

**2021 HOUSE HUMAN SERVICES**

**HB 1313**

# 2021 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee  
Pioneer Room, State Capitol

HB 1313  
1/26/2021

Relating to promoting the commission of an abortion and relating to murder of an unborn child and exceptions for offenses against unborn children; and to provide a penalty.

**Chairman Weisz** opened the hearing at 3:54 p.m.

| <b>Representatives</b>            | <b>Attendance</b> |
|-----------------------------------|-------------------|
| Representative Robin Weisz        | P                 |
| Representative Karen M. Rohr      | P                 |
| Representative Mike Beltz         | P                 |
| Representative Chuck Damschen     | P                 |
| Representative Bill Devlin        | P                 |
| Representative Gretchen Dobervich | P                 |
| Representative Clayton Fegley     | P                 |
| Representative Dwight Kiefert     | P                 |
| Representative Todd Porter        | P                 |
| Representative Matthew Ruby       | P                 |
| Representative Mary Schneider     | P                 |
| Representative Kathy Skroch       | P                 |
| Representative Bill Tveit         | P                 |
| Representative Greg Westlind      | P                 |

## **Discussion Topics:**

- Born Alive Infants Protection Survivors Act
- Unborn children offenses
- Class A felony
- High-risk pregnancies

**Rep. Jeff Hoverson, District 3 (3:54)** introduced the bill, testified in favor, and submitted testimony #2861.

**Melissa Ohden, Director Abortion Survivors Network (4:01)** testified in favor and submitted testimony #2830.

**Rep. Jeff Magrum, District 28 (4:16)** testified in favor and proposed **Amendments 21.0521.02002 & 21.0521.02003 - #3584.**

**Jasahd Stewart (4:27)** testified in favor and submitted testimony #3595.

**Thea Lee, Powers Lake (4:43)** testified in favor and submitted testimony #3047.

**Nanette Rodin, Kenmare (4:49)** testified in favor and submitted testimony #3283.

**Kolette Kramer, Denbigh (4:55)** testified in favor and submitted testimony # 3596.

**Victoria Hoverson (5:02)** testified in support.

**April Pearson, Beach (5:03)** testified in favor and submitted testimony #3461.

**Ana Tobiasz, Maternal Fetal Medicine Physician Sanford Health Bismarck (5:12)** testified in opposition and submitted testimony #3414.

**Jessica Sedevie, Obstetrician/Gynecologist Sanford Health Bismarck (5:25)** testified in opposition and submitted testimony #3606.

**Rev. Carel Two Eagle (5:39)** testified in opposition and submitted testimony #3609.

**Rep. Vicky Steiner, District 37 (5:48)** testified neutral and proposed **Amendment 21.0521.02006** - #3610.

**Additional written testimony:** #2373, #2379, #2380, #2382, #2491, #3096, #3155, #3175, #3200, #3202, #3254, #3269, #3297, #3344, #3449, #3464, #3485, #3486, #3489, #3492, #3495, #3501, #3506

**Chairman Weisz** adjourned at 5:49 p.m.

*Tamara Krause, Committee Clerk*

Introduce 1313            Jeff Hoverson

Human Services committee    Tuesday, January 26, 2021

Introduce Melissa Ohden

We should not, normally, challenge the Supreme Court

    Except when?

    Well, states began a movement, against actual Federal law, for marijuana

    There needs to be a movement among the states before the Supreme court will act

    9 judges have held the states hostage to a lie and millions of children murdered for 45 years. Judges are human, too. They have already proven that.

    This bill is about babies. Innocent, Human, Life!

    ND can and should be first; after us other states will follow

    This is really the only way legal abortion can end

I am happy to introduce to you, via virtual testimony online, Melissa Ohden.

Melissa is the survivor of a failed saline infusion abortion. Despite the initial concerns regarding Melissa's future after surviving the attempt to end her life at approximately seven months gestation, she has not only survived but thrived.

Melissa is a Master's level prepared Social Worker and the author of *You Carried Me: A Daughter's Memoir*. Her second book, which will focus on other abortion survivors breaking their silence, will be published in 2021. She is the Founder and Director of *The Abortion Survivors Network*, the only healing and advocacy organization for abortion survivors. Melissa and her team have connected with 356 survivors as of 2020.

January 26, 2021

Melissa Ohden, MSW

Director, The Abortion Survivors Network

4810 NE Vivion Rd #25531

Kansas City MO 64119

North Dakota Human Services Committee,

Thank you for hearing HB 1313.

This bill is vitally important because children **do** survive abortions and the Born Alive Infants Protection Act signed into law by President Bush in 2002 was a definitions bill that provided no consequence for failing to provide medical care to survivors.

There's limited data on the incidence of children surviving abortions, but in the words of Dr. Willard Cates, former head of the CDC's Abortion Surveillance group, (quoted in the Philadelphia Inquirer of August 2, 1981): "(Live births) are little known because organized medicine, from fear of public clamor and legal action, treats them more as an embarrassment to be hushed up than a problem to be solved. It's like turning yourself in to the IRS for an audit. ... The tendency is not to report because there are only negative incentives."

However, data from the CDC about the incidence of infants surviving abortion gives us an idea of the depth of the issue. As Arina Gross, MA, formerly of the Family Research Council, testified before Congress, according to the CDC, "between the years 2003 and 2014 there were somewhere between 376 and 588 infant deaths under the medical code P96.4 which keeps track of babies born alive after a "termination of pregnancy."

The CDC concluded that of the 588 babies, 143 were "definitively" born alive after an attempted abortion and they lived from minutes to one or more days, with 48% of the babies living between one to four hours.

It's important to note that this is an underestimate, because these are just reported numbers from hospitals, **not** abortion facilities. Dr. Kermit Gosnell is only one abortionist who was responsible for "hundreds of snippings" of born-alive babies, yet he did not report even one. His numbers alone exceed the "definitive" numbers of the CDC.

Currently, there are only eight states that report out the incidence of born alive infants following abortion: Arizona, Florida, Indiana, Michigan, Minnesota, Oklahoma, Texas, Arkansas. As you can see in the spreadsheet below, in five of those eight states, there were 108 abortion survivors reported in a 12-year-period.

### Aborted Babies Born Alive selected states

|              | Arizona   | Florida   | Michigan  | Minnesota | Texas     | STATES TTL |
|--------------|-----------|-----------|-----------|-----------|-----------|------------|
| 2020         |           | 4         |           |           |           | 37         |
| 2019         | 15        | 2         |           | 3         | 6         | 27         |
| 2018         | 12        | 6         |           | 3         | 4         | 12         |
| 2017         | 10        | 11        |           | 3         | 0         | 19         |
| 2016         |           |           |           | 5         | 1         | 13         |
| 2015         |           | 4         | 1         | 5         | 2         |            |
| 2014         |           |           | 0         |           |           |            |
| 2013         |           |           | 2         |           |           |            |
| 2012         |           |           | 1         |           |           |            |
| 2011         |           |           | 5         |           |           |            |
| 2010         |           |           | 1         |           |           |            |
| 2009         |           |           | 1         |           |           |            |
| 2008         |           |           | 1         |           |           |            |
| <b>Total</b> | <b>37</b> | <b>27</b> | <b>12</b> | <b>19</b> | <b>13</b> | <b>108</b> |

*Live Action News review of state abortion reports accessed 12/24/2020*

States not included in this spreadsheet have reported the following numbers, as was presented in Congressional testimony by Patrina Mosley, MA, in 2019:

- Indiana: 27
- Arkansas: began reporting in 2019
- Oklahoma: \*\*Oklahoma only reports the instances of failed termination, meaning after the abortion attempt, the pregnancy was still viable. Because this reporting is so vague, the actual number of babies born alive as a result of a failed abortion is not clear in the reports.

It's important to note that states like Texas just began to report these statistics in recent years. In Texas' first reporting year, 2019, they reported six abortion survivors. You can read this in the Induced Termination of Pregnancy report [here](#), under "2019 Complications of Induced Terminations of Pregnancy."

Historically, there have been at least two studies completed on the incidence of failed abortions and surviving children, as reflected in the [Dreaded Complication Series](#) by Liz Jeffries and Rick Edmonds, published in the Philadelphia Inquirer, in 1981. One study found life in about 10% of the prostaglandin abortions performed at a Hartford, CT, hospital. The other study found 38 survivors in a sample of 150,000 abortions.

As if the number of children surviving abortion wasn't enough, as if the reality of the lack of consequence for failing to provide timely medical care to survivors or even killing them post-birth wasn't enough to convict me of the importance of this bill, my own story most certainly does.

I am an abortion survivor, myself. In August of 1977, my birthmother, as a 19-year-old college student, had a saline infusion abortion forced upon her against her will by her mother, my maternal grandmother.

The saline infusion abortion was the most common abortion procedure performed at the time, which involved injecting a toxic salt solution into the amniotic fluid surrounding me in the womb. The intent of that toxic salt solution was to poison and scald me to death. Typically, that procedure lasts about 72 hours—the child soaks in that toxic solution until their life is effectively ended by it, and then premature labor is induced, expelling the deceased child from the womb. My medical records indicate that I didn't soak in that saline solution for just three days, but five, while they tried numerous times to induce my birthmother's labor.

No matter what people believe about abortion in our society, most people agree that what happened to me was horrific. But I also hope that people recognize that what happened to my birth mother during those five days was also horrific. Abortion ends the life of its primary victim—(most of the time), and dramatically impacts the life of the secondary victim—the woman.

Her labor was finally successfully induced on the fifth day, and I was delivered in the final step of that abortion procedure at St. Luke's Hospital in Sioux City, Iowa. However, instead of being delivered as a successful abortion—a deceased child, I was miraculously born alive.

