families' well-being and autonomy. IVF and contraception are vital components of this care, empowering people to make informed choices about when and how to expand their families.

For those experiencing infertility, fertility treatments like IVF offer a pathway to parenthood that may otherwise be out of reach. Infertility is a profoundly personal and often heart-wrenching experience. IVF brings hope and an opportunity to those facing medical barriers to having children.

Similarly, access to contraception is crucial for public health and individual freedom. Contraceptives allow individuals to plan pregnancies and protect against specific health conditions. Research indicates that access to contraception reduces unintended pregnancies, enhances maternal and child health outcomes, and contributes to economic stability for families and communities. It's also important to note that birth control is prescribed for numerous health reasons unrelated to preventing pregnancy, such as managing menstrual disorders, controlling acne, and addressing endometriosis.

Protecting access to assisted reproduction and contraception is essential for ensuring equitable and comprehensive reproductive healthcare for all.

This legislation upholds the fundamental principle that everyone deserves the right to access the healthcare they need without fear or government interference. It embodies the values of compassion, scientific integrity, and respect for individual autonomy.

Please support House Bills 1477 and 1478.

Thank you for your time,

Catherine Benton

Clbenton@hotmail.cim

Testimony in Support of HB 1477 and 1478

House Human Services Committee

Christina Sambor, Gender Justice

January 29, 2025

Chairman Ruby and Members of the Committee:

I am submitting testimony on behalf of my organization, Gender Justice, in support of HB 1477 and HB 1478. Gender Justice works in North Dakota and Minnesota to advance gender equity through the law. Gender Justice envisions a world in which everyone can thrive regardless of their gender, gender expression, or sexual orientation. Over the years, Gender Justice has advanced reproductive rights in the upper Midwest, advocating for pregnant people's right to exercise personal autonomy and choice.

HB 1477: North Dakotans have long established our support for reproductive rights and assisted reproductive technology ("ART"), including in vitro fertilization ("IVF"). North Dakotans voted down previous attempts to pass laws that would have the effect of limiting or banning access to ART. There is a current bill before the legislature that if passed, would have the effect of banning IVF. This is not the will of the people of the State of North Dakota. 1 in 6 people experience infertility. For some LGBTQ+ families, ART provides their pathway to having a family. This committee should carefully consider the experience of the many constituents who have voiced support for this bill and provided their experiences of the necessity of ART in their lives or in the lives of their patients, and recommend a do pass on HB 1477, in line with the will of the citizens of North Dakota.

HB 1478: Unimpeded access to contraception has been an vital medical advancement and a critical part of ensuring that women have basic control over their lives. Women in North Dakota should be assured that their continued access to contraception is respected and protected. This is a simple

bill that states an important policy. This legislative body should affirm its support for and commitment to the right of women in North Dakota to exercise this most basic and fundamental aspect of their freedom - control over their bodies, and self-determination over reproduction. Please recommend a do pass on HB 1478.

# 2025 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Pioneer Room, State Capitol

HB 1478  
2/10/2025

Relating to contraceptive health care rights; and to provide a penalty.
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2:51 p.m. Chairman M. Ruby opened the meeting.

Members Present: Chairman M. Ruby, Vice-Chairman Frelich, Representatives Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Hendrix, Holle, Kiefert, Rios, Rohr

### Discussion Topics:

- Committee action

2:52 p.m. Representative Holle moved a Do Not Pass.

2:52 p.m. Representative K. Anderson seconded the motion.

Representatives	Vote
Representative Matthew Ruby	Y
Representative Kathy Frelich	Y
Representative Karen Anderson	Y
Representative Mike Beltz	N
Representative Macy Bolinske	Y
Representative Jayme Davis	N
Representative Gretchen Dobervich	N
Representative Cleyton Fegley	Y
Representative Jared Hendrix	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Nico Rios	Y
Representative Karen Rohr	Y

2:52 p.m. Motion passed 10-3-0.

Representative K. Anderson will carry the bill.

2:52 p.m. Chairman M. Ruby closed the meeting.

*Jackson Toman, Committee Clerk*

**REPORT OF STANDING COMMITTEE**  
**HB 1478 ([25.0341.02000](#))**

**Human Services Committee (Rep. M. Ruby, Chairman)** recommends **DO NOT PASS** (10 YEAS, 3 NAYS, 0 ABSENT AND NOT VOTING). HB 1478 was placed on the Eleventh order on the calendar.