

2025 HOUSE HUMAN SERVICES

HB 1511

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1511
2/5/2025

Relating to the development of an instructional course by the state board of medicine; to provide an appropriation; and to declare an emergency.
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4:00 p.m. Chairman M. Ruby opened the hearing.

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

Members Absent: Representatives Davis, Holle

Discussion Topics:

- Courses for legal clarity
- Proposed amendments
- Mandated education

4:00 p.m. Representative Rohr, District 31, introduced the bill and submitted testimony, #35510.

4:03 p.m. Dr. Jerry Obritsch, Obstetrician and Gynecologist, testified in favor and submitted testimony, #35324.

4:12 p.m. Bridget Turbide, Executive Director of North Dakota Right to Life, testified in favor and submitted testimony, #35329.

4:14 p.m. Christopher Dodson, North Dakota Catholic Conference, testified in favor.

4:20 p.m. Jacob Thomsen, Policy Analyst of the North Dakota Family Alliance Legislative Action, testified in favor and submitted testimony, #35389.

4:21 p.m. Senator Myrdal, District 19, testified in favor.

4:24 p.m. Sandra DePountis, Executive Director of the North Dakota Board of Medicine, testified in opposition and submitted testimony, #35349.

4:27 p.m. Courtney Koebele, Executive Director, ND Medical Association, testified in opposition and submitted testimony, #34832.

4:33 p.m. Ana Tobiasz, ND Section Chair of the American College of Obstetricians and Gynecologists, testified in opposition and submitted testimony, #35109.

Additional written testimony:

Brittany Boehm, Former RN, submitted testimony in favor, #35124.

Erica Hofland, Physician, submitted testimony in opposition, #35285.

4:39 p.m. Chairman M. Ruby closed the hearing.

Jackson Toman, Committee Clerk



House Human Services Committee

HB 1511

February 5, 2025

Chairman Ruby and Committee Members, I'm Courtney Koebele and I serve as executive director of the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students. NDMA opposes HB 1511 because it mandates education for physicians. NDMA has a long-standing policy opposing educational mandates for physicians, who are already required to maintain continuing education requirements.

The other issue that can't be ignored is that our current abortion law is not settled at this point in time. There seems to be little sense for the Board of Medicine to create an educational module based on unsettled law, only to have to recreate it when the final decision comes out.

The final point I would like to request is that the requirement is one-time requirement. This is what other mandatory education for physicians do across the country, including the DEA opioid education requirements.

Thank you for the opportunity to address this committee. I would be happy to answer any questions.

HB 1511
House Human Services Committee
February 5, 2025

Chair Ruby and members of the House Human Services Committee,

My name is Dr Ana Tobiasz. I am an obstetrician/gynecologist and maternal fetal medicine physician practicing in the state since 2017. My specialty is in caring for high risk pregnancies. I urge a DO NOT PASS on HB 1511.

This bill is directing the board of medicine to create an educational course based on ND century code relating to abortion laws in North Dakota. The bill states that these chapters relate to the practice of medicine.

I have several concerns with the intent of this bill. First and foremost, the language in the ND Century Code that threatens doctors with criminal charges does not use appropriate medical terminology. In fact, the chapters of ND Century Code in this bill stand in direct contradiction to the standard of care for obstetricians trained in the United States of America about how to practice safe obstetric medicine.

Additionally, some of the ND century code chapters implicated in this bill are not even in effect as they have been deemed unconstitutional in North Dakota District Court and a final ruling on an appeal to the ND Supreme Court is pending.

If ND century code relating to abortion regulations and exceptions is so clear, why does the state feel the need to create an educational video for board eligible/board certified obstetricians/gynecologists who intend to practice their specialty in the state? I can think of no other such requirements to obtain medical licensure in the state beyond maintaining ongoing continuing medical education credits (also known as CME) and meeting the licensure requirements as set out by the specialty. The only requirement I can recall is related to DEA prescribing requirements for opioids. This was a one-time training that was implemented nationwide to improve access to opioid maintenance treatment for individuals suffering from opioid abuse and to review updated prescribing practices. The opioid education was based on science and appropriate prescribing of medications.

At this point, this bill requires doctors to be trained on sections of state law that have been deemed by the Courts to violate the North Dakota Constitution, and are not currently in effect.

I strongly urge a DO NOT PASS on 1511.

Dr Ana Tobiasz, MD
American College of Obstetricians and Gynecologists, ND section chair
NDMA member
Maternal Fetal Medicine Physician

Testimony in Support of HB 1511

Human Services Committee

February 5, 2025

Chairman and Members of the Human Services Committee,

One of the major concerns that I have heard since North Dakota's trigger law went into effect is that women would be turned away from hospitals for legitimate treatments such as miscarriages and ectopic pregnancies, endangering their lives.

Any doctor who refuses to treat a woman in these situations does not have a clear understanding of the law. This bill would ensure that every health care provider has complete knowledge of what they are able to do in the treatment of a woman in this situation.

This education increases their ability to provide life-saving care, improves the patient's confidence in the healthcare that she is receiving, and stops the spread of false information about what procedures are legally permissible.

Regardless of what form our abortion-related laws take down the road, this bill is an excellent idea. The details of which sections of the Century Code it refers to can easily be amended in the future were the laws to change.

Thank you for your time, and please give this bill a Do Pass recommendation.

Brittany Boehm

Mandan, ND

District 33

HB 1511
House Human Services Committee
69th Legislative Session

Chair Ruby and members of the House Human Services Committee, my name is Dr. Erica Hofland. I am a practicing Obstetrician Gynecologist in Dickinson and I am writing asking this committee to oppose HB 1511.

This bill intends to have physicians who self-identify as obstetric providers watch a Board of Medicine created video (which will be approved by the North Dakota Attorney General) in order to obtain and maintain licensure to practice medicine.

There are several concerns with this bill. The first of these concerns is that laws regarding pregnancy termination are frequently contested, in litigation, or otherwise in varied states of implementation. Having an accurate and meaningful video on termination of pregnancy laws in North Dakota seems unlikely. Also, while the bill does provide an appropriation for an initial video it does not account for additional updates that would likely need to be created. The cost for such a project would likely expand overtime. This is a poor utilization of resources.

The second concern is in regards to the licensure itself. A North Dakota Board of Medicine license is renewed every other year at the time of an applicant's birthday. It is likely that a change in law could happen in between these renewal dates. Are applicants going to need to renew at times in between the typical cycle in order to maintain the ability to practice? This would be disruptive not only to physicians but one would assume to the Board of Medicine itself. This also would also incur an additional cost to practicing physicians as there is a fee associated with a renewal of a license.

Lastly, if the intention of this bill is truly to educate providers on North Dakota Law, limiting this material to those who self-identify as practicing obstetrics seems inappropriate. Early pregnancy, when most terminations occur, is a time when women will access care from Family Medicine providers, Radiologists, Emergency Room Physicians, Anesthesiologists, and truly almost every other specialty. Care of pregnant women is also not limited to physicians. Nurses and nurse practitioners provide a significant amount of care to patients within the state of North Dakota including pregnant patients. These providers are being overlooked by this bill.

With the concerns noted above it seems the most appropriate action would be that information regarding termination laws in North Dakota, whether this be videos, documents, or other media, be held on a Department of Health, Attorney General, or other like website for all to view and access. Having this information tied to the North Dakota Board of Medicine and Licensure seems ineffectual, inappropriate, and costly.

I strongly urge this committee to submit a Do Not Pass recommendation on HB 1511. I would be happy to provide any other information this Committee requires.

Dr. Erica Hofland, FACOG
erica_hofland@hotmail.com
701-290-8240

Human Services Committee

HB 1511

February 5, 2025

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

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

I am here 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. 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 a pregnancy 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 is not the 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 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 being 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 a 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 had to complete an 8-hr. educational module regarding opioid pain management. This was a one-time request for DEA licensure renewal. I completed my requirement approximately 2 yrs and quite frankly, have forgotten most of the material even though it was an 8-hr. requirement. With this in mind, I would encourage 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.

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. 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

Bridget Turbide
Executive Director
North Dakota Right to Life
director@ndrl.org
701-955-8239

Dear House Human Services Committee,

I am testifying today in support of HB 1511. This bill aims to clarify any confusion surrounding the legislation passed last session—SB 2150—by ensuring that physicians practicing obstetrics in North Dakota are well-informed about our state laws.

HB 1511 would require obstetricians to complete a one-hour educational course each time they renew their medical license. This course would be free of charge and count toward the 30 total CME credits they are required to complete every two years. Importantly, this bill is designed to be adaptive—automatically updating to reflect any changes in the law. Should the current lawsuit not uphold our statute, the requirements would adjust accordingly. And, if the law is entirely struck down, there would be no requirement to educate physicians on laws that no longer exist.

Before my role as Executive Director at North Dakota Right to Life, I managed the State Board of Psychologist Examiners. That Board ensured that every applicant knew North Dakota law through a rigorous oral examination process. This diligence is essential—licensed professionals must understand and adhere to state laws to practice confidently and competently.

Our OBGYNs need the same clarity. With ongoing litigation—led entirely by lawyers representing out-of-state interest groups—challenging our laws, it is crucial that our medical professionals stay informed. I have spoken with OBGYNs who practice exceptionally well within the framework of SB 2150, proving that they can provide excellent care to women while upholding our state's pro-life values.

HB 1511 would provide our physicians with the knowledge they need to practice with confidence and clarity, ensuring that they are up-to-date with current laws, regardless of ongoing legal challenges.

I urge the committee to support HB 1511 to promote clear, consistent medical practice across our state.

Thank you for your time and consideration.



**BOARD OF
MEDICINE**

Established 1890

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**HOUSE HUMAN SERVICES COMMITTEE
FEBRUARY 5, 2025**

**TESTIMONY OF
NORTH DAKOTA BOARD OF MEDICINE
HOUSE BILL NO. 1511**

Chair Ruby, members of the Committee, I'm Sandra DePountis, Executive Director of the North Dakota Board of Medicine, appearing on behalf of the Board to provide opposition testimony on House Bill 1511 as written.

The Board of Medicine is neutral on the topic of abortion and does not express an opinion regarding our state's laws or policies on this topic. The Board's concerns are in the logistics and implementation of the Bill.

The Board of Medicine understands and respects the intent behind this bill. These laws vary widely from state to state. It would therefore be helpful to provide education so that practitioners know the laws they are subject to while practicing in North Dakota.

The question then becomes – what is the best way to provide this education and who is in the best position to provide it?

Upon thoughtful reflection – the Board wishes to share the following perspectives.

The bill requires the Board to develop an instructional course on an unsettled area of the law. One of the chapters requiring instruction - N.D.C.C. chap. 12.1-19.1 - has been declared unconstitutional and is under appeal before the North Dakota Supreme Court. It is unclear when the appeal will be resolved. Even upon the issuance of the Court's opinion, additional appeals or challenges may be made to this or other laws. In addition, new bills have been submitted this session on another identified chapter – 14-02.1 – with unknown passage, effect, and interpretation. The bill's emergency clause makes the potential changes to chapters 12.1-19.1 and 14-02.1 extra concerning.

Mission Statement

The Board's mission is to protect the public's health, safety and welfare by regulating the practice of medicine, thereby ensuring quality health care for the citizens of this state.

Until these laws become settled, the Board would caution the use of resources to create an instructional course interpreting laws that may be rendered outdated or challenged at any time. Having the Board issue a legal interpretation on unsettled law opens the Board up to liability and lawsuits. Finally, the bill does not account for the effect such changes would have on the instructional course. If the course is rendered outdated by new law or legal interpretation, what happens? Will continued funding be provided to update or redevelop the course? What happens in the interim? The bill requires obstetric practitioners to take the course as part of licensure and renewal – if the course is not available because it is being updated, would such physicians be prevented from being licensed or renewing their license?

There is also concern with the Board being the enforcer of verifying practitioner's completion of the instruction course through licensure or renewal. Legislators consistently mandate licensing boards in North Dakota to remove barriers and implement efficient licensure and renewal processes – this bill would add an additional requirement before licensure or renewal can be approved. In fulfilling this Legislative mandate, the Board supports having education and resources available but not as a requirement for licensure and renewal.

The final concern is whether the Board of Medicine is the appropriate entity to create an instructional course on North Dakota law. Licensing and regulatory boards in North Dakota do not have the authority to provide legal advice, opinions, or guidance. Requiring the Board to provide legal advice again exposes the Board to potential liability and lawsuits.

The Board therefore requests the following amendments to the bill:

- A different, more appropriate entity to develop the instructional course, in consultation with the Attorney General Office.
- Remove the Board of Medicine from the requirements for verification/enforcement of the training and instead have the instructional course available to all practitioners on the Board's website.

Thank you for your time and attention and I would be happy to answer any questions.