My medical records actually state “a saline infusion for an abortion was done but was unsuccessful.” They also list out a complication of pregnancy as a “saline infusion.”

I weighed a little less than three pounds, which indicated to the medical professionals that my birth mother was much further along in her pregnancy than the 18-20 weeks pregnant that was estimated in medical records. In fact, a neonatologist remarked that he estimated me to be about 31 weeks gestational age.

Whether the abortionist simply estimated wrong the gestation based on my birthmother's self-

reporting, or he was lying in order to proceed with the abortion, we'll probably never know. What we do know is that when I was delivered alive that day, there was an argument about whether I would be provided medical care. My adoptive parents were told that I was "laid aside," and that nurses intervened to save my life.

I have now been in contact with a nurse who was working that day in the NICU at St. Luke's, who confirmed that a "tall, blonde nurse" rushed me in that day, unwilling to follow my grandmother's orders to leave me to die. Dramatic, yes, I know. But I am far from alone. I never understood how something like this could happen in our world until I began to study reports like The Dreaded Complication series, where story after story is shared of survivors being left to die and yes, even in some circumstances, killed.

I am one of the lucky ones-to not only survive an abortion, but to have someone fight to save me. We know this is not always the case. Look up the [testimony](#) of nurse Jill Stanek, in case you haven't heard of her experience, although there are so many more stories like hers.

Despite the miracle of my survival, my prognosis was initially very guarded. I suffered from severe respiratory and liver problems, seizures...the doctors actually thought I had a fatal heart defect initially because of the amount of distress that my body was under. They indicated they didn't know how long I might live, and if I continued to live, that I would suffer from multiple disabilities. Yet here I am today, perfectly healthy.

Passage of HB 1313, will ensure that the fate of survivors like me or the 357 survivors that I've connected with through The Abortion Survivors Network, aren't left in the hands of their abortionist or the "luck of the draw" in what medical professional is working that day.

Thank you for giving HB 1313 every consideration.

Sincerely,

Melissa Ohden, MSW

The Abortion Survivors Network



21.0521.02002  
Title.

Prepared by the Legislative Council staff for  
Representative Hoverson  
January 19, 2021

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1313

Page 1, line 4, remove the second "and"

Page 1, line 4, after "penalty" insert "; and to provide a directive"

Page 3, after line 5, insert:

**"SECTION 4. DIRECTIVE - ATTORNEY GENERAL.** On the effective date of this Act, the attorney general immediately shall order a facility that offers abortion services to cease the facility's abortion operations."

Renumber accordingly

21.0521.02003  
Title.

Prepared by the Legislative Council staff for  
Representative Hoverson  
January 19, 2021

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1313

Page 1, line 4, remove the second "and"

Page 1, line 4, after "penalty" insert "; and to provide a directive"

Page 3, after line 5, insert:

**"SECTION 4. DIRECTIVE - ATTORNEY GENERAL.** If a state or federal court issues an order finding this Act is unconstitutional, the attorney general subsequently shall issue a declaration stating the court order is null and void in the state."

Renumber accordingly

## The Perpetual Toleration of the Unthinkable

**“You shall not murder” (Exo. 20:13)**

Greetings Honorable Representatives,

My name is Jasahd Stewart. As a member of Trinity Church in Minot, and a partner with Apologia Church and many Saints involved with EndAbortionNow, I am honored to stand here today and to speak on behalf of the preborn regarding the issue of abortion. The act of abortion is in direct opposition to the commandment mentioned under the title of this paper. For a nation that proclaims to seek “liberty and justice for all”, it saddens me to see abortion facilities/ murder mills erected on American soil. Thankfully, North Dakota only has one death camp in comparison to the hundreds that are peppered across our nation (Red River Women’s Clinic; a fitting name for a facility which flows with the innocent blood of children for profit), however one death camp is far too many. Such evil beckons the wrath of God, and it is your duty as legislators to codify just laws into the land that will serve to curb the shedding of innocent blood.

**Proverbs 24:10-12** says, “If you faint in the day of adversity, your strength is small. Rescue those who are being taken away to death; hold back those who are stumbling to the slaughter. If you say, ‘Behold, we did not know this,’ does not he who weighs the heart perceive it? Does not he who keeps watch over your soul know it, and will he not repay man according to his work?” We are all in this together and have no excuse for ignoring the cries of the preborn. I admit, even I have not done enough to rescue the preborn from the slaughter, to educate those in our congregation, or to offer help and support to Magistrates who also desire to see abortion abolished or need correction and admonition. We can repent through ending abortion now in our

state with this bill (HB 1313; if possible, include the mother as a person as well). Use your delegated powers, granted to you by the Constitution and of God (**John 19:11, Rom 13:1-6**), by ignoring the fallacious court opinion with Roe vs Wade. The 1<sup>st</sup> Article in the Constitution declares “All legislative Powers herein granted shall be invested in a Congress of the United States...” (not the Judicial branch, but the Legislative branch as stated in Article 1, Sec. 2).

! .  
Precious baby boys and girls continue to have their skulls crushed, limbs torn into pieces, and their bowls ripped apart like spaghetti in the name of “women’s rights”. Where are the rights for the little women in the womb? Do the black lives matter that are continually murdered via abortion? Should the crimes of father or career pursuits of a mother lead to capital punishment of their child? I know this may be hard to hear, but we have turned fathers and mothers from protectors and nurturers into selfish accomplices of murder. Without justice, there truly will be no peace; not until we repent and establish righteous laws in the land (hence our divided nation).

In the Bible we are taught a doctrine called “Blood Guilt”, how the shedding of innocent blood stacks curses upon a people and the land (See **Deu. 21**). Slavery was a wicked sin in our nation, and the judgment for such sin cost us the atonement of 650k deaths in the Civil War. We are told in the book of Genesis, “...the voice of your brother’s blood cries (Abel) is crying to me from the ground.” (**Gen. 4:10**). I ask you to think deeply on this, how much more does God hear the voluminous amounts of innocent blood cry out which has been spilt from precious babies (easily +100 million)? The payment we deserve for “regulating” such iniquities is terrifying. Thankfully, God is not only a God of justice and wrath, but of mercy and forgiveness as well (**Exo. 34:6-7, 2 Chro. 7:14**). There undoubtedly will be consequences for what we have allowed to happen in our nation, however if we seek to abolish abortion immediately (not incrementally) and establish just scales, God may spare us from the full cup of His wrath that we deserve. ! .

I shall conclude with the same warning Christ gave to His disciples, "Remember Lot's wife." (Luke 17:32). Conservatives and Prolife orgs need to quit looking back at all the legislation and trigger bills that were built on sinking sand. The answer is not banking on Roe to be overturned, but to flex our State sovereignty rights when higher authorities give unrighteous commands. States that have allowed Marijuana to be legal (despite what the Feds have told us), reminding the Federal Government that their authority has limits. Let us do the same by ending abortion in our State. We are approaching 50 years since Roe was considered "law", and nearly a million babies are murdered each year in America. Unthinkable. We must look forward by aiming to codify actual abolition bills into the land. Please quit shutting them down. I know it is frustrating to spend many years trying to establish incremental laws to chip away at this murder tree, however rather than pruning branches with incremental legislation, we must swing the axe of justice at its trunk; knocking it down with legislation that immediately abolishes abortion and treats it for what it is, Murder. No more exceptions, abortion is murder, do your duty, please bring justice for the preborn so help you God! In Jesus' name END ABORTION NOW!

May Light Prevail,

Jasahd Stewart

*P.S. We are of course thankful to God for the certain lives that have been saved through incremental legislation, however we should aim to present bills which call for the immediate end of abortions in our state.*

HB 1313  
Testimony by Thea Lee  
01/26/2021

Bald eagle eggs and sea turtle eggs are protected by Federal Law. These laws set the precedence that the eggs are as valuable as the fully matured animals because they are indeed eagles and turtles. I propose that the same is true with human embryos or unborn children. They are humans and thus are as valuable as fully developed humans. Unborn children must be protected as the most vulnerable of humans.

House Bill No. 1313 protects both the unborn child and the mother.

Laws are made to establish boundaries between choices that are acceptable in society and those that are not. This bill establishes the fact that it is not acceptable to murder an unborn child.

This law does not say that all women who are considering abortion are criminals. Women that are in a situation to consider such a choice are in a very vulnerable situation. This law will protect them from making a very destructive choice that would saddle them with inner turmoil for the rest of their lives. The decision to abort an unborn child is a decision that appears to make a bad situation go away. However, the murder of the unborn child creates an even worse situation that causes the woman to then live in shame, depression, and inner turmoil. This law establishes that the decision to murder an unborn child is not an acceptable choice. This is what laws do – they establish what choices in our society are acceptable. An example of this is the law that says it is illegal to steal. Say you have a mother with no money and her children are hungry. There are social programs established to aid her with feeding her family. (That is one responsibility of society: to provide social programs to help the vulnerable.) So, she has a choice to seek out help, or she has the choice of stealing to feed her family. The laws we have against stealing show her clearly what is the best choice to make. She is not a criminal because she and her children are hungry. She needs help. We have social programs to help women who are in the situation of dealing with an unwanted pregnancy. This law establishes that those programs are the healthy, good choice; and that abortion is a destructive, dangerous choice.

Adoption is a choice that promotes families and empowers the woman with an unwanted pregnancy to turn a bad situation into a positive, celebratory situation. Often in our society we seem to think that our personal comfort and pleasure should be the only factor behind decisions. The opposition has the argument, "My body, my choice." However, the unborn child is not actually a part of the woman's body, it is a separate individual. The unborn child is growing inside of the woman but it is not actually a piece of her. Pregnancy is a 9-month inconvenience. For 9 months you sacrifice your personal comfort for the life of another person. This is honorable and good. What has happened to morals, character, and integrity? Why is it that we do not see that sacrifice for the good of another person is an honorable trait and one to be celebrated? We celebrate the men and women in the military for the sacrifice they give every day for the protection of our country. Just as we celebrate the sacrifices of the military, we should celebrate the sacrifices of a woman to give her child life. On 01/21/21, my family finalized the adoption

of our youngest child, Cedar. Adoption is a wonderful option, and one that creates love and life...not death and shame.

The opposition is going to tell you that there are medical reasons that warrant ending a pregnancy. My daughter, Cedar, was born with Tetralogy of Fallot (a congenital heart condition) and Down Syndrome. The opposition is going to tell you that she should have been murdered in the womb. That is criminal! They may also say that she is an economic burden on society because she has had 3 open-heart surgeries. Each surgery cost \$250,000.00. The next time one of you needs surgery, we would not consider killing you instead of helping you, would we? We should not do the same for an unborn child.

There is one aspect of this bill that I strongly disagree with and that is the line that leaves room for murdering an unborn child to save the life of the pregnant woman. Again, what happened to sacrifice? I would gladly die in a second's notice to save the life of any of my children...or any child for that matter! This is an ethical dilemma, choosing one life over another! Not acceptable in my mind.

So overall, I am in agreement with this bill. There needs to be a boundary set on this issue that protects both the unborn child and the mother from a situation where one is murdered and the other is a murderer. There are healthy, good options that allow both to live healthy, happy lives. Our state needs to promote healthy, happy lives; not murder.

Please vote in favor of HB 1313.

Respectfully,

Thea Lee  
8960 69<sup>th</sup> Ln NW  
Powers Lake, ND 58773  
(701) 339-1458



***Cedar Rose Lee – Every Life Matters!!!!***

Nanette J. Rodin

January 25, 2021

The Honorable Robin Weisz and Members of the Human Services Committee

Pioneer Room

Re: Letter in favor to HB 1313

I have read the testimonies submitted to you both for and against this bill. I am not a lawyer, so I cannot compete with those letters on what is legally constitutional. It does bring to mind though, that there was a point in our history where it was not Constitutional for a woman to vote, but because people banded together, that law was changed, and I have had the opportunity to vote in our elections since I was 18 (we don't need to figure out how long I have continued to exercising that right). So though I cannot argue on their level with legal jargon, I do know that laws have been in place that should not have been, and we have an opportunity here in this great state of North Dakota to finally draw a line in the sand, as it were, for the lives of women and their children.

I have come today, not to speak about the many unborn people whose lives are taken before they can speak for themselves, but for the women and men who have been told lies. I know they have been lied to because I was lied to. When I was 28 years old, I had an abortion. I ended the life of my first child because; well, first of all from pride. I was ashamed that my lifestyle had caught up to me. I was 28 and should have known better. I didn't want people to know what I had been up to. Second, I was an unwed woman, working a job that barely met my needs much less the needs of a child. Third, the man I had gotten pregnant with, I was not in a real relationship with, we would just hook up once in a while. All of these are listed in my opponent's pages as reasons for me to have had an abortion, for me to have "a choice, a better life."

What my opponents do NOT talk at all about are the psychological, emotional, and spiritual consequences of abortion. It is called Post-Abortion Syndrome (PAS)

"Post-Abortion Syndrome (PAS) is the condition occurring in both men and women after the abortion experience due to unresolved psychological and spiritual issues. PAS is actually a form of Post-Traumatic Stress Disorder, a commonly recognized condition that often follows traumatizing events such as witnessing an act of violence or experiencing a natural disaster."

-H.E.A.R.T. Manual (4<sup>th</sup> edition) 2014

-Heartbeat International Inc.

This portion was taken from a training manual of a class that I took 3 years ago. I was a participant, speaking for the first time with someone other than my husband about my abortion experience. I had no idea that so many things in my life had been a direct consequence of a procedure that was supposed to "help" me live a better, more confident and secure life. This is NOT what that abortion did, in fact it was just the opposite and it lasted years before I got help. Since that first class, I have had the opportunity to co-facilitate classes with other women who have had abortions, some dealing for the first time after 30 years of psychological turmoil, for their "choice". These women come in on the first session completely defeated, ashamed, guilt-ridden and hurting. We begin to go through the list of symptoms of PAS which include:



1. Behavior Problems
  - a. Chemical/Alcohol dependencies
  - b. Eating disorders
  - c. Sexual disorders
  - d. Workaholism
2. Emotional Problems
  - a. Inability to forget abortion experience
  - b. Periods of intense anger, rage, frustration, depression
  - c. Preoccupation with babies and/or death
  - d. No joy/inner peace
  - e. Flashbacks triggered by sight, sound, smell
3. Relationship Problems
  - a. Discomfort around discussions of abortion, pregnancy
  - b. Inability to forgive others
  - c. Blaming others
  - d. Blaming God
  - e. Inability to trust another
  - f. Inability to bond intimately
  - g. Inability to trust own decisions
4. Self-worth Problems
  - a. Feeling much guilt and shame
  - b. Feeling unforgiven by God, others, self
  - c. Feeling unclean, unworthy
  - d. Self-defeating attitude
  - e. Self-punishing attitude

Nobody talks about this reality of abortion. For each abortion, there is a mother and father that are touched for the rest of their lives by the consequences of death.

I wish that I would have dealt with the 9 months instead of 25 years with the knowledge that I ended the life that I should have protected. I could have given that baby to a couple who would have loved my baby and given them the life I couldn't. There ARE agencies that walk through pregnancies with women. They have classes and supplies and help to assist them every step of the way. I volunteer at Dakota Hope Clinic and it is a free service, beginning to end for women and men facing an unplanned pregnancy.

My opponents have stated that it would be a hardship to many low income people, but they have to go to Fargo anyway...can't they just go 10 more minutes into MN? I want to be part of a group of people who say, "This is the line...it has to start somewhere...let it be here in North Dakota!"

Thank you for your time and patience.

Nanette

## House Bill 1313

I, Kolette Kramer from Denbigh, ND am in favor of House Bill 1313. My husband and I have 9 children. We have adopted 4 of them. I would love to visit more with anyone who wants to ask any questions. Here are a few basic points I would like to discuss.

### 1. When does life begin?

When does a baby go from a "blob of tissue" to a human life. This has been a big debate. I believe it's at conception. A fetus has it's own personal traits at conception. As it forms it has it's own skeletal system, nervous system, circulatory system, and all the systems a live person might have. A woman's body is the host that cares for the fetus but it is not a "blob of tissue" like a tumor, a cyst, or a growth. None of those have a beating heart. A fetus is connected to their mother, but they are not an appendage or extra part. A blob of tissue is not killed inside the body and then extracted. Or kept alive to harvest the organs....do cysts have organs? Unborn babies do.

### 2. What about rape?

Here is a main point that pro-choice advocates throw out to justify the murder of an unborn child. I do believe a crime has been committed when a rape occurs. I do not believe an innocent unborn child should be tried and convicted of the rape and sentenced to death. The perpetrator should be tried and convicted of his actions, not the baby. Two wrongs do not make a right. In the case of rape, does one trauma justify the enacting of a second trauma? Most women do not just "forget" or glorify the abortion. They then continue to lead their lives with the trauma and after effects of both the rape and the abortion. A good question to ask whoever brings rape victims up is what percentage of abortions are because the woman was raped?

### 3. Differentiate between foster children and adoptive children

Another pro choice point is, "Look at all the children in foster care!" Like those children should have been aborted. Foster children are not even comparable to aborted children. Most parents who have

children in foster care did not even have abortion in mind when they conceived and delivered. They chose to have those children and life's circumstances brought their children into the system.

Many pro-lifers would be overjoyed to take in a newborn baby and adopt it. There is a HUGE difference between adoption of a newborn baby and taking on a child who has been in foster care. Children in foster care have reasons for being there. They have histories of abuse and neglect, either physically or emotionally, and have more "needs" than a small newborn.

#### 4. Pro-life, pro choice?? Do they know their options?

Do parents know their options and have a chance to think about it? At a first appointment are they told their options? What are the options available? Parenting? Adoption? Abortion? What are the pro's and con's of each? What is the difference between a Planned Parenthood clinic and a Pregnancy help center? Are they offered counseling to walk them through these options?

#### 5. If they are pro-life, what do they do to take care of children (and the mothers) after they are born?

Many pro-lifers are foster parents. Many are adoptive parents. Many support pregnancy help centers. Many more would adopt a newborn if a mother chose life and gave it up for adoption. We just need a chance.

The pregnancy help center in Minot, Dakota Hope Clinic, offers classes for new parents and counseling for expectant and new parents. They offer a Boutique where parents can obtain clothing, diapers, and other baby items. Classes are offered for both the mother and the father. The clinic also offers post abortive support for women who struggle after an abortion. Many pro life families support the clinics that provide these opportunities.

"Proverbs 31:8 "Open your mouth for the speechless, In the cause of all who are appointed to die." NKJV

My name is Kolette Kramer and I am Pro-life. I was a foster parent. I am an adoptive parent. I support my local pregnancy help center with my time and my resources.

North Dakota Human Services Committee,

My name is April Pearson. I am a mother and wife living in rural North Dakota. I have a background of working in the Center for Bio-Ethical Reform (CBR) in order to establish prenatal justice through education. Over the course of about 7 years, I educated thousands of people on the topic of abortion.

I am speaking in favor of HB1313.

I am a mother of several children. If I were to be washing dishes one day, and a little child approached me from behind, asking, "Mama, may I kill this?" I, as any other good parent, would automatically respond, "What is it?" Today I would like to ask "What is it?" of the abortion debate. After all, if the fetus is not a person, then there is no need to offer any protection to it. It is no more of a moral dilemma than pulling a tooth. But if the fetus is a person, then it is worthy of all protections we can offer.