Testimony Supporting House Bill 1511

Jacob Thomsen, Policy Analyst
North Dakota Family Alliance Legislative Action
February 5, 2025

Good afternoon, Chairman Ruby and honorable members of the House Human Services Committee. My name is Jacob Thomsen, and I am a Policy Analyst with North Dakota Family Alliance Legislative Action. I am testifying on behalf of our organization in support of House Bill 1511 and respectfully request that you render a "DO PASS" on this bill.

Since the 2023 Legislative Session, when this body passed the bill that created a 6-week abortion ban in our Century Code, we have heard about fears and concerns from individuals around our state saying that OBGYNs no longer know what they can and cannot do. This bill directly addresses those concerns and educates our OBGYNs so that there is no question as to whether they can safely practice obstetrics in this state.

For this reason, North Dakota Family Alliance Legislative Action respectfully requests that you render a "DO PASS" on House Bill 1511. Thank you for giving me the opportunity to testify, I will stand for any questions.

2/5/2025 - HB1511

House Human Services

Good Afternoon Chairman Ruby and Committee Members

For the record, my name is Representative Karen Rohr, and I represent District 31 which includes part of Morton County, all of Grant County and Sioux County and part of Hettinger County.

I stand before you today to introduce HB1511. This bill relates to physician continuing education requirements relating to limitations on the performance of abortions and to provide for an effective date.

First, prior to inviting the supporters of this bill to come forward and go over the need for the bill and the provisions of the bill, I want to inform the committee that prior to submitting this bill, meetings were held with the Attorney General, Governor's legal counsel, ND Board of Medicine, General Counsel for the ND Catholic Conference, Executive Director of the ND Right to Life, the Pro-Life caucus which includes 90 legislators, and a highly respected Obstetrician and Gynecologist with 33 years of clinical & hospital practice to go over the need for the bill, educational content and process for implementation, and the appropriation. Changes to the original bill were made based on these conversations.

Secondly, I have an amendment to the original bill.

I stand for questions.

Thank you for your consideration.

Representative Karen Rohr

At this time, I would like to introduce Dr. Jerry Obritsch, OB/GYN physician, to come forward and go over the need for this bill.

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1511
2/17/2025

Relating to the development of an instructional course by the state board of medicine; to provide an appropriation; and to declare an emergency.

4:05 p.m. Chairman M. Ruby opened the meeting.

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

Discussion Topics:

- Committee action
- Education requirements for obstetricians

4:05 p.m. Representative Rohr moved to adopt amendment LC# 25.0963.02001.

4:06 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	Y
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

4:10 p.m. Motion passed 11-2-0.

4:10 p.m. Vice-Chairman Frelich moved a Do Pass as amended.

4:10 p.m. Representative Bolinske 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

4:12 p.m. Motion passed 10-3-0.

Representative Rohr will carry the bill.

4:12 p.m. Chairman M. Ruby closed the meeting.

Jackson Toman, Committee Clerk

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

CC 2/17
10P3

HOUSE BILL NO. 1511

Introduced by

Representatives Rohr, Lefor, D. Ruby, Steiner, Vigasaa

Senators Gerhardt, Hogue, Klein, Myrdal

1 A BILL for an Act to create and enact a new subsection to section 43-17-27.1 of the North
2 Dakota Century Code, relating to ~~the development of an instructional course by the state board~~
3 ~~of medicine~~ physician continuing education requirements; to amend and reenact section
4 14-02.1-04 of the North Dakota Century Code, relating to limitations on the performance of an
5 abortion; to provide an appropriation; to provide an effective date; and to declare an emergency.

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

7 **SECTION 1. AMENDMENT.** Section 14-02.1-04 of the North Dakota Century Code is
8 amended and reenacted as follows:

9 **14-02.1-04. Limitations on the performance of abortions - Penalty.**

10 1. An abortion may not be performed by any ~~person~~ individual other than a physician,
11 engaged in the practice of obstetrics, who is using applicable medical standards and
12 who is licensed to practice in this state. All physicians performing abortion procedures
13 must have admitting privileges at a hospital located within thirty miles [42.28
14 kilometers] of the abortion facility and staff privileges to replace hospital on-staff
15 physicians at that hospital. These privileges must include the abortion procedures the
16 physician will be performing at abortion facilities. An abortion facility must have a staff
17 member trained in cardiopulmonary resuscitation present at all times when the
18 abortion facility is open and abortions are scheduled to be performed.

2. After the first twelve weeks of pregnancy but before the time at which the unborn child may reasonably be expected to have reached viability, an abortion may not be performed in any facility other than a licensed hospital.
3. An abortion facility may not perform an abortion on a woman without first offering the woman an opportunity to receive and view at the abortion facility or another facility an active ultrasound of her unborn child. The offer and opportunity to receive and view an ultrasound must occur at least twenty-four hours before the abortion is scheduled to be performed. The active ultrasound image must be of a quality consistent with standard medical practice in the community, contain the dimensions of the unborn child, and accurately portray the presence of external members and internal organs, including the heartbeat, if present or viewable, of the unborn child. The auscultation of the fetal heart tone must be of a quality consistent with standard medical practice in the community. The abortion facility shall document the woman's response to the offer, including the date and time of the offer and the woman's signature attesting to her informed decision.
4. A physician may not perform an abortion unless the physician has reviewed the educational information created under section 43-17-27.1 within one year before the performance of an abortion. This subsection does not apply in the case of a medical emergency.
5. Any physician who performs an abortion without complying with the provisions of this section is guilty of a class A misdemeanor.
- ~~5-6~~ It is a class B felony for any ~~person~~individual, other than a physician licensed under chapter 43-17, to perform an abortion in this state.

SECTION 2. A new subsection to section 43-17-27.1 of the North Dakota Century Code is created and enacted as follows:

~~The board shall develop, in consultation with and with final approval from the attorney general, an instructional course on chapters 12.1-19.1, 14-02.1, and 14-02.6 as the chapters relate to the practice of medicine. The~~As part of licensure or renewal requirements under this section, the board shall require a physician engaging in the practice of obstetrics to complete thean instructional course as part of licensure or renewal requirements under this sectionon chapters 12.1-19.1, 14-02.1, and 14-02.6

1 as the chapters relate to the practice of medicine. The instructional course must be
2 developed by contract through the office of management and budget, in consultation
3 with and with final approval from the attorney general. This section does not create a
4 right of action against the board by a physician acting upon reliance of the instructional
5 course.

6 **SECTION 3. APPROPRIATION - ~~STATE BOARD OF MEDICINE~~OFFICE OF**
7 **MANAGEMENT AND BUDGET - INSTRUCTIONAL COURSE DEVELOPMENT.** There is
8 appropriated out of any moneys in the general fund in the state treasury, not otherwise
9 appropriated, the sum of \$50,000, or so much of the sum as may be necessary, to the ~~state~~
10 ~~board of medicine~~office of management and budget for the purpose of developing an
11 instructional course on chapters 12.1-19.1, 14-02.1, and 14-02.6 as the chapters relate to the
12 practice of medicine, for the biennium beginning July 1, 2025, and ending June 30, 2027. The
13 contract must be awarded to an individual who is or an organization that includes a physician
14 with a minimum of twenty-five years of experience in the practice of obstetrics in the state, and
15 must be developed with and granted final approval from the attorney general.

16 **SECTION 4. EFFECTIVE DATE.** Sections 1 and 2 of this Act become effective on
17 January 1, 2026.

18 **SECTION 5. EMERGENCY.** ~~This~~Section 3 of this Act is declared to be an emergency
19 measure.

**REPORT OF STANDING COMMITTEE
HB 1511**

Human Services Committee (Rep. M. Ruby, Chairman) recommends **AMENDMENTS** ([25.0963.02001](#)) and when so amended, recommends **DO PASS** (10 YEAS, 3 NAYS, 0 ABSENT OR EXCUSED AND NOT VOTING). HB 1511 was placed on the Sixth order on the calendar.

25.0963.02001
Title.03000

Prepared by the Legislative Council
staff for Representative Rohr
February 4, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

HOUSE BILL NO. 1511

Introduced by

Representatives Rohr, Lefor, D. Ruby, Steiner, Vigesaa

Senators Gerhardt, Hogue, Klein, Myrdal

1 A BILL for an Act to create and enact a new subsection to section 43-17-27.1 of the North
2 Dakota Century Code, relating to ~~the development of an instructional course by the state board~~
3 ~~of medicine~~ physician continuing education requirements; to amend and reenact section
4 14-02.1-04 of the North Dakota Century Code, relating to limitations on the performance of an
5 abortion; to provide an appropriation; to provide an effective date; and to declare an emergency.

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

7 **SECTION 1. AMENDMENT.** Section 14-02.1-04 of the North Dakota Century Code is
8 amended and reenacted as follows:

9 **14-02.1-04. Limitations on the performance of abortions - Penalty.**

10 1. An abortion may not be performed by any ~~person~~ individual other than a physician,
11 engaged in the practice of obstetrics, who is using applicable medical standards and
12 who is licensed to practice in this state. All physicians performing abortion procedures
13 must have admitting privileges at a hospital located within thirty miles [42.28
14 kilometers] of the abortion facility and staff privileges to replace hospital on-staff
15 physicians at that hospital. These privileges must include the abortion procedures the
16 physician will be performing at abortion facilities. An abortion facility must have a staff
17 member trained in cardiopulmonary resuscitation present at all times when the
18 abortion facility is open and abortions are scheduled to be performed.

2. After the first twelve weeks of pregnancy but before the time at which the unborn child may reasonably be expected to have reached viability, an abortion may not be performed in any facility other than a licensed hospital.
3. An abortion facility may not perform an abortion on a woman without first offering the woman an opportunity to receive and view at the abortion facility or another facility an active ultrasound of her unborn child. The offer and opportunity to receive and view an ultrasound must occur at least twenty-four hours before the abortion is scheduled to be performed. The active ultrasound image must be of a quality consistent with standard medical practice in the community, contain the dimensions of the unborn child, and accurately portray the presence of external members and internal organs, including the heartbeat, if present or viewable, of the unborn child. The auscultation of the fetal heart tone must be of a quality consistent with standard medical practice in the community. The abortion facility shall document the woman's response to the offer, including the date and time of the offer and the woman's signature attesting to her informed decision.
4. A physician may not perform an abortion unless the physician has reviewed the educational information created under section 43-17-27.1 within one year before the performance of an abortion. This subsection does not apply in the case of a medical emergency.
5. Any physician who performs an abortion without complying with the provisions of this section is guilty of a class A misdemeanor.
- ~~5-6~~ It is a class B felony for any ~~person~~individual, other than a physician licensed under chapter 43-17, to perform an abortion in this state.

SECTION 2. A new subsection to section 43-17-27.1 of the North Dakota Century Code is created and enacted as follows:

~~The board shall develop, in consultation with and with final approval from the attorney general, an instructional course on chapters 12.1-19.1, 14-02.1, and 14-02.6 as the chapters relate to the practice of medicine. The~~As part of licensure or renewal requirements under this section, the board shall require a physician engaging in the practice of obstetrics to complete thean instructional course as part of licensure or renewal requirements under this sectionon chapters 12.1-19.1, 14-02.1, and 14-02.6

1 as the chapters relate to the practice of medicine. The instructional course must be
2 developed by contract through the office of management and budget, in consultation
3 with and with final approval from the attorney general. This section does not create a
4 right of action against the board by a physician acting upon reliance of the instructional
5 course.

6 **SECTION 3. APPROPRIATION - ~~STATE BOARD OF MEDICINE~~OFFICE OF**
7 **MANAGEMENT AND BUDGET - INSTRUCTIONAL COURSE DEVELOPMENT.** There is
8 appropriated out of any moneys in the general fund in the state treasury, not otherwise
9 appropriated, the sum of \$50,000, or so much of the sum as may be necessary, to the ~~state~~
10 ~~board of medicine~~office of management and budget for the purpose of developing an
11 instructional course on chapters 12.1-19.1, 14-02.1, and 14-02.6 as the chapters relate to the
12 practice of medicine, for the biennium beginning July 1, 2025, and ending June 30, 2027. The
13 contract must be awarded to an individual who is or an organization that includes a physician
14 with a minimum of twenty-five years of experience in the practice of obstetrics in the state, and
15 must be developed with and granted final approval from the attorney general.

16 **SECTION 4. EFFECTIVE DATE.** Sections 1 and 2 of this Act become effective on
17 January 1, 2026.

18 **SECTION 5. EMERGENCY.** ~~This~~Section 3 of this Act is declared to be an emergency
19 measure.

2025 SENATE JUDICIARY

HB 1511

2025 SENATE STANDING COMMITTEE MINUTES

Judiciary Committee Peace Garden Room, State Capitol

HB 1511
3/17/2025

Relating to physician continuing education requirements and to limitations on the performance of an abortion; to provide an appropriation; to provide an effective date; and to declare an emergency.