In my work with CBR, I often heard comments such as, "I wouldn't personally have an abortion, but who am I to say that a 19-year-old poverty stricken alcoholic, should not have an abortion? It would be better if she aborted the fetus so it wouldn't live in poverty and possible abuse!"

To answer this, allow me to bring out Exhibit A. Meet my 9-week-old son, Cyrus. There is a photo of him at the end of my written testimony if you would like a better glance. Now, let us imagine that Cyrus is the child of that 19-year-old alcoholic. If she were to bring him up to you or I and say, "I'm so poor I can't even buy food! I'm being beaten by my boyfriend, and he even beats little Cyrus. Maybe I should just kill him." In such a situation, we all would rightfully and justly gasp in horror, and exclaim, "No! You cannot kill your child!"

And I ask you, what is the difference between Cyrus and the baby in the womb?

The Pro-Aborter answers this question with the statement, "Cyrus is a baby! In the womb, there is just a fetus!"

So I ask you, "What is the difference between Cyrus and the fetus?" The differences are not many, actually. There are only four. I will address them quickly.

The first difference is size. The fetus is much smaller than Cyrus. But, as we all know, humans come in many sizes. Size does not determine personhood.

The second difference is level of development. The fetus is not nearly as developed as Cyrus. However, 9-week-old Cyrus is not as developed as you and I. Level of development does not determine personhood.

The third difference is environment. The fetus is in a vastly different environment than anyone else in this world. However, when Neil Armstrong walked on the moon, his environment was different, but he was no less valuable. Our environment does not determine our personhood.

The fourth difference is the degree of dependency. The fetus is much more dependent on his mother than Cyrus is. Yet, Cyrus is much more dependent on a caretaker than you and I are. Our degree of dependency does not determine our personhood.

These four differences are the only ones that separate a fetus from a born child. Since these are the only differences between the two, we can rest assured that we now have the answer for, "What is it?" None of these differences make him less of a person than a born child. None of these differences make the unborn child less valuable than a born child. In fact, the argument might be made that we place greater value on those persons who are smaller, less developed, and have greater dependency. We all know and agree that it is only right for us as a society to protect the more vulnerable persons among us; therefore, we ought also to extend that protection to the unborn child who very well may be the most vulnerable person among us.

Thank you. I stand for questions.

Exhibit A, Cyrus Pearson



Testimony in Opposition  
HB 1313  
Human Services Committee  
January 26, 2021

Good afternoon Chair Weisz, Vice Chair Rohr, and members of the Committee,  
My name is Dr Ana Tobiasz, MD and I am a Maternal Fetal Medicine physician at Sanford Health in Bismarck. Thank you for the opportunity to testify in opposition to HB 1313. I am asking the committee to give this bill a Do Not Pass recommendation.

My medical training and expertise is in caring for women during high risk pregnancies. I was born and raised in Munich, ND and completed my undergraduate and medical school training at the University of North Dakota. After medical school I completed a 4 year residency training in Obstetrics and Gynecology followed by a 3 year fellowship training in Maternal Fetal Medicine. I have worked as a maternal fetal medicine specialist at Sanford Bismarck since July 2017. I am the first and only MFM in Bismarck and one of only three within the entire state. I care for women who have underlying health conditions, as well as diagnose and manage fetal health conditions. I am also a mother to 4 children and I myself received a fetal diagnosis during my first pregnancy and therefore have a very personal understanding of what families are going through when they receive difficult news during their pregnancy. Unfortunately not all pregnancies result in a healthy mom with a healthy baby at the end of the pregnancy.

Women who choose to proceed with pregnancy termination make this decision for many different reasons—sometimes in the circumstance of a very desired pregnancy. For women with certain medical conditions, continuing with the pregnancy may result in them losing their lives. In the United States, despite all of our medical advances, the situation of maternal mortality is actually quite dire in comparison to other countries. The maternal mortality rate in the United States has increased from 9/100,000 in 1999 to 26/100,000 in 2015. There are many contributing factors, however a portion of this difference falls to differences in family planning services, including access to contraception, health care, and abortion services.

I am not here to make a statement on the morality of pregnancy termination. I am here today to present to you the unintended consequences that this legislation will pose for my patients. The decision to proceed with pregnancy termination includes many factors that many are not aware of and includes situations you cannot even imagine unless you are a health care professional caring for these women and families, or are a patient or family member of a patient in these difficult circumstances.

A high risk pregnancy is defined as one that places the woman, fetus, or infant at risk for death or residual injury, requiring additional resources, procedures, or specialized care to optimize outcomes. This is my life's work and have spent 7 years of post-medical school training to learn how to care for women in these circumstances. I have managed many extremely high risk pregnancies, including pregnant women with heart conditions, autoimmune conditions, severe trauma, heart surgery during pregnancy, and diagnosing life limiting fetal anomalies, to name just a few. I have an intricate understanding of how medical conditions affect pregnancy, and how pregnancy can affect medical conditions. There are even some medical conditions that are considered a contraindication to pregnancy. Many of these women will do well in the early stages of pregnancy, however by late in the pregnancy when their bodies have gone through the physiologic changes we expect, especially those changes that affect the heart, blood volume, lungs, and clotting system, it may be too late to save either the mother or baby's life if we wait until she is in a life-threatening circumstance. I have several real life examples from my patients—these conditions and situations are unfortunately not that rare.

Preeclampsia is a condition where women develop high blood pressure, and can develop damage to other organs such as liver failure, kidney failure, seizures, cardiac arrest, and even death. Early changes in placental formation are the cause of preeclampsia and there are no good methods to completely prevent preeclampsia from occurring. The only treatment and cure is delivery and removal of the placenta. This condition typically presents symptoms in the later stages of pregnancy, and typically occurs at the point which the fetus is viable if delivered. Occasionally for women with certain high risk health conditions, this condition can occur prior to the point of fetal viability. If the woman remains undelivered, preeclampsia will ultimately proceed to a serious and life threatening condition. Sometimes we are not able to safely delay delivery for weeks until fetal viability occurs. This bill would limit my ability to safely care for women in this circumstance, and it may result in the death of the woman.

Approximately 30% of women in the United States deliver via cesarean delivery. This poses a risk for every subsequent pregnancy for several reasons. One very serious and ultimately life-threatening complication is if the pregnancy implants in the cesarean scar site and the scar ruptures. This is typically diagnosed in the first trimester, at which time the fetus cannot survive if delivered. The only treatment to ensure the woman does not completely rupture her uterus, damage her bladder, and hemorrhage to death, is to perform a procedure to effect delivery. Ideally this would happen prior to those downstream effects happening. This bill would make it illegal for physicians to proceed with life-saving treatment prior to the woman's health decompensating to the point of almost no return. The woman undergoing the procedure would face criminal charges for undergoing a necessary and life-saving procedure because she was not yet in a life-threatening circumstance.

Another example are certain heart conditions, such as women who have heart failure. They may handle the changes that occur in pregnancy until well into the second or third trimester, however at that point they can decompensate to the point of cardiac arrest. I have had some patients who unintentionally became pregnant with such health conditions and opted to continued their pregnancy. Many of them have ended up receiving heart transplants. I have had some of them who ended up dying within weeks or months of delivery while waiting for a heart transplant. By them waiting to be delivered until they were in a life threatening circumstance, they have done irreparable damage to their heart. Should I be charged with a felony for counseling this woman on the possibility of this occurring and offering her referral for termination services? Should that woman face the same for making the decision to save her life before it became imminently life threatening?

What constitutes a sufficient threat to a pregnant person's life? Who gets to make this determination? As you can see from these examples, for a physician trained to care for pregnant women in these circumstances, it is unethical to wait for a medical condition to deteriorate to a life-threatening state, at which point we may not have the opportunity to save the mother's life. Intervening prior to the mother's life being in danger is the life-saving intervention that reduces morbidity and mortality.

An additional concern is that this bill would restrict my ability to speak openly and honestly about medical care and letting patients make decisions for themselves and their families for a procedure that is legally recognized by the federal government. I would face criminal charges for even discussing pregnancy termination for a woman seeking these services for any reason. This is an unprecedented intrusion into the physician-patient relationship. It is my duty, irrespective of my personal beliefs, to provide adequate and comprehensive counseling to my patients who are seeking these services.

In summary, I strongly oppose HB 1313 due to the unintended consequences of this legislation, as well as the interference of the patient physician relationship to discuss legally recognized and safe procedures.

Dr Ana Tobiasz, MD Maternal Fetal Medicine Physician  
Phone: 218-779-8497

Testimony in Opposition  
HB 1313  
Human Services Committee  
January 26, 2021

Good afternoon Chair Weisz, Vice Chair Rohr, and members of the Committee:

I am Dr. Jessica Sedevie, MD, an Obstetrician/Gynecologist at Sanford Health in Bismarck. I have dedicated my life to my work as a physician and have the unique perspective of having both saved lives and watched others lost secondary to complications of pregnancy. I appreciate the opportunity to speak against HB 1313 and ask that the bill be given a Do Not Pass recommendation.

As a physician providing OB/GYN care, a Christian, a mother and pregnant woman who has endured infertility and recurrent miscarriage, I am here to testify that HB1313 does not serve the purpose of providing safe care to women and while the intent may be to save lives, may have the unintended consequence of taking lives instead. I do not seek to defend or discuss the morality of abortion. I wish only to highlight the complexity of pregnancy and the situations that I am asked to navigate as a provider. The policy would inappropriately obstruct the way we care for patients, criminalizing counseling and introducing the threat of incarceration for providers. This is an absolute intrusion into the patient-physician relationship during times when autonomy and empathy are paramount. Obstruction of information and resources for patients is unacceptable, harmful and degrades our relationship. In some cases, it could take lives.

Having endured 4 miscarriages, I can speak to the physical and emotional torture involved. The last thing I needed was someone investigating the validity of my loss. That additional emotional trauma would not be acceptable. I had a patient I cared for who lost an infant at 21 weeks secondary to intra-uterine infection. In this scenario, sometimes a heartbeat is present at the time of delivery and sometimes not. In all cases, the woman needs delivery as a life-saving measure. She would not have lived an additional 2 weeks to carry her baby to viability. In some cases, a woman needs a procedure to speed delivery faster than induction. In this particular case, the introduction of investigation by another party questioning the loss vs abortion would have only further injured the patient and our patient/physician relationship. Trust is paramount in these situations. The language of this bill does not protect providers in this scenario and invites additional players into a room where the patient-physician relationship is important to the eventual healing for this patient and the introduction of mistrust will only further the harm. Additionally, delaying care, waiting for fetal demise or worsening sepsis would be unacceptable and place a patient at risk of losing her uterus, her life, or both. My patient is a wife, a mother, and alive today to carry another pregnancy because of the care she was able to receive in her last pregnancy, care that would be compromised by this bill.

I had another patient who came in for routine, uncomplicated care for her highly desired pregnancy for 20 weeks only to have her baby diagnosed with lethal anomalies at her routine ultrasound. This patient had the terrible choice of losing her pregnancy at 20 weeks or at 40, but regardless would not be taking



a baby home. In fact, carrying her pregnancy to term would only increase her risk of complications including preeclampsia which is one of the leading causes of maternal mortality in this country. The emotional trauma of continuing a nonviable pregnancy and being approached at the grocery store by strangers to ask about your boy/girl, names, rub your belly is something that I cannot fathom having to face. This decision should be up to the patient with help from her provider and support system without the provider risking imprisonment for discussing options.

If we truly want to reduce abortions, we should look at data from Colorado where early contraception and long-acting contraception were given, reducing unintended pregnancies and abortion rates. We should not allow the intrusion of this litigation into the patient-physician relationship or risk women's lives waiting for dangerous situations to become life-threatening. We should not compromise the care physicians are able to provide to women or threaten imprisonment to those who would continue to try to provide health and wellness to these women. We should allow women who have lost pregnancies to be interrogated about the circumstances of their losses.

Thank you again for the opportunity to speak about my experience in caring for women and the potential negative impact of HB 1313 on my patients and my practice. I ask that you choose to protect life. I recommend Do Not Pass for HB 1313.

Jessica Sedevie, MD, FACOG  
719-251-7731

<< TESTIMONY ON HB1313 >>  
Rev. Carel Two-Eagle, PK,PB  
Church of the Helping Hand, Inc.

Good morning Chairman Weisz and members of the Committee. For the record, my name is the Reverend Carel Two-Eagle, and I am here in staunch opposition to HB1313. Thank you for hearing me in a good way now.

Ch'annunpa ki le yuha wamani ye. I Walk with a Ch'annunpa or Sacred Pipe. Ch'annunpa wakhan ye. The Pipe is Holy. Ch'ankhe woaglaka oith'anchan ye. I speak with authority in the matter concerned in this bill.

This is the most offensive and insulting piece of legislation I have seen in my 13 consecutive Sessions (23 consecutive years) here. It meets both the definition of a hate crime and of Gross Sexual Imposition (rape). This bill is conceived in hate. It has no place here or any other place where people claim to be civilized.

From the FBI's website, I give you the definition of "hate crime": The FBI defines a hate crime as "a criminal offense against a person or property motivated in whole or in part by an offender's bias against a race, religion, disability, sexual orientation, ethnicity, gender, or gender identity." Hate itself is not a crime, but to try to push one group or person's preferences on another is both a hate crime and Gross Sexual Imposition by definition.

From where every civilized man and woman views this bill, as well as every existing child, this bill promotes a hate crime and Gross Sexual Imposition. Real men do not commit or support hate crimes against females. They do not support bills such as HB 1313. They are insulted and offended by bills such as HB1313. Whether any such men testify on this bill or not, rest assured they exist, and they are in the majority. I bless them.

Having Walked with a Holy Pipe for a very long time, I have seen a great deal of hate crimes. This bill promotes violence against all females. It is shameful.

In the Indigenous Ways of this Turtle Island, men are tasked with protecting the living and providing for them. Until a foetus can breathe and otherwise function *on its own*, it is not alive. It cannot think, it does not matter if its heart beats, and flatworms have been amply proven to feel pain, so that is irrelevant also. These are straw man arguments. Red herrings. They are used to try to deflect attention from their base, which is hate.

It is a fact that people hate what they fear. Thus this bill stems from fear of women by certain men who hate us. Maybe envy us, thus want to force us to do what they cannot.

Because *only* women can and do take *all* the risks associated with pregnancy, it is no man's business whether she opts to remain pregnant or not. His preferences are his right, but he has *no* right to force them on a female. Males have never had such a right. Only females put life on the earth. But we have *no obligation* to do so. The choice is entirely

ours because the risks are entirely ours. Even other females have no right to tell another she should or should not become or remain pregnant, let alone that she must.

Until very recently, pregnancy and/or childbirth were the leading causes of death in women. You and this disgusting piece of hate crime legislation would return us to that situation.

Bills like this promote and condone rape including spousal rape. There is no excuse for that, either.

Some years ago, I asked the Spirits for a ceremony to teach bullies the error of their ways and to strongly encourage them to find better ways to behave. Not all of my prayers are answered, and seldom as quickly as that prayer was, but the Spirits gave me a prayer and it has proven incredibly effective. There is no defense against this prayer, because it is a teaching prayer. I have done the ceremony of this prayer on all of you who support this pitiful hate-filled legislation, and all who are so pitiful as to vote for it.

This prayer asks the Spirits to send sudden intense educational experiences to the objects of the prayer – people such as you – immediately and completely, and to continue to do so until such time as the recipient people prove to the Spirits, who know the purity of our hearts better than any of us ever will, that they are sincerely sorry for having done whatever wrongful things they have done and for the harm they have caused. This prayer also includes that the recipients of the prayer be strongly motivated to find better ways to behave. No recipient ever likes their lessons, because bullies are people of tiny, warped souls who want their victims to feel smaller and more powerless than the bullies do. It is impossible to achieve that level of misery, appearances notwithstanding, compared to bullies. This is the world of illusion, after all. This bill is bullying of women.

Not all women are fit to be mothers. Not all women want to be mothers. With everyone's holy mother the earth so tremendously over-populated by humans already, women who opt not to give birth should be rewarded, including those who, *for whatever reason of their own*, choose abortion. Until such time as there are truly safe methods of contraception for both men and women, *abortion is the business of no one except the pregnant woman*, and it is part of a civilized society, because in a civilized society, people *show respect to all*, period. That includes not forcing women to give birth. It means considering existing children and their needs, too.

My birth mother should never have been allowed to give birth. She was my first batterer – starting when I was 3. This is no isolated case. It is proof that not all women automatically are fit to be mothers, nor do they become fit simply by having been pregnant and/or giving birth. The media is full of stories of women who maim or kill their children. Statistics prove that women who have been forced to remain pregnant commit more violence against their children than women who have not. Even the stories of ancient times make note of such as Lillith, the female prototype, who lavished all

manner of nice things on Her children when they pleased Her, but who ate them when they seriously displeased Her.

I never had any interest in giving birth, or in mothering, but I have physically battled to defend both existing children & the rights of pregnant women. My mother's mother apologized to me when she found out what my birth mother had done. She apologized for having given birth to one like my birth mother, and said, "If I had known, I never would have let her be born." That was a long time ago. Civilization should have made far more progress by now than bills like this one.

HB1313 is an insulting and offensive hate-filled bill. It will never withstand the court tests it will get. It promotes misery and abuse of the majority of the people – real men, women, and existing children. Recommend Do NOT Pass on HB1313. I will stand for any questions.

21.0521.02006  
Title.

Prepared by the Legislative Council staff for  
Representative Steiner  
January 25, 2021

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1313

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for a legislative management study regarding the impact of abortions.

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

**SECTION 1. IMPACT OF ABORTIONS - LEGISLATIVE MANAGEMENT STUDY.** During the 2021-22 interim, the legislative management shall consider studying the impact of abortions on the state, its citizens and economy, women's physical and emotional health, and any family unanticipated consequences. The study must include consideration of potential legislation regarding defining essential and nonessential businesses as it relates to abortion facilities during a pandemic. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-eighth legislative assembly."

Renumber accordingly

January 24, 2021

Dear Representatives and Senators,

I am writing in opposition of HB1313 regarding making the commission of an abortion or having an abortion considered to be the murder of an "unborn child".

It is a woman's right to have an abortion. I am not "pro abortion", but I am PRO CHOICE when it comes to choosing what one does with one's body. And this is with regard to a "fetus", not an actual living, breathing child.

If you move forward with basically making abortion illegal, once again many, many women who feel they have no alternatives will have illegal, backyard abortions or be forced to carry and raise a child when they are not fit to do so.

IF you hardcore conservatives REALLY want to make a change, why don't each and every one of you go and stand outside an abortion clinic and offer to take the woman to your home, feed and clothe her, pay all of her medical and living expenses until the fetus is born, and then you take over the care of the child and raise it and all expenses related to it.

Until you can offer this to each and every woman, you need to VOTE NO on this bill. Rather than making it as crime to live and make one's own choices.

Until you have been a starving woman with no resources, until you have been RAPED and BEATEN and forced to carry a child, until you have had your birth control fail when you have no support system, until you have had a fetus within you that is destroying your body, you have to vote NO.

Thank you.

Denise Ziegler  
9800 Kelly Dr  
Bismarck, ND 58503  
(701) 391-4566

Bill 1313 – January 24, 2021

I am in opposition to this bill which would make a woman guilty of murder for having an abortion. This is outrageous! While I myself would not have an abortion (but who knows if I was raped, I may have a different opinion), I believe it is a women's right to have one in the first 3 months of her pregnancy. This bill is extremely narrow minded!