8:58 a.m. Chair Larson opened the meeting.

Members present:

Chair Larson, Vice Chairman Paulson, Senators: Castaneda, Cory, Luick, Myrdal, Braunberger.

Discussion Topics:

- Abortion law clarity
- Legal liability for medical practitioners
- Development of instructional course content
- Medical standards and practices

8:59 a.m. Representative Rohr introduced the bill and proposed a verbal amendment to change "section 1 subsection 4 on page 2 line 14 to change the word one to two".

9:04 a.m. Jerry Mi. Obritsch, OBGYN Physician, testified in favor and submitted testimony #41860.

9:14 a.m. Bridget C. Turbide, Executive Director, North Dakota Right to Life, testified in favor and submitted testimony #42050.

9:20 a.m. Christopher Dodson, Co-Director, ND Catholic Conference, testified in favor.

9:23 a.m. Jacob Thomsen, Policy Analyst, North Dakota Family Alliance Legislative Action, testified in favor and submitted testimony #42134.

9:25 a.m. Sandra DePountis, Executive Director, ND Board of Medicine, testified in opposition and submitted testimony #41864.

9:37 a.m. Courtney Koebele, Executive Director, ND Medical Association, testified in opposition and submitted testimony #41872.

9:39 a.m. Ana Tobiasz, ND Section Chair, ACOG, testified in opposition and submitted testimony #42099.

9:48 a.m. Zena Homan, OBGYN, testified in opposition and submitted testimony #42084.

10:00 a.m. Marissa Wisdom, OBGYN, testified in opposition and submitted testimony #42076.

Additional written testimony:

Jessie Fauntleroy, OBGYN, submitted testimony in opposition #42047.

Shannon Bradley, OBGYN, submitted testimony in opposition #42089.

Heather N. Sandness Nelson, MD, submitted testimony in opposition #41941.

Collette Lessard, physician of Altru, submitted testimony in opposition #41971.

Erica Hofland, OBGYN Physician, submitted testimony in opposition #41990.

Erin E. Lee submitted testimony in opposition #42033.

Tom Hutchens, Retired OBGYN, submitted testimony in opposition #42081.

Brendan M. Boe, Obstetrician and Gynecologist, submitted testimony in opposition #42098.

10:03 a.m. Chair Larson closed the hearing.

Kendra McCann, Committee Clerk

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 9th of 12th 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



**BOARD OF
MEDICINE**

Established 1890

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**SENATE JUDICIARY COMMITTEE
MARCH 17, 2025**

**TESTIMONY OF
NORTH DAKOTA BOARD OF MEDICINE
HOUSE BILL NO. 1511**

Chair Larson, members of the Committee, I'm Sandra DePountis, Executive Director of the North Dakota Board of Medicine, appearing on behalf of the Board in opposition to H.B. 1511 and offering amendments.

The Board of Medicine is neutral on the topic of abortion and does not express an opinion regarding our state's laws or policies on this topic. The Board's concerns are in the logistics and implementation of the Bill – specifically in mandating obstetric practitioners to take a yet to be developed “instructional course” as a requirement for licensure and renewal.

The Board understands and respects the intent behind this bill. These laws vary widely from state to state. To have education available so practitioners know what laws they are subject to while practicing in North Dakota may alleviate some questions and concerns.

The question then becomes – what is the best way to provide this education?

Upon thoughtful reflection – the Board wishes to share the following perspectives.

The legislature consistently mandates that licensing boards in North Dakota remove barriers and implement efficient licensure and renewal processes – pushing for a free flow of licensure and resulting workforce from one state to another. Boards are continually scrutinized and studied in this area. Last session it was through SB 2249 that the Department of Labor did a very comprehensive study on Boards. There are two bills proposed this session to continue Board review into the next biennium (HB 1442 and SB 2308). Another current bill, SB 2395, would implement Universal Licensure in the state and mandate that licenses be issued within 10 days.

Mission Statement

The Board's mission is to protect the public's health, safety and welfare by regulating the practice of medicine, thereby ensuring quality health care for the citizens of this state.

This bill adds an additional requirement to initial licensure and renewal not required by any other medical board in the nation, by mandating an “instructional course” be taken by physicians practicing obstetrics before the Board may approve their application or renewal. There are no parameters regarding the length of the course, and the course has not yet been developed, so it is uncertain at this time what strain this requirement will put on licensees. This is also an unsettled area of the law – with one chapter currently under appeal before the Supreme Court. A course made today may be rendered outdated by the end of the year. If the instructional course is not available for whatever reason (such as being rendered outdated due to new legal interpretation), physicians would arguably could not be licensed or renewed under the current language of the bill because they have not taken the course.

In addition, North Dakota is part of the Interstate Medical Licensure Compact (IMLC). Compact licenses are issued quickly – the same day an application is received. The requirements for licensure and renewal through the Compact are outlined in North Dakota Century Code chapter 43-17.4. This is model legislation adopted in 42 states that cannot be changed. The Board therefore cannot mandate this additional requirement for licensure through the IMLC – which currently account for over 60% of licenses issued.

As for continuing education, physicians report that one of the most tedious and burdensome requirements when it comes to maintaining licensure is tracking all the various continuing medical education (CME) requirements, due dates, and specific course requirements across numerous states in which they are licensed. Most physicians are certified in their specialty areas by the American Board of Medical Specialties (ABMS) and must submit CMEs and pass continued testing to maintain this certification. In acknowledging this burden and unnecessary redundancy, SB 2115 was passed in 2023 recognizing ABMS certification in lieu of state specific CME requirements – aligning North Dakota with best practices followed by other states. This was positively received by our licensees and was credited under SB 2249 study last biennium conducted by the Department of Labor that reviewed, in part, continuing education

requirements for Boards. This bill goes backwards and adds a requirement back into law for licensee renewal.

Physicians are personally responsible for making sure they comply with state law while practicing in North Dakota. There are state laws on controlled substances, telemedicine requirements, informed consent, commitment proceedings, off-label prescribing, etc. The Board supports having education on this topic available but not as a condition for licensure and renewal. Instead, like all other North Dakota specific laws on health care, the physicians should be responsible for making sure they are practicing accordingly.

The Board therefore requests the bill be amended to remove this requirement for licensure or renewal, while, in keeping with the spirit of the bill, have the education available to all practitioners on the Board's website.

Thank you for your time and attention and I would be happy to answer any questions.

PROPOSED AMENDMENTS TO

FIRST ENGROSSMENT

ENGROSSED HOUSE BILL NO. 1511

Introduced by

Representatives Rohr, Lefor, D. Ruby, Steiner, Vigesaa

Senators Gerhardt, Hogue, Klein, Myrdal

1 A BILL for an Act to create and enact a new subsection to section 43-17-27.1 of the North
2 Dakota Century Code, relating to physician continuing education requirements; to amend and
3 reenact section 14-02.1-04 of the North Dakota Century Code, relating to limitations on the
4 performance of an abortion; to provide an appropriation; to provide an effective date; and to
5 declare an emergency.

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

7 **SECTION 1. AMENDMENT.** Section 14-02.1-04 of the North Dakota Century Code is
8 amended and reenacted as follows:

9 **14-02.1-04. Limitations on the performance of abortions - Penalty.**

- 10 1. An abortion may not be performed by any ~~person~~individual other than a physician,
11 engaged in the practice of obstetrics, who is using applicable medical standards and
12 who is licensed to practice in this state. All physicians performing abortion procedures
13 must have admitting privileges at a hospital located within thirty miles [42.28
14 kilometers] of the abortion facility and staff privileges to replace hospital on-staff
15 physicians at that hospital. These privileges must include the abortion procedures the
16 physician will be performing at abortion facilities. An abortion facility must have a staff
17 member trained in cardiopulmonary resuscitation present at all times when the
18 abortion facility is open and abortions are scheduled to be performed.
- 19 2. After the first twelve weeks of pregnancy but before the time at which the unborn child
20 may reasonably be expected to have reached viability, an abortion may not be
21 performed in any facility other than a licensed hospital.

3. An abortion facility may not perform an abortion on a woman without first offering the woman an opportunity to receive and view at the abortion facility or another facility an active ultrasound of her unborn child. The offer and opportunity to receive and view an ultrasound must occur at least twenty-four hours before the abortion is scheduled to be performed. The active ultrasound image must be of a quality consistent with standard medical practice in the community, contain the dimensions of the unborn child, and accurately portray the presence of external members and internal organs, including the heartbeat, if present or viewable, of the unborn child. The auscultation of the fetal heart tone must be of a quality consistent with standard medical practice in the community. The abortion facility shall document the woman's response to the offer, including the date and time of the offer and the woman's signature attesting to her informed decision.

4. A physician may not perform an abortion unless the physician has reviewed the educational information created under section 43-17-27.1 within one year before the performance of an abortion. This subsection does not apply in the case of a medical emergency.

5. Any physician who performs an abortion without complying with the provisions of this section is guilty of a class A misdemeanor.

~~5.6.~~ It is a class B felony for any ~~person~~individual, other than a physician licensed under chapter 43-17, to perform an abortion in this state.

SECTION 2. A new subsection to section 43-17-27.1 of the North Dakota Century Code is created and enacted as follows:

~~As part of licensure or renewal requirements under this section, the~~The board shall ~~require a physician engaging in the practice of obstetrics to complete~~provide access to an instructional course on chapters 12.1-19.1, 14-02.1, and 14-02.6 as the chapters related to the practice of medicine on its website. The instructional course must be developed by contract through the office of management and budget, in consultation with and with final approval from the attorney general. This section does not create a right of action against the board by a physician acting upon reliance of the instructional course. The course shall be removed from the website if it no longer accurately reflects North Dakota law.

SECTION 3. APPROPRIATION - OFFICE OF MANAGEMENT AND BUDGET -

1 **INSTRUCTIONAL COURSE DEVELOPMENT.** There is appropriated out of any moneys in the
2 general fund in the state treasury, not otherwise appropriated, the sum of \$50,000, or so much
3 of the sum as may be necessary, to the office of management and budget for the purpose of
4 developing an instructional course on chapters 12.1-19.1, 14-02.1, and 14-02.6 as the chapters
5 relate to the practice of medicine, for the biennium beginning July 1, 2025, and ending June 30,
6 2027. The contract must be awarded to an individual who is or an organization that includes a
7 physician with a minimum of twenty-five years of experience in the practice of obstetrics in the
8 state, and must be developed with and granted final approval from the attorney general.

9 **SECTION 4. EFFECTIVE DATE.** Sections 1 and 2 of this Act become effective on
9 January 1, 2026.

10 **SECTION 5. EMERGENCY.** Section 3 of this Act is declared to be an emergency measure.



Senate Judiciary Committee

HB 1511

March 17, 2025

Chair Larson and Committee Members, I'm Courtney Koebele and I serve as executive director of the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students. NDMA opposes HB 1511 because it mandates education for physicians. NDMA has a long-standing policy opposing educational mandates for physicians, who are already required to maintain continuing education requirements.

The other issue that can't be ignored is that our current abortion law is not settled at this point in time. There seems to be little sense to create an educational module based on unsettled law, only to have to recreate it when the final decision comes out.

NDMA supports the amendments offered by the Board of Medicine. As noted in their testimony, this bill would add a new requirement for licensure and renewal not required in any other state. As further noted, the Board is part of the Interstate Medical Licensure Compact, and the Compact does not allow for additional requirements for licensure. North Dakota Century Code chapter 43-17.4 is a uniform compact law adopted (at this time) by 42 states that cannot be changed. Over 60% of physician licenses are issued through the compact.

NDMA urges a DO NOT PASS of HB 1511. Thank you for the opportunity to address this committee. I would be happy to answer any questions.

Senate Judiciary Committee

HB1511

March 17, 2025

Chair Larson, and members of the Judiciary Committee.

My name is Dr. Heather Sandness Nelson. I am an Obstetrician/Gynecologist physician in North Dakota. I was born and raised in Bismarck, attended Medical School at University of North Dakota and chose to move back after completing my training to raise my family and give back to the community that supported me. I have been practicing in the community since 2017 and currently the Chair of the OB/Gyn Department at a hospital in Bismarck. I am asking for a Do Not Pass of HB1511.

I am writing to express my strong opposition to House Bill 1511. This bill, which mandates additional education for physicians regarding North Dakota's existing abortion law, is both unnecessary and fails to address the real issue facing healthcare providers in our state.

Physicians in North Dakota are fully aware of the current abortion laws. The notion that they require additional education on the subject is misguided and implies a lack of understanding that simply does not exist. The concern is not a lack of education but rather the pervasive fear among medical professionals that providing necessary medical care could expose them to legal repercussions. The ambiguity of the abortion law discourages physicians from offering essential medical care, out of concern for their professional and legal safety.