Sincerely, Mary Niehaus, 2438 Lilac Lane, Fargo, ND

**Bill 1313**

I oppose this legislation. I believe women have the right to decide what is best for their body. I believe that making the decision to have an abortion must be a terribly difficult decision. Criminalizing abortion ignores many beliefs concerning when life begins and forces the beliefs of one group upon everyone. I support the idea of providing support for pregnant women to allow a greater number of healthy babies through medical and financial support during pregnancy and for some period of time following the birth.



Testimony by Mary Niehaus  
to the House Human Services Committee Hearing  
on House Bill 1313

I am in opposition to this bill which would make a woman guilty of murder for having an abortion. While I don't think I personally would have an abortion, I know a few people who have had abortions for a variety of reasons and put much thought into their decision. I believe it is a women's right to have one in the first 3 months of her pregnancy. This bill is extremely narrow minded.

Sincerely, Mary Niehaus, 2438 Lilac Lane, Fargo, ND

I support HB1313. Please stop the silent genocide of the most vulnerable in our society, the unborn. May God guide you to do the right thing and may He bless you all!

Greetings, my name is Jessica Kuntz and I am writing to show my support of HB1313. This should be clear. Abortions kill a living human being who doesn't have a voice yet. There is education for everything, why can't we provide more people with education regarding adoption? Why is the only option for an unwanted pregnancy murder? I was adopted as an infant and I thank my birth mother everyday for her selfless act that gave me a wonderful life. There are so many wonderful parents, who because of circumstances beyond their control can't have children of their own, that would adopt these 'unwanted' babies. Please consider passing this bill and giving all life a chance as God intended.

Thank you!

District 6 member

This is my public testimony for the HB 1313 agenda item from the state of North Dakota. This item is relating to promoting the commission of an abortion and relating to murder of an unborn child and exceptions for offenses against unborn children; and to provide a penalty. No matter the condition that a person is in, they should always have the right to live, no matter if they can speak for themselves or not. Passing this will effectively give the unborn children the voice that needs to be heard. No matter what stage of development these children are in, they have just as much right to live as any of us should.

#3175

Chairperson Weisz and members of the committee,

My name is Kristin Rubbelke and I am the Executive Director of the National Association of Social Workers North Dakota Chapter (NASW-ND). On behalf of NASW-ND, thank you for reading and considering our position on HB1313.

NASW-ND opposes HB 1313 in its entirety due to the assault it represents on established U.S. law, on individual rights, and on the ethical practice of social work.

Abortion is a legal procedure in the United States as a result of the 1973 U.S. Supreme Court decision which asserted that the U.S. Constitution protects a woman's freedom to choose to have an abortion. HB 1313 represents a clear assault on this Supreme Court decision, and is a violation of an individual woman's right to choose to have the procedure without fear of legal consequences. In addition, the morality of abortion is a question which requires individual thought and decision-making, not one which is answered by a law passed by government officials. Imposition of a religious perspective by the state legislature is a clear violation of the First Amendment of the Constitution.

HB 1313 also represents a threat to the ethical practice of social work. The NASW Ethical Standards state that a social worker's role "ensure[s] that all people have equal access to [] resources, employment, services, and opportunities." Additionally, it is the duty of social workers "to expand choice and opportunity for all people." HB 1313 would essentially prevent a social worker from discussing the pros and cons of abortion with a pregnant client and her family, inhibiting a hallmark of ethical social work practice which supports client self-determination.

NASW-ND strongly opposes HB 1313 in its entirety, and requests that it be withdrawn from consideration.

Sincerely,



Kristin Rubbelke, LSW  
Executive Director  
NASW-ND

January 26, 2021

Dear Chairman Weisz and Members of the House Human Services Committee:

The ACLU of North Dakota strongly opposes House Bill 1313, legislation that would criminalize all abortions in North Dakota. This bill is unquestionably unconstitutional and if enacted would cause great harm to people across North Dakota seeking the care they need and to which they have a constitutional right.

We urge a **do not pass** recommendation for HB 1313 for the following reasons:

- 1). HB 1313 is an unconstitutional abortion ban and an unconstitutional restriction on speech

More than forty-five years ago, the U.S. Supreme Court decided *Roe v. Wade* (1973), the landmark case that secured the right to abortion. Since that time, courts – including the Supreme Court – have repeatedly held that states cannot prevent their residents from making the decision to terminate a pregnancy prior to viability; this was affirmed again in *Planned Parenthood v. Casey* (1992). To this day, extreme abortion bans (such as those presented in HB 1313) have consistently been struck down.

In fact, North Dakota is no stranger to the passage and subsequent striking down of its attempts at legislation banning abortion. The state’s 2013 attempt to ban abortions at the six-week mark was struck down as unconstitutional; given that reality, HB 1313 will face the same fate.

Even assuming that the remainder of the bill is not constitutionally invalid (it is), Section 3 of HB 1313 violates the First Amendment right to Freedom of Speech. If we analyze Section 3 under an assumption that the rest of the bill, if passed, remained valid, this becomes clear. It is well-settled that a state cannot prohibit speech merely because it advocates that someone break the law. *Ashcroft v. Free Speech Coalition*, 535 U.S. 234, 253 (2002) (“The mere tendency of speech to encourage unlawful acts is not a sufficient reason for banning it.”); *NAACP v. Claiborne Hardware Co.*, 458 U.S. 886, 927 (1982) (“This Court has made clear . . . that mere advocacy of the use of force or violence does not remove speech from the protection of the First Amendment.”). Instead, in the landmark case of *Brandenburg v. Ohio*, the Supreme Court made clear that a state may only forbid “advocacy . . . of law violation . . . where such advocacy is directed to inciting or producing imminent lawless action and is likely to produce such action.” *Brandenburg*, 395 U.S. at 447 (1969).

With this one sentence, the Supreme Court defined three distinct elements that a statute must include to pass constitutional muster if it prohibits speech advocating law breaking: the law can proscribe only speech that (1) is uttered with the specific intent to incite lawless action; and (2) is likely to incite such action; but only if (3) the intended lawless action is imminent. See also *Hess v. Indiana*, 414 U.S. 105, 109 (1973) (specific intent and likelihood of violence); *U.S. v. McDermott*, 29 F.3d 404, 406 (8th Cir. 1994) (specific intent); *Chaplinsky v. New Hampshire*, 315 U.S. 568, 572 (1942) (imminence). Section 3 of HB 1313 violates all of these elements. First, a person in this hypothetical in which the bill, if passed, remained valid could be convicted under Section 3 of HB 1313 if they “knowingly” incite someone to



P.O. Box 1190  
 Fargo, ND 58107  
 aclund.org

commit an abortion. Under North Dakota's Criminal Code, "knowingly" engaging in an activity is a lower level of scienter than "intentionally" doing so. See N.D.C.C. § 12.1-02-02(1)(a) and (b). Additionally, Section 3 punishes speech that incites a person to commit an abortion regardless of when they made their speech or whether it was at all likely that their speech would result in this behavior. As such, this section per se violates clear Supreme Court precedent as it would apply to speech which was not intended or to incite immediate lawless action.

2). HB 1313 will harm North Dakotans seeking abortion care

In addition to HB 1313's clear legal faults, the bill's complete ban on abortion would cause real harm to North Dakotans seeking abortion care. If passed, the burden of this legislation would fall most heavily on people of color, rural North Dakotans, and people with lower incomes.

As with any abortion ban, people who are financially able would be able to circumvent state regulations and travel elsewhere; for those who are not financially able, that option does not exist. Denying an individual abortion care has lasting effects on both the pregnant person and their family; to force someone to carry a pregnancy to term will exacerbate existing economic hardship and increase the odds of people and their families living in poverty.

Adding insult to injury, this bill is being proposed during a global pandemic. This is a time when people need more healthcare options and more ways to access treatment. To eliminate the right to access abortion is harmful – to do so during a sustained health crisis is simply cruel.

For these reasons, the ACLU of North Dakota strongly urges you to oppose HB 1313 and we respectfully ask that you give it a do not pass recommendation.

Sincerely,

Elizabeth Skarin  
Director of Campaigns  
ACLU of North Dakota  
[northdakota@aclu.org](mailto:northdakota@aclu.org)



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January 25, 2021

**VIA ELECTRONIC MAIL**

The Honorable Robin Weisz and Members of the Human Services  
Committee  
Pioneer Room

**Re: Letter in Opposition to HB 1313**

Dear Chairman Weisz and Members of the Human Services Committee:

The Center for Reproductive Rights (“Center”) opposes House Bill 1313 (“HB 1313”) and strongly urges you to vote against this unconstitutional legislation that would harm North Dakotans by denying them healthcare and criminalizing physicians, medical staff, and the friends and family members of people seeking abortion care. The Center is a legal advocacy organization dedicated to protecting the right to access safe and legal abortion and comprehensive reproductive health care services. For more than 28 years, we have successfully challenged restrictions on abortion throughout the United States.

HB 1313 is blatantly unconstitutional and would be one of the most extreme abortion bans passed in this country since the Supreme Court decided *Roe v. Wade* in 1973. Simply put, HB 1313 is a total ban on abortion. For over forty-eight years, the U.S. Supreme Court has recognized that the rights to liberty and privacy as protected by the United States Constitution extend to individuals’ right to choose when and whether to have children. This bill would deny all pregnant people in North Dakota their constitutional right to abortion, preventing them from making the basic and fundamental decision about whether to parent a child or to terminate a pregnancy. As a result, this bill would open the State up to litigation if enacted. Below, I outline the primary constitutional objections to HB 1313.