OB/Gyns are already required to complete continuing education to maintain their board certification. We are also required to complete continuing education to maintain our medical license. This education is developed based on research and is vetted to ensure it meets the highest medical standards. House Bill 1511 provides no guidance on how the mandated course is to be developed beyond allocating a budget. Unlike the continuing education we currently complete, which is evidence-based, this new course would center around a law that must be interpreted on a case-by-case basis. The abortion law 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." How can we ensure that the individual(s) developing this course and their interpretation of the "reasonable medical judgement" will align with how a jury of my peers would interpret it? This is what leads to the hesitancy physicians feel in providing necessary medical care, not a lack of understanding the law.

Additionally, the requirements to award the contract to develop this course appear intentionally restrictive. “A physician with a minimum of twenty-five years of experience in the practice of obstetrics in the state.” Restricting the awarding of the contract to a physician with 25 years of experience of Obstetrics in the state of North Dakota does not ensure acceptable quality of experience. “Years of experience” does not equate or guarantee knowledge of best practices or being up to date on standards of care in Obstetrics. The physician may have the stated years of experience but understand very little about abortion because they did not provide it when they did practice. 25 years of experience in Obstetrics does not equate a law degree to interpret the language of the law and how it is applied. The wording of the bill also does not guarantee the physician is even currently practicing in Obstetrics, carry current board certification, or hold an active license to practice medicine. With how Medicine can change, all three should be a minimum to be qualified to be awarded the contract, not minimum years of service.

Rather than implementing unnecessary, redundant education requirements, lawmakers need to focus on the actual concern with the abortion law. The ambiguity with which “reasonable medical judgement” can be interpreted, and the fear of prosecution or professional retaliation. Any law that fosters uncertainty in medical decision-making puts patients at risk and undermines the fundamental principles of healthcare. A mandated course reflecting a single interpretation of the law does not change that a jury of peers and their interpretation will ultimately decide.

I urge you to vote Do Not Pass on HB1511 and instead work toward legislative solutions that protect both physicians and the patients they care for. Thank you for your time and consideration.

Sincerely yours,

Heather Sandness Nelson, MD FACOG
American College of Obstetricians and Gynecologists

Senate Judiciary Committee
HB 1511
Monday March 17, 2025

Chair Larson 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. 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 opposition of HB 1511. Many OBGYN physicians across our state have concerns with the amendments in this bill.

First, this bill is about creating an educational video about sections of a state law that have been deemed unconstitutional and are currently not in effect.

This bill also specifically excludes other health care practitioners from performing abortions outside of the specialty of Obstetrics. There are Family Practice physicians that have training in providing medical and surgical abortions and it is within their scope of practice to do so. In our rural state of North Dakota, we already have a maternity care desert, and we rely upon Family Practice physicians to help expand our access for obstetrics to all corners of the state. Passing this bill will again worsen our access to care and perpetuate the maternity care deserts in our state. According to national statistics from 2023, 71.7% of counties in North Dakota are considered maternal care deserts. Women in North Dakota already have a very high vulnerability to adverse outcomes due to the limited availability of reproductive healthcare services. Passing this bill would worsen this.

These amendments are again another example of government interference with the practice of medicine. We are upheld to medical, educational, and ethical standards as physicians. The North Dakota Board of Medicine monitors and upholds physicians to stay in line with these standards. We are also required on an annual basis by the American Board of Obstetricians and Gynecologists to complete educational modules to maintain OBGYN board certification. Requiring OBGYN physicians to watch an educational video created by the state government on abortion adds nothing to our physician competency. This is another process of our state government trying to be involved in and interfere with women's healthcare. There are no other medical specialties in our state required to watch a video, created by the government, on a procedure that they are skilled and trained in.

Another concern I have goes back to the debate with prior abortion bills about "what constitutes a medical emergency"? Which diagnosis is enough for a physician who is not an Obstetrician or who is not up to date on the educational video to be able to perform an abortion to a woman and be considered a medical emergency? Do her vital signs need to be abnormal? Does she need to be septic with an infection? Does she need to be suffering from end organ failure or in the intensive care unit? There are criminal charges associated with not complying with this.

In summary, abortion is a component of comprehensive women's health care. OBGYN physicians are skilled in and sufficiently trained in all aspects of women's health care and we already comply with regulatory board requirements to be sure that we are practicing evidence-based medicine. The state government posing additional restrictions does nothing to improve safety for women in our state. These regulations only make the practice of medicine more confusing and pose fear amongst providers that they are going to break a law while providing compassionate quality healthcare for their

patients. Passing HB 1511 will worsen our maternity care desert in North Dakota by further restricting access to women's health care. Considering that there are no "abortion facilities" in our state and OBGYNs only practice at hospitals in our state, these laws will be directly impacting women with pregnancy complications. This adds further emotional distress and potential health risks to already devastating diagnoses and pregnancy circumstances.

I am strongly urging you to give a "do not pass" to HB 1511.

Respectfully,

Collette Lessard, MD, FACOG

HB 1511
Senate Judiciary Committee
69th Legislative Session

Chair Larson and members of the Senate Judiciary Committee, my name is Dr. Erica Hofland. I am a practicing Obstetrician Gynecologist in Dickinson and I am writing asking this committee to oppose HB 1511.

This bill intends to have physicians who self-identify as obstetric providers participate in an educational session the Board of Medicine creates (which will be approved by the North Dakota Attorney General) in order to obtain and maintain licensure to practice medicine.

There are several concerns with this bill. The first of these concerns is that laws regarding pregnancy termination are frequently contested, in litigation, or otherwise in varied states of implementation. Having an accurate and meaningful educational program on termination of pregnancy laws in North Dakota seems unlikely. Also, while the bill does provide an appropriation for an initial educational program it does not account for additional updates that would likely need to be created. The cost for such a project would likely expand overtime. This is a poor utilization of resources.

The second concern is in regards to the licensure itself. A North Dakota Board of Medicine license is renewed every other year at the time of an applicant's birthday. It is likely that a change in law could happen in between these renewal dates. Are applicants going to need to renew at times in between the typical cycle in order to maintain the ability to practice? This would be disruptive not only to physicians but one would assume to the Board of Medicine itself. This also would incur an additional cost to practicing physicians as there is a fee associated with a renewal of a license.

Lastly, if the intention of this bill is truly to educate providers on North Dakota Law, limiting this material to those who self-identify as practicing obstetrics seems inappropriate. Early pregnancy, when most terminations occur, is a time when women will access care from Family Medicine providers, Radiologists, Emergency Room Physicians, Anesthesiologists, and truly almost every other specialty. Care of pregnant women is also not limited to physicians. Nurses and nurse practitioners provide a significant amount of care to patients within the state of North Dakota including pregnant patients. These providers are being overlooked by this bill.

With the concerns noted above it seems the most appropriate action would be that information regarding termination laws in North Dakota, whether this be videos, documents, or other media, be held on a Department of Health, Attorney General, or other like website for all to view and access. Having this information tied to the North Dakota Board of Medicine and Licensure seems ineffectual, inappropriate, and costly.

I strongly urge this committee to submit a Do Not Pass recommendation on HB 1511. I would be happy to provide any other information this Committee requires.

Dr. Erica Hofland, FACOG
erica_hofland@hotmail.com
701-290-8240

Senate Judiciary Committee

HB 1511

Chair Larson and Committee Members:

My name is Erin Lee and I live in Fargo, and work as a nurse practitioner in women's health.

I am asking that you please vote DO NOT PASS on HB 1511. This bill would just impose an extra requirement for providers practicing obstetrics. Physicians already have to do countless hours of CME per year. Adding this extra state-mandated, annual requirement, would only make them have more work but yet wouldn't provide patients any added benefit. Physicians' time is best spent providing care to their patients, not trying to figure out the shifting legal requirements of the unsettled abortion laws in our state. There isn't even an abortion clinic in our state right now anyway so I'm not sure why this bill is even up for proposal.

Please reject HB 1511 so health care providers can have more time to help our patients.

Erin Lee

Fargo, ND

Dr Jessie Fauntleroy, MD
Testimony in Opposition to HB 1511
Senate Judiciary Committee
March 17, 2025

My name is Dr. Jessie Fauntleroy. I am a board-certified obstetrician/gynecologist (OB/GYN) generalist practicing within our state since 2016. I care for women of all ages. My concern today is regarding the consideration of House Bill 1511.

Section 1 of the amendment places limitations on who can perform an abortion. Our state is faced with shortages of OB/GYNs. There are care deserts within our state. These areas lack a practicing OB/GYN. There are critical access hospitals in these areas. Some of which are staffed by non-OB/GYN providers (including Nurse Practitioners, Physician Assistants, and Family Medicine Physicians). These providers are critical for the care of our patients that require urgent care. Your constituents, our patients, are not always aware that they may not be able to receive certain types of care at these facilities. There may be a significant delay in care, leading to increased complications and in some instances, death. Taking away the ability of these providers to perform care that they are trained to do or recommended via phone consultation may not only impact the patient but also puts an increased burden on our healthcare system. I have experienced situations in which weather did not allow for transportation of a patient to my facility. I was able to assist the non-OB/GYN provider via phone consultation until it was safe for the provider to send the patient to me. This amendment would have impacted this patient's care because the provider was not an "HB 1511 provider." According to this amendment, the care would not have been rendered. The amendment also places penalties for not complying with the provisions. Being penalized for performing my job within the scope of my practice not only undermines my education, it puts my patients, your constituents, at risk.

Section 2 of the amendment develops new requirements to complete an instructional course. This not only places more of an administrative burden on practicing OB/GYNs, but it also undermines the years of education that it takes to become a board-certified OB/GYN. Just for some background. I completed 4 years of undergraduate education, 2 years of a graduate program to receive my Master's degree, 4 years of medical school, and 4 years of residency. This included multiple board exams, including my American Board of Obstetrics and Gynecology

certification. This certification is yearly and ensures that OB/GYNs are utilizing the most up to date information. My other concern is regarding the denial of legal recourse from relying on the information supplied in the video. The American College of Obstetricians and Gynecologists (ACOG) puts forth recommendations that should be followed by practicing OB/GYN providers. If the information provided in the video conflicts with the current recommendations, I could be penalized by the state for following ACOG recommendations or penalized by ACOG for following the information provided in the video. As an active member of ACOG, I am in a no-win situation.

Section 3 of the amendment discusses development of the instructional course. The landscape of medicine is ever-changing. Years of experience in a field of medicine in today's society does not equate to the most up to date practices. Placing an arbitrary number of 25 years as the minimum experience needed to discuss a law does not make the information more accurate. Remember, physicians attend medical school, not law school. A lawyer or someone who is in the field of law would be the best fit to explain a law. Just like owning house plants does not make me a farmer. Spending your constituents', our patients', money on educating highly intelligent individuals on a law that has been determined to violate the North Dakota Constitution is a waste of money. In a time that we are trying to cut back on governmental waste, this is not the time to enact such an amendment. Such allocated funds can be used to support struggling families in our communities.

These amendments will ultimately take care out of the hands of those who already provide it in emergent situations and cause others to second guess providing care for fear of penalty. In all, this amendment is not an "emergency" as it is deemed in the proposal. The true emergency will be at the expense of our patients, your constituents, of whom it will negatively impact. I strongly urge you not to pass House Bill 1511.

Dr Jessie Fauntleroy, MD
Master's of Health Management Systems
American College of Obstetricians and Gynecologists, ND Early Career Fellow
Obstetrician and Gynecologist

Bridget Turbide
Executive Director
North Dakota Right to Life
director@ndrl.org
701-955-8239

Dear House Human Services Committee,

I am testifying today in support of HB 1511, a bill designed to eliminate any confusion regarding the legislation passed last session—SB 2150—by ensuring that obstetricians in North Dakota have a clear understanding of our state laws.

HB 1511 would require obstetricians to complete a one-hour educational course each time they renew their medical license. This course would be free of charge and count toward the 40 total CME credits they are already required to complete every two years. Importantly, this bill is designed to be adaptive, automatically updating to reflect any legal changes. If the ongoing lawsuit alters or overturns our statute, the requirements will adjust accordingly. And if the law is entirely struck down, physicians would not be required to complete education on laws that no longer exist.

Opponents of this bill argue that the law is too vague to be taught. However, a law is either vague or it isn't, there is no gray area. Physicians must either practice under it or not. I have spoken to obstetricians across North Dakota who successfully practice within the law. Additionally, Dr. Jerry, who has practiced in our state for over 30 years, has adhered to the principles outlined in SB 2150 long before it was formally enacted. This demonstrates that the law itself is not unclear; rather, there is a lack of understanding among some providers—which is precisely why this bill is necessary.