HB 1313 is an unconstitutional ban on abortion prior to viability. The U.S. Supreme Court has repeatedly held that the Constitution prohibits a state from enacting a law that bans abortion prior to the point in pregnancy when a fetus is viable.<sup>1</sup> As the Court has emphasized,

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<sup>1</sup> E.g., *Whole Woman's Health v. Hellerstedt*, 136 S. Ct. 2292, 2324 (2016); *Gonzales v. Carhart*, 550 U.S. 124, 146 (2007); *Planned Parenthood of Se. Pennsylvania v. Casey*, 505 U.S. 833, 879, 878, and 877 (1992); *Roe v. Wade*, 410 U.S. 113, 163-64 (1973).



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“viability marks the earliest point at which the State’s interest in fetal life is constitutionally adequate to justify a legislative ban on nontherapeutic abortions.”<sup>2</sup> The U.S. Supreme Court has never wavered from this position, despite numerous opportunities to do so.<sup>3</sup> Based on this precedent, courts have blocked all total abortion bans<sup>4</sup> as well as every six week ban enacted,<sup>5</sup> including North Dakota’s 6-week ban.<sup>6</sup> Courts have also blocked later pre-viability bans in states including Arizona, Arkansas, Mississippi, Missouri, and Utah.<sup>7</sup> By completely banning abortion, HB 1313 wholly conflicts with all U.S. Supreme Court precedent on abortion.

The unconstitutionality of pre-viability abortion bans is clear. In November of 2018, the U.S. District Court for the Southern District of Mississippi struck down a fifteen-week ban, which would have allowed

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<sup>2</sup> *Planned Parenthood v. Casey*, 505 U.S. at 860, 870 (“We conclude the line should be drawn at viability, so that before that time the woman has a right to choose to terminate her pregnancy.”).

<sup>3</sup> *MKB Mgmt. Corp. v. Stenehjem*, 795 F.3d 768, 772 (8th Cir. 2015) (striking down ban on previability abortions at 6 weeks with exceptions), cert. denied, 136 S. Ct. 981 (2016); *Edwards v. Beck*, 786 F.3d 1113, 1119 (8th Cir. 2015) (striking down ban on pre-viability abortions at 12 weeks with exceptions), cert. denied, 136 S. Ct. 895 (2016); *Horne v. Isaacson*, 716 F.3d at 1217, 1231 (striking down ban on pre-viability abortions at 20 weeks with exceptions), cert. denied, 134 S. Ct. 905 (2014); *Jane L. v. Bangerter*, 102 F.3d 1112, 1114, 1117–18 (10th Cir. 1996) (striking down ban on pre-viability abortions at 22 weeks with exceptions), cert. denied, 520 U.S. 1274 (1997); *Sojourner T. v. Edwards*, 974 F.2d 27, 29, 31 (5th Cir. 1992) (striking down ban on all abortions with exceptions), cert. denied, 507 U.S. 972 (1993); *Guam Soc’y of Obstetricians & Gynecologists v. Ada*, 962 F.2d 1366, 1368–69 (9th Cir. 1992) (striking down an almost total abortion ban), cert. denied, 506 U.S. 1011 (1992).

<sup>4</sup> *Robinson v. Marshall*, 415 F. Supp. 3d 1053 (M.D. Ala. 2019); *Sojourner T v. Edwards*, 974 F.2d 27 (5th Cir. 1992) cert. denied, 507 U.S. 972, 113 S. Ct. 1414, 122 L. Ed. 2d 785 (1993); *Jane L. v. Bangerter*, 809 F. Supp. 865 (D. Utah 1992).

<sup>5</sup> *SisterSong Women of Color Reproductive Justice Collective v. Kemp*, 472 F. Supp. 3d 1297 (N.D. Ga. 2020); *Planned Parenthood of the Heartland, Inc. v. Reynolds*, WL 312072 (Iowa Dist. Jan. 22, 2019); *EMW Women’s Surg. Ctr. v. Beshear*, 2019 WL 1233575 (W.D. Ky. Mar. 27, 2019); *Preterm-Cleveland v. Yost*, 394 F. Supp. 3d 796, 798 (S.D. Ohio 2019); *Jackson Women’s Health Org. v. Dobbs*, 951 F.3d 246 (5th Cir. 2020); *MKB Mgmt. Corp. v. Stenehjem*, 795 F.3d 768, 772 (8th Cir. 2015) cert. denied, 136 S. Ct. 981 (2016); *Memphis Ctr. for Reprod. Health v. Slatery*, 2020 WL 4274198 (M.D. Tenn. July 24, 2020).

<sup>6</sup> *MKB Mgmt. Corp. v. Stenehjem*, 795 F.3d 768, 772 (8th Cir. 2015) cert. denied, 136 S. Ct. 981 (2016)..

<sup>7</sup> *Reproductive Health Services of Planned Parenthood of the St. Louis Region, Inc. et al. v. Parson*, No. 2:19-cv-4155-HFS (W.D. Mo. Aug. 28, 2019); *Edwards v. Beck*, 8 F. Supp. 3d 1091 (E.D. Ark. 2014), aff’d, 786 F.3d 1113 (8th Cir. 2015); *Jackson Women’s Health Org. v. Dobbs*, 945 F.3d 265, 274 (5th Cir. 2019); *Bryant v. Woodall*, 363 F. Supp. 3d 611 (M.D.N.C. 2019); *Isaacson v. Horne*, 716 F.3d 1213 (9th Cir. 2013).

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abortion care to be available for approximately fifteen weeks longer than HB 1313, determining that it violated the constitutional guarantee of due process under the Fourteenth Amendment. The judge in that case wrote, “Mississippi’s law violates Supreme Court precedent, and in doing so it disregards the Fourteenth Amendment guarantee of autonomy for women desiring to control their own reproductive health.”<sup>8</sup> This decision is just one of many recent decisions where a court has reaffirmed that pre-viability abortion bans violate longstanding U.S. Supreme Court precedent established in *Roe* more than 48 years ago and reaffirmed in 2020 in *June Medical Services v. Russo*.<sup>9</sup>

HB 1313 would violate the Constitution, not only because it bans abortion long before the state has the right to do so, but also because it fails to adequately protect the pregnant person’s health at any stage of pregnancy. HB 1313 contains an extremely narrow “life” exception, permitting abortion care only when necessary to avert death. Such a narrow exception is unconstitutional at any stage of pregnancy, even after viability, because it does not adequately allow physicians to exercise their medical judgment to protect the pregnant person’s health in all circumstances.<sup>10</sup>

Furthermore, the criminal penalties in HB 1313 are unconscionably broad. In addition to criminalizing the physicians who provide abortion care, Section 12.1-17.1-09 “Promoting the commission of an abortion” would make it a criminal offense to work in an abortion provider’s office or to drive your spouse or your friend to their medical appointment. Providing support to a loved one seeking medical care should never be a crime. Criminalizing such common, routine conduct is dangerous and completely counter to common sense public policy.

As the COVID-19 pandemic continues, we urge you to prioritize the safety of North Dakotans and expand health care access instead of further restricting care. Moreover, if you are concerned about the wellness of children and families, policymakers’ time and effort would be better spent increasing the number of policies that are known to support

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<sup>8</sup> *Jackson Women's Health Org. v. Dobbs*, 945 F.3d 265, 274 (5th Cir. 2019).

<sup>9</sup> *June Med. Servs. L. L. C. v. Russo*, 140 S. Ct. 2103 (2020).

<sup>10</sup> Since recognizing the constitutional right to choose an abortion, the Supreme Court has consistently held that a ban on abortion after viability must include an exception for situations in which an abortion “is necessary, in appropriate medical judgment, for the preservation of the life or health” of the woman. *Roe*, 410 U.S. at 165; *Casey*, 505 U.S. at 879 (quoting *Roe*, same).

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children and families such as expanding paid sick leave and providing paid family leave, rather than enacting abortion restrictions that would be harmful to all North Dakotans.

In conclusion, HB 1313 is an unconstitutional ban on abortion that would be costly to defend. It disregards the fundamental right to determine when and whether to have children, poses a serious risk to pregnant people's health, and creates harmful criminal liabilities for physicians, medical staff, and the friends and family members of pregnant people seeking care. One in four women will have an abortion in her lifetime, and this bill would seriously harm them. Pregnant people in North Dakota need to have all their medical options available.

We urge you to not to move HB 1313 forward. Please do not hesitate to contact me if you would like further information.

Sincerely,



Elisabeth Smith  
Chief Counsel, State Policy and Advocacy  
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**Testimony  
HB 1313  
Human Services Committee  
January 26, 2021**

Chair Weisz, Vice Chair Rohr, and members of the Committee,

My name is Erica Hofland and I am an Obstetrician and Gynecologist in Dickinson. Thank you for the opportunity to testify in opposition to HB 1313. I am asking this committee to give this bill a Do Not Pass recommendation.

I grew up in Dickinson and after graduation completed my undergraduate education at the University of North Dakota. I then completed my medical school education at the Medical College of Wisconsin in Milwaukee and residency training in Obstetrics and Gynecology at the University of Iowa in Iowa City. For the last 7 years I have been a practicing Obstetrician and Gynecologist in Dickinson and have provided care to women throughout southwest North Dakota.

HB 1313 is concerning for many reasons, but at the forefront is that HB 1313 inhibits honest discussion and education about medical information. As a physician it is my duty to ensure patients are aware of risks and benefits of various medications, procedures, and interventions. Another of my roles is to help patients navigate the medical system and inform them where various care is administered and how to access it. My profession requires me to be forthcoming with knowledge. To withhold this information significantly degrades the physician-patient relationship and trust in the medical field generally.

To do my job ethically, it is imperative that I be able to discuss the full range of reproductive healthcare options available to patients—including abortion. HB 1313 would impede my ability to do that by criminalizing individuals who offer aid to patients seeking abortion.