Clearly, abortion is not necessary for high-quality healthcare for women and children. After 50 years under *Roe v. Wade*, it is understandable that some physicians may be uncertain about how to navigate our state's laws. This educational initiative will provide clarity, ensuring that North Dakota's obstetricians are well-informed and equipped to deliver excellent care.

I urge the committee to support HB 1511 to promote clear, consistent medical practice across our state.

Thank you for your time and consideration.

Dr. Marissa Wisdom
Testimony in Opposition to HB 1511
Senate Judiciary Committee
March 17, 2025

Chair Larson, and Members of the Judiciary Committee,

My name is Dr. Marissa Wisdom. I'm an obstetrician in Bismarck, North Dakota. I'm originally from Washburn, North Dakota and I completed my undergraduate and medical degrees in North Dakota. I chose to move back to North Dakota to begin my career after my residency training at the University of Iowa. I've been in practice in Bismarck for 15 1/2 years. Thank you for the opportunity to provide testimony today. I am asking for a do not pass of HB1511.

Obtaining a medical license is a rigorous procedure that requires documentation of medical education, residency training in a specialty, three separate licensing exams, fingerprinting, and completion of a background check. This process takes several months in most cases. Specialty board certification in obstetrics and gynecology requires completion of four years of a medical residency training program, passage of a lengthy test on medical knowledge, then after being out in practice one year's surgical cases and deliveries are submitted to the Board for review, and finally an oral examination by national board examiners must be passed. Maintenance of board certification includes yearly completion of peer reviewed journal articles selected by the American Board of Obstetrics and Gynecology and quizzes on that material. Obstetricians in North Dakota do not need more required training for medical licensure. We have been trained well, passed numerous required examinations, and understand the laws on abortion in North Dakota.

I have significant concerns that the medical licensure or renewal requirements of HB 1511 will impair recruitment of obstetricians to North Dakota. I also have concerns that retaining obstetricians in this state will become increasingly difficult if this bill is passed. It is very difficult to recruit new obstetricians, and this is yet one more obstacle to licensure, making it challenging to begin or continue a career in this specialty in ND. Obstetricians are being singled out to complete special training for ND medical licensure.

Also, I have concerns regarding development of the instructional course in HB 1511. I feel it is an inappropriate requirement to offer the contract for the instructional course to an individual who is or an organization that includes a physician with a minimum of 25 years' experience in the practice of obstetrics in the State. Although experience in obstetrics provides a physician with more confidence, up to date medical knowledge of a physician is at its peak closer to completion of residency training. Years of experience does not guarantee knowledge on current best practices or standards of care in obstetrics. Also 25 years of experience does not guarantee knowledge on legal interpretation of abortion laws.

Additionally, this law will deny anyone who relies on the content of the required educational course from having any legal recourse should they be penalized for actions taken in reliance on the instruction. I would think that if the course instructor is confident in the education provided, they would be willing to stand by that training in legal proceedings. Developing a program to instruct obstetricians on abortion laws in North Dakota but not protecting them based on the training they were given seems contradictory to me.

I fear HB1511 will cause more obstetricians to stop providing obstetric care earlier in their career or leave the state. This will negatively impact access to obstetric care to the women of ND.

Please vote do not pass on HB 1511. Thank you for your time and consideration.

Sincerely,

Marissa Wisdom, MD FACOG

Dr. Tom Hutchens
Testimony in Opposition to HB 1511
Senate Judiciary Committee
March 17, 2025

Chair Larson and Members of the Committee:

My name is Tom Hutchens. I was a practicing OB/GYN in North Dakota for more than 33 years and I retired in 2020. I came to North Dakota when the United States Air Force sent me to Minot in 1983. I lived and practiced in North Dakota since. Prior to coming to North Dakota, I attended Emory University School of Medicine and did my residency in San Antonio at Wilford Hall. In 1987, we moved to Bismarck and I joined Bob Bury. I was elected to Phi Beta Kappa and AOA. I have always been in good standing with the North Dakota Medical Association.

I am voicing my strong opposition to HB 1511. I can assure the committee that OB/GYNs in North Dakota are well trained professionals who provide excellent care to their patients. This bill implies that these doctors are confused or in need of education on North Dakota's abortion laws. It is not the lack of training or aptitude of North Dakota physicians that is bringing this law about. Many of my colleagues have expressed to me the frustration and fear the laws around which this education is aimed have caused them in their practice, when they are simply attempting to provide necessary care to their patients. It is not the fault of the physicians that North Dakota's law is unclear.

The problems with the law are legal in nature, and I do not see how a continuing education course is going to fix those issues. The Courts are in process of resolving the confusion, and this proposed law serves no purpose.

In particular, I oppose the "25 years of practice" requirement. It is arbitrary, and any implication that doctors with less than that amount of experience possess less knowledge and skill is nonsense. Also, the requirement for annual training is equally nonsensical. Doctors are well aware of the laws that regulate their profession. The problem is not in a lack of awareness, but in the lack of clarity of what the law prohibits in terms of emergency care. To put in place a law requiring annual education implies that there is a problem with awareness or education and that simply is not the case.

Please recommend a do not pass on this pointless legislation.

Zena Homan, MD, FACOG

Testimony in Opposition to HB 1511

Senate Judiciary Committee

March 17, 2025

Chair Larson and Members of the Judiciary Committee,

My name is Dr. Zena Homan, and I am a Board-Certified OB/GYN practicing in Fargo, North Dakota. I was born and raised in LaMoure, ND, earned a degree in Food and Nutrition from North Dakota State University, and completed my medical training at the University of North Dakota School of Medicine and Health Sciences. After completing my residency, I returned to North Dakota with my family, and we currently reside in West Fargo. I have practiced as an OB/GYN for over 14 years and am committed to continuing to provide care to the patients of North Dakota for many years to come.

I first want to express my gratitude for your thoughtful consideration of education in the context of this bill. Education is undeniably a cornerstone of medical practice, and I strongly support initiatives aimed at enhancing the knowledge base of healthcare providers. However, I respectfully seek clarification on several aspects of this proposed legislation, particularly its implications for the licensing and practice of medicine in our state.

The Need for Practical and Effective Education

While I understand and respect the intent behind the bill, it raises questions regarding the most effective and feasible method to ensure that physicians and other impacted parties are properly educated on abortion laws. The dynamic and frequently changing nature of our state's abortion laws presents significant logistical challenges. The North Dakota Board of Medicine currently oversees licensure every two years, and given the potential for frequent legal changes, ensuring that each licensee is provided with up-to-date information would be both logistically difficult and expensive. It is also unclear how such a requirement could be enforced or how physicians would be protected from liability if they are unable to access the required educational materials due to delays or changes in the law.

The content of this educational course is also vague. There are not clearly defined parameters or guidelines specifying the scope and structure of this education, including its duration, level of difficulty, assessment methods, or process for verifying knowledge

acquisition and addressing questions. The only stated requirements are that it must be created by a physician with 25 years of experience and overseen by the Attorney General's office. For context, organizations offering continuing medical education (CME) must be accredited by the Accreditation Council for Continuing Medical Education (ACCME) or a recognized state medical society, ensuring compliance with both the AMA's and accreditor's standards. Given these established protocols, it would be prudent to involve such accrediting bodies in the development of this education. However, it remains unclear how, or if, this will be accomplished.

Mandating a specific course for "physicians engaging in the practice of obstetrics" as a prerequisite for licensure creates unnecessary barriers and inefficiencies. This approach could also incur substantial costs, which would divert resources from other critical healthcare needs. Furthermore, such a requirement could deter well-qualified professionals from practicing in North Dakota, potentially exacerbating physician shortages and reducing access to care.

Comparison to Other States and Specialties

When compared to other states, North Dakota's proposed educational requirements are unprecedented, particularly in their specificity to one medical specialty. The only analogous requirement I am aware of is the one-time federal DEA opioid training, which applied to all providers, not just those in a specific specialty, and focused on the scientific understanding of opioid prescribing. Additionally, the bill overlooks the fact that physicians in various specialties, including family medicine, emergency medicine, and radiology, play critical roles in patient care and may be impacted by abortion laws. The exclusion of these providers from the educational requirement creates a narrow focus that does not align with the reality of modern healthcare delivery.

If the legislature believes that education on abortion laws is essential, I would encourage expanding access to this information for all healthcare professionals who may be impacted, rather than targeting a narrow group. One possible solution would be to create an easily accessible educational resource available on the state's website, such as on nd.gov or the Department of Health and Human Services website, where all interested parties can voluntarily access this information.

Concerns with Specific Provisions in the Bill

There are specific provisions in the bill that I believe warrant reconsideration:

Section 1, Number 1 (Lines 10-11): The phrase, "an abortion may not be performed by any individual other than a physician engaged in the practice of obstetrics," reflects a fundamental misunderstanding of medical practice. Obstetrics primarily involves prenatal

care and labor and delivery services, whereas the management of first-trimester pregnancy complications—such as miscarriages and ectopic pregnancies—falls under the domain of gynecology. Restricting the language to obstetrics fails to encompass the full scope of care necessary for these patients. Furthermore, in certain settings, such as critical access hospitals, an OB/GYN may not always be available. In such cases, essential care may need to be provided by emergency physicians, family medicine physicians, or advanced practice providers. Given these concerns, the phrase “the practice of obstetrics” is overly vague and does not accurately reflect the realities of patient care. For clarity and accuracy, I recommend removing this sentence.

Section 1, Number 4 (Lines 13-16): The proposed one-year timeframe for mandatory education is misaligned with the current two-year licensure cycle. This creates significant logistical challenges and inefficiencies, particularly as state laws may change within that period. A more practical approach would be to allow for flexible, ongoing access to educational resources, rather than mandating a specific timeline for course completion.

Section 2, Lines 21-29: I respectfully suggest removing this section, as it mandates specific educational requirements for a limited subset of physicians, without providing sufficient justification for why this group alone should be targeted. Such a requirement creates unnecessary barriers to licensure and may dissuade potential medical professionals from practicing in North Dakota. If the need for education is agreed upon, I recommend replacing this section with a broader, more inclusive approach, such as making resources available to all providers and citizens via accessible online platforms.

Section 3, Lines 5-7: Requiring that the educational contract be awarded to an entity with a physician possessing a minimum of 25 years of experience is arbitrary and does not ensure a better understanding of state abortion laws. It also limits the pool of eligible providers, as many physicians with extensive experience may not currently practice obstetrics. A more suitable requirement would be to ensure that the selected individual has demonstrated expertise in North Dakota’s laws and the healthcare system, rather than relying on a rigid, outdated experience criterion.

Conclusion

In conclusion, I urge you to consider these concerns and recommend a do not pass on this bill in light of its potential unintended consequences. By creating unnecessary barriers to licensure, it could exacerbate existing challenges in maintaining a robust healthcare workforce in North Dakota. If education on abortion laws is deemed necessary, I encourage you to make it available to all healthcare professionals who may benefit from it, rather than mandating specific education for a narrow group.

I am confident that through thoughtful and inclusive consideration, we can create a more effective and equitable approach to ensuring that healthcare providers have access to the information they need to care for their patients. I would welcome the opportunity to further discuss these concerns and provide additional feedback.

Thank you for your time, attention, and commitment to the health and well-being of North Dakota's citizens.

Sincerely,

Zena Homan, MD, FACOG

3855 Reserve Dr E

West Fargo, ND 58078

309-265-7852

Dr. Shannon Bradley

Testimony in Opposition to HB 1511

Senate Judiciary Committee

March 17, 2025

Chair Larson, members of the Judiciary Committee.

My name is Shannon Bradley, M.D. I am a Mayo Clinic-trained Obstetrician/Gynecologist who has been practicing in North Dakota for over 25 years.

I am writing to express my strong opposition to House Bill 1511. This bill, which mandates "education" for physicians regarding North Dakota's existing abortion law, is unnecessary, extreme, and politically contrived. I am unsure what problem this bill seeks to solve. The difficulty obstetricians in ND have with understanding the existing abortion law exists because of the lack of clarity in the law, not because of a lack of education or awareness of it on the part of obstetricians. It is already part of our job here in this state to know the law and implying that we don't is offensive.

The law causes confusion for doctors who are in emergency situations with patients. While I am not part of the lawsuit filed to overturn the State's abortion law, I have personally seen the danger it is putting patients in. Just three months ago I was consulted by another physician who had a patient who was septic and 15 weeks pregnant. A heartbeat was present, and the doctor was unsure about what treatment would be permissible to render under the law, which could charge them with a FELONY offense for trying to take care of their very sick patient. These problems are not caused by a lack of education by the physician. They are caused by legal problems with the law that was passed. Doctors across the State are struggling with having to consult one another about whether they'll find themselves in legal trouble when their focus should be exclusively on rendering the most appropriate medical care to the patient they are treating. We are doctors, not lawyers.

Additionally, House Bill 1511 seeks to allocate \$50,000 from the state treasury to develop an instructional course. This is a ridiculous waste of taxpayer funds for redundant education to licensed physicians. The bill stipulates that the course must be developed by an individual or organization that includes a physician with at least 25 years of experience in obstetrics within the state. Not one aspect of medicine requires 25 years of experience in any capacity. There is no surgery, procedure, disease knowledge, medication knowledge or any part of practicing medicine that requires 25 years' experience. The addition of this stipulation borders on the absurd and is clearly contrived for the agenda of one individual retired physician at the expense of an entire profession.

Obstetricians in North Dakota are fully aware of the current abortion laws. When it is 3 am and we are in the hospital trying to save the life of a septic pregnant patient, you can be fully assured that we know this law better than anyone in the state. We also know it is an impediment to us focusing on doing our job and giving pregnant patients the care they deserve.

Lawmakers should not spend taxpayer money on unnecessary educational requirements for already educated physicians to benefit the political agenda of a small group of people. Obstetricians fully understand the ND abortion laws.

I urge you to vote against HB1511 and pursue solutions that protect patients and keep Obstetricians practicing in our state.

Shannon Bradley, M.D.

Senate Judiciary Committee
HB 1511
Monday March 15, 2025

Chair Larson and Committee Members, I am Brendan Boe MD, PharmD and I am writing in opposition to HB 1511. I live in Thompson, North Dakota and am a Board-Certified Obstetrician and Gynecologist practicing in Grand Forks.

To maintain my license as a practicing physician in North Dakota, I am required to uphold medical, educational, and ethical standards by the North Dakota Board of Medicine which includes 60 hours of continuing medical education every three years. I would like to fill those hours learning about cutting edge practices and new therapies to offer to my patients in the state of North Dakota and not a video created by a biased legislature looking to push anti-abortion legislation that has been deemed unconstitutional and is not even in effect at the current time. This bill is another attempt to restrict Women's Healthcare in the state of North Dakota. Passage of this bill will hinder recruitment of OBGYN physicians to North Dakota.

Elective abortions have not been performed in North Dakota since the Red River Women's Clinic moved to Moorhead, MN. Medical emergencies are just that, emergencies. They happen at all times of day and hours of the night and the decision to treat needs to be made in a timely manner and between patients and their treating physicians.

My competency in providing OBGYN care was achieved through 14 years of post-secondary education and residency training. That competency is maintained by completing maintenance of certification standards and continuing medical education put forth by the American College of Obstetrics and Gynecology and other OBGYN organizations. A video put forth by the North Dakota State Legislature will add nothing to my competency. No other physician group is required by the North Dakota Board of Medicine to watch a biased video on how to perform their job to maintain licensure.

Another piece of language I find interesting in this bill is that "The contract must be awarded to an individual who is or an organization that includes a physician with a minimum of 25 years of experience in the practice of obstetrics in the state". It seems that the \$50,000 contract is already earmarked for someone. I am concerned about informational bias in the writing of this "educational material" and fraudulent misappropriation of government funds toward legislation that has been deemed unconstitutional by the North Dakota Supreme Court and is not currently in effect.

I strongly urge you to provide a "do not pass" recommendation to HB1511.

Respectfully,

Brendan Boe MD, PharmD, FACOG

Dr. Ana Tobiasz
Testimony in Opposition to HB 1511
Senate Judiciary Committee
March 17, 2025

Chair Larson and members of the Senate Judiciary Committee,

My name is Dr Ana Tobiasz. I am an obstetrician/gynecologist and maternal fetal medicine physician practicing in the state since 2017. My specialty is in caring for high-risk pregnancies. I urge a DO NOT PASS on HB 1511.

I am a consultant to general ob/gyn's, family practice physicians, and any medical specialty who has questions regarding management of pregnancy. I routinely receive phone calls from other physicians across the state asking for my advice. Nearly every obstetrician who practices in the western half of the state has my personal cell number and contacts me with questions at all hours of the day. For this reason, I have a good sense of what has been happening in the state since SB2150 was passed. It is not only ob/gyn's who are struggling with the meaning of the law and fear of being charged with a crime for providing the standard of care to their patients. It is other medical specialties, and even hospital legal teams. **There is no amount of education from the medical board that is going to correct the concern. The concern has to do with the law itself and the fact that anyone can question "reasonable medical judgement" and every physician's understanding of the definition of a serious health risk as defined by ND Century code will differ. Every physician's tolerance for risk will vary.** These are **felony charges** we are discussing for performing an abortion that does not meet the exception as outlined by ND century code. I would like to share several examples that have occurred.

A patient presented to a hospital in the state with heavy bleeding prior to the time the pregnancy was viable. The ob/gyn evaluating the patient contacted a colleague in the state—a colleague with over 20 years' experience for that matter—who advised her that the patient was "not sick enough" to meet with serious health risk exception. This patient was hemorrhaging and becoming unstable. Thinking that this could not be accurate, this ob/gyn then called me for advice. My advice to her was that I feel this should meet the health exception, however I am not a lawyer and cannot guarantee that someone won't question it. Despite that, I recommended she provide the standard of care to her patient and if anyone questioned it, I would be willing to testify on her behalf as to the necessity of the abortion care provided.

A patient presented to a hospital in the state with membrane rupture before viability and had signs of an intra-amniotic infection. The only cure for an intra-amniotic infection is to terminate the pregnancy irrespective of gestational age. The ob/gyn caring for this patient knew that that was the right thing to do and felt it met the serious health risk exception. Unfortunately, her hospital legal team was uncertain, and required her to provide guidelines indicating that this is the standard of care prior to allowing her to proceed with caring for the patient.

A patient presented to a hospital in the state with heavy bleeding to an emergency room and was not evaluated by an ob/gyn. The pregnancy was pre-viable. She was evaluated in the emergency room

and according to the patient was discharged and instructed not to return to the hospital again if she has more concerns because they can't care for her due to the ND abortion law.

A colleague with over 25 years of experience called me to give "permission" to terminate a pregnancy at 22 weeks due to fetal anencephaly. Anencephaly is a lethal condition in which the skull is not covering the brain. Most infants who survive to delivery with this condition will die within hours or days of birth. I informed this colleague who had been practicing in the state since I was in elementary school that abortions for fetal anomalies have been illegal since at least 2017. He was unaware of this and planned to send the patient out of state.

I could give more examples, but these are a few to highlight the fact that years of experience does not equate to understanding ND abortion law. Additionally, from my experiences, ob/gyns are not the ones questioning the proper course of care. It is colleagues, other specialties, and hospital legal teams. And the reality is that anyone can question a person's "reasonable medical judgement" and what is a substantial enough physical impairment to meet the serious health risk exception. The fear comes from the thought of someone questioning it and then being charged with a crime.

This requirement from the board will not improve health care providers understanding of abortion law in ND, nor does it guarantee that they won't face criminal charges for following the advice given in the education. An amendment was added in the House to ensure that we have no right of action against the board for relying on the content of the material. So, what is the purpose then if we cannot rely on the information?

This requirement will only lead to more confusion and delays in providing patients the appropriate care. Not to mention, the component of ND century code that has been in question is not even in effect and in the midst of a ruling from the ND Supreme Court.

Obstetricians/gynecologists, family practice physicians, ER physicians, and all physicians and health care providers in this state are doing their best to care for their patients under difficult circumstances. We are in both a maternity care desert, and a health care desert. We already have a shortage of physicians. Adding to their administrative burden to practice here, on top of threats of criminal charges, will only continue to drive physicians away.

I strongly urge a DO NOT PASS on 1511.

Dr Ana Tobiasz, MD

American College of Obstetricians and Gynecologists, ND section chair

NDMA member

Maternal Fetal Medicine Physician



Testimony Supporting House Bill 1511

Jacob Thomsen, Policy Analyst
North Dakota Family Alliance Legislative Action
March 17, 2025

Madam Chair Larson and honorable members of the Senate Judiciary Committee, my name is Jacob Thomsen, and I am a Policy Analyst with North Dakota Family Alliance Legislative Action. I am testifying on behalf of our organization in support of House Bill 1511 and respectfully request that you render a "DO PASS" on this bill.

Since the 2023 Legislative Session, when this body passed the bill that created a 6-week abortion ban in our Century Code, we have heard about fears and concerns from individuals around our state saying that OBGYNs no longer know what they can and cannot do. This bill directly addresses those concerns and educates our OBGYNs so that there is no question as to whether they can safely practice obstetrics in this state.

For this reason, North Dakota Family Alliance Legislative Action respectfully requests that you render a "DO PASS" on House Bill 1511. Thank you for giving me the opportunity to testify, I will stand for any questions.

2025 SENATE STANDING COMMITTEE MINUTES

Judiciary Committee
Peace Garden Room, State Capitol

HB 1511
3/17/2025

AN ACT to create and enact a new subsection to section 43-17-27.1 of the North Dakota Century Code, relating to physician continuing education requirements; to amend and reenact section 14-02.1-04 of the North Dakota Century Code, relating to limitations on the performance of an abortion; to provide an appropriation; to provide an effective date; and to declare an emergency.

Members present: Chairperson Diane Larson, Sens: Paulson, Braunberger, Casteneda, Cory, Luick, Myrdal.

2:35 pm Chair Larson opens the hearing.

Discussion Topics:

- Proposed amendment

2:35 pm Chair Larson opens hearing.

2:35 pm Senator Myrdal indicates they are waiting on proposed amendments.

2:36 pm Chair Larson closes the hearing.

Kendra McCann, Committee Clerk by Lynn Wolf, Chief Clerk

2025 SENATE STANDING COMMITTEE MINUTES

Judiciary Committee Peace Garden Room, State Capitol

HB 1511
3/18/2025

Relating to physician continuing education requirements and to limitations on the performance of an abortion; to provide an appropriation; to provide an effective date; and to declare an emergency.

9:10 a.m. Chair Larson opened the hearing.

Members present:

Chair Larson, Vice Chairman Paulson, Senators: Castaneda, Cory, Luick, Myrdal, Braunberger.

Discussion Topics:

- Committee Action

9:11 a.m. Senator Myrdal introduced proposed amendment LC# 25.0963.03003, testimony #42805.

9:13 a.m. Senator Myrdal moved amendment LC# 25.0963.03003.

9:13 a.m. Senator Luick seconded.

9:13 a.m. Voice Vote - Motion Passed.

9:13 a.m. Senator Myrdal moved a Do Pass as amended and Rerefer to Appropriation committee.

9:13 a.m. Senator Luick seconded the motion.

Senators	Vote
Senator Diane Larson	Y
Senator Bob Paulson	Y
Senator Ryan Braunberger	N
Senator Jose L. Castaneda	Y
Senator Claire Cory	N
Senator Larry Luick	Y
Senator Janne Myrdal	Y

Motion Passed 5-2-0.

9:15 a.m. Senator Myrdal will carry the bill.

9:17 a.m. Chair Larson closed the hearing.

Kendra McCann, Committee Clerk

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO FIRST ENGROSSMENT

ENGROSSED HOUSE BILL NO. 1511

Introduced by

Representatives Rohr, Lefor, D. Ruby, Steiner, Vigesaa

Senators Gerhardt, Hogue, Klein, Myrdal

1 A BILL for an Act to create and enact a new subsection to section 43-17-27.1 of the North
2 Dakota Century Code, relating to physician continuing education requirements; to amend and
3 reenact section 14-02.1-04 of the North Dakota Century Code, relating to limitations on the
4 performance of an abortion; to provide an appropriation; to provide an effective date; and to
5 declare an emergency.

6 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

7 **SECTION 1. AMENDMENT.** Section 14-02.1-04 of the North Dakota Century Code is
8 amended and reenacted as follows:

9 **14-02.1-04. Limitations on the performance of abortions - Penalty.**

- 10 1. An abortion may not be performed by any ~~person~~individual other than a physician;
11 ~~engaged in the practice of obstetrics~~, who is using applicable medical standards and
12 who is licensed to practice in this state. All physicians performing abortion procedures
13 must have admitting privileges at a hospital located within thirty miles [42.28
14 kilometers] of the abortion facility and staff privileges to replace hospital on-staff
15 physicians at that hospital. These privileges must include the abortion procedures the
16 physician will be performing at abortion facilities. An abortion facility must have a staff
17 member trained in cardiopulmonary resuscitation present at all times when the
18 abortion facility is open and abortions are scheduled to be performed.

2. After the first twelve weeks of pregnancy but before the time at which the unborn child may reasonably be expected to have reached viability, an abortion may not be performed in any facility other than a licensed hospital.
3. An abortion facility may not perform an abortion on a woman without first offering the woman an opportunity to receive and view at the abortion facility or another facility an active ultrasound of her unborn child. The offer and opportunity to receive and view an ultrasound must occur at least twenty-four hours before the abortion is scheduled to be performed. The active ultrasound image must be of a quality consistent with standard medical practice in the community, contain the dimensions of the unborn child, and accurately portray the presence of external members and internal organs, including the heartbeat, if present or viewable, of the unborn child. The auscultation of the fetal heart tone must be of a quality consistent with standard medical practice in the community. The abortion facility shall document the woman's response to the offer, including the date and time of the offer and the woman's signature attesting to her informed decision.
4. A physician may not perform an abortion unless the physician has reviewed the educational information created under section 43-17-27.1 within ~~one year~~two years before the performance of an abortion. This subsection does not apply in the case of a medical emergency.
5. Any physician who performs an abortion without complying with the provisions of this section is guilty of a class A misdemeanor.
- ~~5-6.~~ It is a class B felony for any ~~person~~individual, other than a physician licensed under chapter 43-17, to perform an abortion in this state.

SECTION 2. A new subsection to section 43-17-27.1 of the North Dakota Century Code is created and enacted as follows:

~~As part of licensure or renewal requirements under this section, the~~The board shall ~~require a physician engaging in the practice of obstetrics to complete~~provide access on the board's website to an instructional course on chapters 12.1-19.1, 14-02.1, and 14-02.6 as the chapters relate to the practice of medicine. The instructional course must be developed by contract through the office of management and budget, in consultation with and with final approval from the attorney general. This section does

1 not create a right of action against the board by a physician acting upon reliance of the
2 instructional course. The instructional course must be updated periodically to
3 accurately reflect state law.

4 **SECTION 3. APPROPRIATION - OFFICE OF MANAGEMENT AND BUDGET -**

5 **INSTRUCTIONAL COURSE DEVELOPMENT.** There is appropriated out of any moneys in the
6 general fund in the state treasury, not otherwise appropriated, the sum of \$50,000, or so much
7 of the sum as may be necessary, to the office of management and budget for the purpose of
8 developing an instructional course on chapters 12.1-19.1, 14-02.1, and 14-02.6 as the chapters
9 relate to the practice of medicine, for the biennium beginning July 1, 2025, and ending June 30,
10 2027. The contract must be awarded to an individual who is or an organization that includes a
11 physician with a minimum of twenty-five years of experience in the practice of obstetrics in the
12 state, and must be developed with and granted final approval from the attorney general.

13 **SECTION 4. EFFECTIVE DATE.** Sections 1 and 2 of this Act become effective on
14 January 1, 2026.

15 **SECTION 5. EMERGENCY.** Section 3 of this Act is declared to be an emergency measure.

JOURNAL OF THE SENATE

Sixty-ninth Legislative Assembly

* * * * *

Bismarck, March 19, 2025

The Senate convened at 1:00 p.m., with President Strinden presiding.

The prayer was offered by Father Steven Vetter, Cathedral of the Holy Spirit, Bismarck.

The roll was called and all members were present except Senator Wobbema.

A quorum was declared by the President.

MOTION

SEN. KLEIN MOVED that the Senate suspend joint rule 203.2 to replace the forty-third day with the forty-fourth day, which motion prevailed.

MOTION

SEN. KLEIN MOVED that Senate Rule 601(3)(f) be suspended for the purpose of placing HB 1394 on today's calendar, which motion prevailed.

CONSIDERATION OF AMENDMENTS

HB 1485, as engrossed: SEN. ROERS (Human Services Committee) MOVED that the amendments ([25.1018.02001](#)) be adopted and then be **REREFERRED** to the **Appropriations Committee** with **DO PASS**, which motion prevailed on a voice vote.

Engrossed HB 1485 was rereferred to the **Appropriations Committee**.

CONSIDERATION OF AMENDMENTS

HB 1205, as reengrossed: SEN. VAN OOSTING (Human Services Committee) MOVED that the amendments ([25.0559.04004](#)) be adopted and then be placed on the Fourteenth order **WITHOUT RECOMMENDATION**, which motion prevailed on a voice vote.

CONSIDERATION OF AMENDMENTS

HB 1024, as engrossed: SEN. BEKKEDAH (Appropriations Committee) MOVED that the amendments ([25.0741.02001](#)) be adopted and then be placed on the Fourteenth order with **DO PASS**, which motion prevailed on a voice vote.

CONSIDERATION OF AMENDMENTS

HB 1278, as engrossed: SEN. BURCKHARD (Appropriations Committee) MOVED that the amendments ([25.0742.06001](#)) be adopted and then be placed on the Fourteenth order with **DO PASS**, which motion prevailed on a voice vote.

MOTION

SEN. KLEIN MOVED that HB 1300, which is on the Fourteenth order, be rereferred to the **Judiciary Committee**, which motion prevailed. Pursuant to Sen. Klein's motion, HB 1300 was rereferred.

CONSIDERATION OF AMENDMENTS

HB 1001, as engrossed: SEN. CONLEY (Appropriations Committee) MOVED that the amendments ([25.0145.02001](#)) be adopted and then be placed on the Fourteenth order with **DO PASS**, which motion prevailed on a voice vote.

CONSIDERATION OF AMENDMENTS

HB 1206: SEN. CORY (Judiciary Committee) MOVED that the amendments ([25.0022.01001](#)) be adopted and then be placed on the Fourteenth order with **DO PASS**, which motion prevailed on a voice vote.

CONSIDERATION OF AMENDMENTS

HB 1511: SEN. MYRDAL (Judiciary Committee) MOVED that the amendments ([25.0963.03003](#)) be adopted and then be **REREFERRED** to the **Appropriations Committee**

with **DO PASS**, which motion prevailed on a voice vote.

HB 1511 was rereferred to the **Appropriations Committee**.

SECOND READING OF HOUSE BILL

HB 1204: A BILL for an Act to amend and reenact section 16.1-10-04 of the North Dakota Century Code, relating to the publication of false information in political advertisements; and to provide a penalty.

MOTION

SEN. CLEARY MOVED that Engrossed HB 1204 be amended ([25.0254.02001](#)), which motion prevailed on a voice vote.

ROLL CALL

The question being on the final passage of the amended bill, which has been read, and has committee recommendation of DO PASS, the roll was called and there were 45 YEAS, 1 NAYS, 1 ABSENT OR EXCUSED AND NOT VOTING.

YEAS: Axtman; Barta; Beard; Bekkedahl; Boehm; Boschee; Braunberger; Burckhard; Castaneda; Cleary; Clemens; Conley; Cory; Davison; Dever; Dwyer; Enget; Erbele; Gerhardt; Hogan; Hogue; Kessel; Klein; Larson; Lee; Lemm; Luick; Magrum; Marcellais; Mathern; Meyer; Myrdal; Patten; Paulson; Roers; Rummel; Schaible; Sickler; Sorvaag; Thomas; Van Oosting; Walen; Wanzek; Weber; Weston

NAYS: Powers

ABSENT OR EXCUSED AND NOT VOTING: Wobbema

Engrossed HB 1204, as amended, passed.

SECOND READING OF HOUSE BILL

HB 1331: A BILL for an Act to provide an appropriation to the North Dakota state college of science; and to declare an emergency.

ROLL CALL

The question being on the final passage of the bill, which has been read, and has committee recommendation of DO PASS, the roll was called and there were 43 YEAS, 3 NAYS, 1 ABSENT OR EXCUSED AND NOT VOTING.

YEAS: Axtman; Barta; Beard; Bekkedahl; Boehm; Boschee; Braunberger; Burckhard; Castaneda; Cleary; Conley; Cory; Davison; Dever; Dwyer; Erbele; Gerhardt; Hogan; Hogue; Kessel; Klein; Larson; Lee; Lemm; Luick; Magrum; Marcellais; Mathern; Meyer; Myrdal; Patten; Paulson; Roers; Rummel; Schaible; Sickler; Sorvaag; Thomas; Van Oosting; Walen; Wanzek; Weber; Weston

NAYS: Clemens; Enget; Powers

ABSENT OR EXCUSED AND NOT VOTING: Wobbema

HB 1331 passed and the emergency clause was declared carried.

SECOND READING OF HOUSE BILL

HB 1014: A BILL for an Act to provide an appropriation for defraying the expenses of the protection and advocacy project.

ROLL CALL

The question being on the final passage of the bill, which has been read, and has committee recommendation of DO PASS, the roll was called and there were 43 YEAS, 3 NAYS, 1 ABSENT OR EXCUSED AND NOT VOTING.

YEAS: Axtman; Barta; Beard; Bekkedahl; Boehm; Boschee; Braunberger; Burckhard;

JOURNAL OF THE SENATE

Sixty-ninth Legislative Assembly

* * * * *

Bismarck, March 28, 2025

The Senate convened at 12:30 p.m., with President Pro Tempore Bekkedahl presiding.

The prayer was offered by Pastor Dave Sjostrom, ND Adult and Teen Challenge, Mandan.

The roll was called and all members were present except Senator Barta.

A quorum was declared by the President Pro Tempore.

CORRECTION AND REVISION OF THE JOURNAL

MR. PRESIDENT: Your **Committee on Correction and Revision of the Journal (Sen. Beard, Chairman)** has carefully examined the Journal of the Thirty-ninth and Forty-third Days and recommends that it be corrected as follows and when so corrected, recommends that it be approved:

Page 381, line 46, after "HB 1038" insert "as amended,"

Page 477, line 14, after "HB 1038" insert "as amended,"

Page 742, line 11, replace "that order" with "those orders"

Page 799, line 46, replace "HB 1511:" with "HB 1511, as amended:"

Page 800, line 3, replace "HB 1511" with "HB 1511, as amended,"

SEN. BEARD MOVED that the report be adopted, which motion prevailed.

MOTION

SEN. KLEIN MOVED that HB 1561, HB 1354, HB 1381 and HB 1250 be laid over one legislative day, which motion prevailed.

MOTION

SEN. KLEIN MOVED that Engrossed HB 1330, as amended, be rereferred to the **Appropriations Committee**, which motion prevailed. Pursuant to Sen. Klein's motion, Engrossed HB 1330, as amended, was rereferred.

APPOINTMENT OF CONFERENCE COMMITTEE

SEN. KLEIN MOVED that the President appoint a new committee of three to act with a like committee from the House as a Conference Committee on Engrossed HB 1053, HB 1109, HB 1139, and Engrossed HB 1440, which motion prevailed.

THE PRESIDENT APPOINTED as a new Conference Committee on:

Engrossed HB 1053: Sens. Hogan, Rummel, Cory

HB 1109: Sens. Lee, Weston, Hogan

HB 1139: Sens. Weber, Walen, Powers

Engrossed HB 1440: Sens. Powers, Marcellais, Rummel

MOTION

SEN. KLEIN MOVED that the Senate resolve itself into a Confirmation Session, which motion prevailed.

REPORT OF SELECT COMMITTEE

MR. PRESIDENT: Your **Select Committee (Sen. Schaible, Chairman)** appointed to consider the nomination to North Dakota State Board of Higher Education, do advise and consent to the appointment of Levi Bachmeier.

25.0963.03003
Title.

Prepared by the Legislative Council
staff for Senator Myrdal
March 17, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO FIRST ENGROSSMENT

ENGROSSED HOUSE BILL NO. 1511

Introduced by

Representatives Rohr, Lefor, D. Ruby, Steiner, Vigesaa

Senators Gerhardt, Hogue, Klein, Myrdal

1 A BILL for an Act to create and enact a new subsection to section 43-17-27.1 of the North
2 Dakota Century Code, relating to physician continuing education requirements; to amend and
3 reenact section 14-02.1-04 of the North Dakota Century Code, relating to limitations on the
4 performance of an abortion; to provide an appropriation; to provide an effective date; and to
5 declare an emergency.

6 BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

7 **SECTION 1. AMENDMENT.** Section 14-02.1-04 of the North Dakota Century Code is
8 amended and reenacted as follows:

9 14-02.1-04. Limitations on the performance of abortions - Penalty.

10 1. An abortion may not be performed by any ~~person~~individual other than a physician ~~engaged in the practice of obstetrics,~~
11 engaged in the practice of obstetrics, who is using applicable medical standards and
12 who is licensed to practice in this state. All physicians performing abortion procedures
13 must have admitting privileges at a hospital located within thirty miles [42.28
14 kilometers] of the abortion facility and staff privileges to replace hospital on-staff
15 physicians at that hospital. These privileges must include the abortion procedures the
16 physician will be performing at abortion facilities. An abortion facility must have a staff
17 member trained in cardiopulmonary resuscitation present at all times when the
18 abortion facility is open and abortions are scheduled to be performed.

2. After the first twelve weeks of pregnancy but before the time at which the unborn child may reasonably be expected to have reached viability, an abortion may not be performed in any facility other than a licensed hospital.

3. An abortion facility may not perform an abortion on a woman without first offering the woman an opportunity to receive and view at the abortion facility or another facility an active ultrasound of her unborn child. The offer and opportunity to receive and view an ultrasound must occur at least twenty-four hours before the abortion is scheduled to be performed. The active ultrasound image must be of a quality consistent with standard medical practice in the community, contain the dimensions of the unborn child, and accurately portray the presence of external members and internal organs, including the heartbeat, if present or viewable, of the unborn child. The auscultation of the fetal heart tone must be of a quality consistent with standard medical practice in the community. The abortion facility shall document the woman's response to the offer, including the date and time of the offer and the woman's signature attesting to her informed decision.

4. A physician may not perform an abortion unless the physician has reviewed the educational information created under section 43-17-27.1 within ~~one year~~two years before the performance of an abortion. This subsection does not apply in the case of a medical emergency.

5. Any physician who performs an abortion without complying with the provisions of this section is guilty of a class A misdemeanor.

5-6. It is a class B felony for any ~~person~~individual, other than a physician licensed under chapter 43-17, to perform an abortion in this state.

SECTION 2. A new subsection to section 43-17-27.1 of the North Dakota Century Code is created and enacted as follows:

~~As part of licensure or renewal requirements under this section, the~~The board shall ~~require a physician engaging in the practice of obstetrics to complete~~provide access ~~on the board's website to~~ an instructional course on chapters 12.1-19.1, 14-02.1, and 14-02.6 as the chapters relate to the practice of medicine. The instructional course must be developed by contract through the office of management and budget, in consultation with and with final approval from the attorney general. This section does

1 not create a right of action against the board by a physician acting upon reliance of the
2 instructional course. The instructional course must be updated periodically to
3 accurately reflect state law.

4 **SECTION 3. APPROPRIATION - OFFICE OF MANAGEMENT AND BUDGET -**

5 **INSTRUCTIONAL COURSE DEVELOPMENT.** There is appropriated out of any moneys in the
6 general fund in the state treasury, not otherwise appropriated, the sum of \$50,000, or so much
7 of the sum as may be necessary, to the office of management and budget for the purpose of
8 developing an instructional course on chapters 12.1-19.1, 14-02.1, and 14-02.6 as the chapters
9 relate to the practice of medicine, for the biennium beginning July 1, 2025, and ending June 30,
10 2027. The contract must be awarded to an individual who is or an organization that includes a
11 physician with a minimum of twenty-five years of experience in the practice of obstetrics in the
12 state, and must be developed with and granted final approval from the attorney general.

13 **SECTION 4. EFFECTIVE DATE.** Sections 1 and 2 of this Act become effective on
14 January 1, 2026.

15 **SECTION 5. EMERGENCY.** Section 3 of this Act is declared to be an emergency measure.

2025 SENATE APPROPRIATIONS

HB 1511

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Education and Environment Division Sakakawea Room, State Capitol

HB 1511
3/25/2025

A BILL for an Act to create and enact a new of the North Dakota Century Code, relating to physician continuing education requirements; to amend and reenact a section of the North Dakota Century Code, relating to limitations on the performance of an abortion; to provide an appropriation; to provide an effective date; and to declare an emergency.

10:00 a.m. Chairman Sorvaag called the meeting to order.

Members Present: Chairman Ronald Sorvaag, Senator Cole Conley, Senator Donald Schaible, Senator Paul J. Thomas, Senator Scott Meyer.

Discussion Topics:

- Bids for video production.
- One-Time Appropriations.
- Hiring Specifications in Bill.

10:01 a.m. Senator Myrdal, District 19, testified in favor and answered committee questions.

10:08 a.m. Bridget Turbide, Executive Director, ND Right to Life, testified in favor and answered committee questions.

10:12 a.m. Senator Meyer moved a Do Pass.

10:12 a.m. Senator Thomas seconded the motion.

Senators	Vote
Senator Ronald Sorvaag	Y
Senator Cole Conley	Y
Senator Scott Meyer	Y
Senator Donald Schaible	Y
Senator Paul J. Thomas	Y

Motion Passed: 5-0-0.

Senator Conley will carry the bill.

Additional testimony:

Sambor Christina, Lobbyist, American College of Obstetricians and Gynecology, submitted testimony in opposition #43716.

10:14 a.m. Chairman Sorvaag closed the meeting.

Steven Hall, Committee Clerk

Christina Sambor, American College of Obstetricians and Gynecologists, Lobbyist no. 312
Testimony in Opposition to HB 1511
Senate Appropriations Committee – E&E Division
March 25, 2025

Chairman Sorvaag and members of the Senate Judiciary Committee,

My name is Christina Sambor. I am offering testimony in opposition to HB 1511 on behalf of the American College of Obstetricians and Gynecologist, otherwise known as ACOG. I cannot appear in person at the appointed hearing time today due to this hearing being set at the same time as oral argument before the North Dakota Supreme Court in the lawsuit on SB 2150. I will, however, make an effort to reach out to the members of this subcommittee prior to or just after the hearing on this legislation.

Before addressing AGOG's opposition to the substance of HB 1511, I would like to offer our perspective on the appropriation attached to this bill. Spending \$50,000 of taxpayer's dollars on an education course that if mandated, should be no longer than 5-10 minutes, is wasteful and unnecessary. South Dakota produced a similar video to that being proposed by HB 1511 and it is 6 minutes in length. Furthermore, the terms of the contract to produce the video should not direct any appropriated funds only to physicians with 25 or more years' experience. Many doctors who submitted testimony in opposition to HB 1511 have addressed in their testimony their strong feeling that the requirement that the contract go to a doctor with more than 25 years' experience is arbitrary as most practicing OBGYNs in the state have fewer years' experience, but are just as, if not more qualified, to practice their specialty than someone with 25 years' experience. Including the 25+ year requirement in the bill creates the appearance that the intent is to direct the contract toward a particular physician.

Moving on to AGOG's substantive objection to HB 1511, there are many pieces of testimony that were offered in opposition to HB 1511 from OBGYNs from across North Dakota. They recount the difficulties doctors have faced since SB2150 was passed. It is not only OBGYNs who are struggling with the meaning of the law and fear of being charged with a crime for providing the standard of care to their patients. It is other medical specialties and hospital legal teams. There is no amount of education from the medical board that is going to remedy the concern.

The issue this legislation purports to address is one that can only be remedied, at this time, by the North Dakota Supreme Court. This is because the law itself was found unconstitutional in District Court due to vagueness in the law, and due to the District Court's finding that the North Dakota Constitution protects the right to abortion. Therefore, this bill requires education on a law that was struck down as unconstitutional and which the ND Supreme Court declined to put back into effect with the appeal is pending. In essence, the Court's concern with the law is that the terminology used in various places does not adequately instruct physicians on whether or when a pregnancy health complication poses a serious health risk so that they clearly know what medical care falls within exceptions to the abortion ban and what care does not. SB 2150 enacted **felony charges** for a physician who violates the law by performing an abortion that does not meet the exceptions outlined

by ND century code. I would like to share several examples that have occurred since SB 2150 was passed that illustrate the very complicated situations physicians in North Dakota have faced.

A patient presented to a hospital in the state with heavy bleeding prior to the time the pregnancy was viable. The ob/gyn evaluating the patient contacted a colleague in the state—a colleague with over 20 years' experience for that matter—who advised her that the patient was “not sick enough” to meet with serious health risk exception. This patient was hemorrhaging and becoming unstable. Thinking that this could not be accurate, this ob/gyn then called a maternal fetal medicine specialist for advice. The specialist's advice to her was that they felt this should meet the health exception. However, the specialist noted they not a lawyer and could not guarantee that someone wouldn't question the decision as running afoul of the law. Despite that, the specialist recommended she provide the standard of care to her patient and if anyone questioned it, the specialist indicated they would be willing to testify on her behalf as to the necessity of the abortion care provided.

A patient presented to a hospital in the state with membrane rupture before viability and had signs of an intra-amniotic infection. The only cure for an intra-amniotic infection is to terminate the pregnancy irrespective of gestational age. The ob/gyn caring for this patient knew that that was the right thing to do and felt it met the serious health risk exception. Unfortunately, her hospital legal team was uncertain, and required her to provide guidelines indicating that this is the standard of care prior to allowing her to proceed with caring for the patient.

A patient presented to a hospital in the state with heavy bleeding to an emergency room and was not evaluated by an ob/gyn. The pregnancy was pre-viable. She was evaluated in the emergency room and according to the patient was discharged and instructed not to return to the hospital again if she has more concerns because they can't care for her due to the ND abortion law.

A colleague with over 25 years of experience called a maternal fetal medicine specialist to give “permission” to terminate a pregnancy at 22 weeks due to fetal anencephaly. Anencephaly is a lethal condition in which the skull is not covering the brain. Most infants who survive to delivery with this condition will die within hours or days of birth. The specialist informed this colleague who had been practicing in the state since the specialist was in elementary school that abortions for fetal anomalies have been illegal since at least 2017. He was unaware of this and planned to send the patient out of state.

These are a few examples to highlight the fact that years of experience does not equate to understanding ND abortion law. There are many more. Additionally, from doctors' experiences, OBGYNs are not the ones questioning the proper course of care. It is colleagues, other specialties, and hospital legal teams. And the reality is that anyone can after the fact question a physician's “reasonable medical judgement” and second guess whether the patient's situation presented a substantial enough danger to meet the serious health risk exception. The fear comes from the thought of someone questioning a doctor's effort to save their patient's life or health by providing an abortion with the benefit of hindsight, and without being there in the moment, and then being charged with a crime.

This requirement from the board will not improve health care providers' understanding of abortion law in ND, nor does it guarantee that they won't face criminal charges for following the advice given in the education. An amendment was added in the House to ensure that doctors have no right of action against the board for relying on the content of the material. So, what is the purpose then if doctors cannot rely on the information?

This requirement will only lead to more confusion and delays in providing patients the appropriate care. As mentioned previously, the law in question is not currently in effect. The lower Court's decision to strike down the law could be upheld by the ND Supreme Court.

In conclusion, obstetricians/gynecologists, family practice physicians, ER physicians, and all physicians and health care providers in this state are doing their best to care for their patients under very difficult circumstances. North Dakota is both a maternity care desert, and a health care desert and already has a shortage of physicians. Adding to their administrative burden to practice here, on top of threats of criminal charges, will only continue to drive physicians away.

Please recommend a DO NOT PASS on 1511.

Christina Sambor

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee Harvest Room, State Capitol

HB 1511
3/28/2025

A BILL for an Act to create and enact a new subsection to section 43-17-27.1 of the North Dakota Century Code, relating to physician continuing education requirements; to amend and reenact section 14-02.1-04 of the North Dakota Century Code, relating to limitations on the performance of an abortion; to provide an appropriation; to provide an effective date; and to declare an emergency.

8:53 a.m. Vice-Chairman Erbele opened the hearing.

Members Present: Vice-Chairman Erbele, and Senators Burckhard, Cleary, Conley, Davison, Dever, Dwyer, Magrum, Mathern, Meyer, Schaible, Sickler, Sorvaag, Thomas, Wanzek.

Members Absent: Chairman Bekkedahl.

Discussion Topics:

- ND School of Medicine
- Medical Care Video Funding
- Abortion Exceptions

8:54 a.m. Senator Conley introduced the bill.

8:58 a.m. Senator Conley moved a Do Pass.

8:58 a.m. Senator Burckhard seconded the motion.

Senators	Vote
Senator Brad Bekkedahl	A
Senator Robert Erbele	Y
Senator Randy A. Burckhard	Y
Senator Sean Cleary	N
Senator Cole Conley	Y
Senator Kyle Davison	Y
Senator Dick Dever	Y
Senator Michael Dwyer	Y
Senator Jeffery J. Magrum	Y
Senator Tim Mathern	N
Senator Scott Meyer	Y
Senator Donald Schaible	Y
Senator Jonathan Sickler	Y
Senator Ronald Sorvaag	Y
Senator Paul J. Thomas	Y
Senator Terry M. Wanzek	Y

Senate Appropriations Committee

HB 1511

03/28/2025

Page 2

Motion Passed 13-2-1.

Senator Myrdal will carry the bill.

9:00 a.m. Vice-Chairman Erbele closed the hearing.

Elizabeth Reiten, Committee Clerk

REPORT OF STANDING COMMITTEE
ENGROSSED AND AMENDED HB 1511 ([25.0963.04000](#))

Appropriations Committee (Sen. Bekkedahl, Chairman) recommends **DO PASS** (13 YEAS, 2 NAYS, 1 ABSENT OR EXCUSED AND NOT VOTING). HB 1511 was placed on the Fourteenth order on the calendar. This bill does not affect workforce development.