No patient should ever have to question if they have been denied instruction or knowledge of a topic nor turn to less reputable sources to fill in their knowledge gaps. I strongly urge a Do Not Pass recommendation on HB 1313.

Erica Hofland, MD  
701-290-8240

**Subject:**  
**Written Testimony**  
**for House Bill 1313**

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**Justin R. LaBar**  
19 Morman Avenue  
White Earth, ND 58794  
[labarjustin@gmail.com](mailto:labarjustin@gmail.com)

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24 January 2021

**House Human Services Committee**

North Dakota State Capitol  
600 E. Boulevard Ave.  
Bismarck, ND 58505

Mr. Chairman & Members of the Committee,

I appreciate the opportunity to submit written testimony in support of House Bill 1313. I sincerely believe this is one of the most important pieces of legislation that you will ever consider. Perhaps the most important.

In one respect, I realize that this is not really an argument about abortion. I doubt any of us who support this bill are going to sway anyone on the committee from being pro-choice to pro-life. I wish that were the case, but I am realistic enough to know that it is not.

So, what am I hoping this bill will accomplish? First, I would like to see the North Dakota legislature reassert its authority over the issue of abortion. Second, I want to see our state become a leader in the effort to end the atrocity of legal abortion in our country.

In July of 2012, Supreme Court Justice Antonin Scalia [expressed his view](#) that Roe v. Wade was not only based on a "lie", but that there is simply nothing in the United States Constitution prohibiting states from outlawing abortion. He's right. Furthermore, there's nothing in that founding document that authorizes the federal government to have anything to do with the issue of abortion.

I also agree with Judge Andrew Napolitano when [he referred to Roe v. Wade](#) as the "most abominable decision" since Dred Scott v. Sanford, in which African Americans were determined not to be persons.

Last Friday marked 48 years since Roe v. Wade. Since that time, it is [estimated that 62 million abortions have taken place](#). Throughout that course of time, advocates in the pro-life movement have worked tirelessly in hopes of reversing that decision. For those of you who truly believe these are unborn lives, I ask you this-- How much longer do we wait? How many more lives must be taken before we try a different approach?

I would suggest that we cannot wait any longer. It is time that the states reassert their authority on this issue. We need a state by state movement in order to build the momentum necessary to make this a lasting reality in the country. And North Dakota can lead out in the effort. HB 1313 is an opportunity to do that.

Finally, I have followed politics long enough to know how these things

sometimes work in the committee process. On issues like this, it is almost inevitable that someone will propose amendments as a means of gutting the intentions of the bill's sponsors or undermining their wishes. I would ask you to please refrain from doing that. There may well be amendments that Rep. Hoverson will be amenable to, but again, please limit it to those.

I ask that you give this a Do Pass recommendation. Thank you for your consideration. And may God bless you in the good work that you do on behalf of the people of North Dakota.

Sincerely,

*Justin R. LaBar*

HB 1313  
Testimony by Stephen Larson, North Dakota Resident  
1/25/2021

Good afternoon,

I am offering my testimony in support of House Bill 1313, a bill that will criminalize the abortion/murder of unborn children in the womb. I will state my support in five points.

1: Unborn children are human beings, made in the image of God. We know this first and foremost, because God the Creator has said as much, repeatedly (Genesis 1:27, 5:1-2, 9:6, and 25:22, Psalm 8:3-8 and 139:13-16, Luke 1:15 and 1:41, 1 Corinthians 11:7, James 3:9, and more). You and I and every person, however disabled, young or old, of whatever race, creed, or status, shares this image and value in the sight of God. Each Legislator, and each citizen, whatever their position on abortion, has been granted the gift of life and breath by God and their parents. It is an act of evil and arrogance for a person made by God who themselves escaped the abortionist's instruments of death to then try to deny the very basic right of life to the most defenseless persons among us. Babies cannot speak or defend themselves in any way, and only God can hear their cries as they are ripped from the womb. He will hold us to account, if we see and do nothing (Proverbs 24:11-12).

2: God clearly prohibits murder and has implanted this on the consciences of nations and peoples throughout all of history. Even secular nations throughout time have, by and large, understood murder to be a grave evil. Additionally, both God's Word (Exodus 20:13, Leviticus 24:17, Numbers 35:31, Deuteronomy 5:17, Amos 1:15, Matthew 5:21, Matthew 15:19, Romans 1:29, etc) and common sense dictate that murder, along with other grave crimes, must be legislated against so that the innocent can be protected. This does not prevent all murderers from committing murder, but we all understand that the law is created to restrain and limit crime, and this is the government's God ordained role (Romans 13). Truthfully, this bill doesn't go as far as it should in holding the guilty accountable, but it is a huge step in the right direction.

3: If we acknowledge that unborn children are humans made in the image of God (and in addition to the Bible and religious tradition, scientific advancements and research speak overwhelmingly of the unborn child's humanity to everyone) then they deserve the same legal protections everyone testifying both for and against this bill, as well as the Legislators considering it, possess. It is a tragedy this even has to be stated, but given that our nation does not honor unborn life as human, the law must be changed to explicitly protect the voiceless.

4: As Legislators, you, the Governor, and all state officials are obligated, both by God in heaven and by your own oaths of office, to uphold justice and defend the

Constitution. This means that Roe V. Wade, a Supreme Court decision based on unlawful authority (Congress is the only body, under the Constitution, with the authority to make laws), must be ignored and resisted to the utmost. The ruling was issued without legal authority (as even some in favor of abortion would acknowledge) and was based on the fallacious and evil idea of unborn children as merely “potential human beings.” The overwhelming testimonies of Scripture, conscience, and biological science contradict this lie. When a nation rebels against God’s laws, we must obey God rather than men. In this case, Legislators and the State of North Dakota would not only be obeying God, but also obeying our nation’s own laws by fighting back against the Roe V. Wade ruling. And yes, this means being willing to spend money and sacrifice popularity and praise. You in government have an obligation before God (and He will honor you and let the chips fall where they may) to protect the innocent and punish the guilty. Don’t fear popular opinion, or the federal government, or anyone else, except the God who will hold anyone who lets the murder of the innocent go accountable. Many states are already willing to defy Federal law on an issue such as marijuana...how much more should unborn life be valued than a recreational drug! And yes, I am aware that Federal officials have thus far largely ignored the States thumbing their nose at them when it comes to their drug laws. They will not ignore this law. But that is all the more reason to fight for it...just as it was noble to fight to eradicate slavery, or Jim Crow, or any other unjust law that has been promoted throughout history, regardless of personal cost.

5: Finally, I urge everyone to remember that if we as a nation, or a state, hope to avoid God’s just judgment on us for the shedding of innocent blood, we must begin by repenting of the evil of abortion and taking action to support our prayers and our preaching. God is exceedingly gracious and forgiving, but cannot ignore injustice forever. Abortion leaves terrible scars on everyone involved, not just the innocent babies who never get to see the light. Since 1973, we have lost the equivalent of North Dakota’s population to abortion over 80 times, and left countless thousands of broken hearts and homes in its wake. Abortion has disproportionately affected minority communities, and targeted the disabled and vulnerable.

We as citizens and legislators of North Dakota must not think that, because we have only one abortion clinic, we are better off than larger states. Even one legalized murder, let alone the hundreds that take place here each year, is too many. Indeed, because we have only one clinic, we have a unique opportunity to make our state a sanctuary for the unborn. I know there are many loving families in our state ready to step in to minister to the needs of the families in this area, with adoption, pregnancy care, church support, and more. I will also say that we have a unique opportunity, with a Republican supermajority in the Legislature and a Republican Governor, to actually stand for the Republican



prolife platform with our actions, and not just our words. I prayerfully ask the Legislature to pass House bill 1313.

Please set an example for the world. Uphold the value and potential of life. The for-profit abortion industry enables the issues of sex-trafficking and sexualization of our culture. Set the prescedent, defend the truth. Speak for the speechless in the womb.



**Testimony  
HB 1313  
Human Services Committee  
January 26, 2021**

Chair Weisz, Vice Chair Rohr, and members of the Committee,

My name is Katie Christensen and I am the State Director of External Affairs for Planned Parenthood North Central States. Thank you for the opportunity to submit testimony in opposition to HB 1313.

Planned Parenthood North Central States provides health services, advocacy, and education including expert reproductive health care for more than 100,000 patients each year across our five-state region. 60% of patients at our Moorhead clinic are residents of North Dakota. We have tens of thousands of activists and supporters throughout the state including interns located at major college campuses in the state. Our education team reaches more than 500 people each year through programming, trainings, and community presentations. Planned Parenthood is here to ensure all people have the information and the means to make free and responsible decisions about whether and when to have children, and our mission affirms human rights to reproductive health care and freedom.

HB 1313 is an unconstitutional attempt to ban nearly all abortions in North Dakota. Access to abortion care is protected as a fundamental right under the United States Constitution and is supported by an overwhelming majority of Americans, including North Dakotans who soundly rejected a ballot measure that would have banned abortion in 2014.

Additionally, if this bill were enacted, any health care provider who performed an abortion could be imprisoned for life without the possibility of parole. Physicians who believe that providing an abortion would be in the best interest of the health or life of their patients would be prohibited from doing so except in extremely narrow circumstances.

What's more, this bill would make it a class C felony to aid, abet, facilitate, solicit, or incite someone to have or perform an abortion, meaning it would make it a crime for someone to offer needed assistance to a family member, friend, patient or client. That means that any person who offered financial assistance – be it a friend, pastor or parent - could be punished with 5 years in prison. Anyone who offered to drive their daughter or parishioner to a clinic to receive abortion care could face 5 years in prison. Anyone who provided information about where her friend could access abortion care could face 5 years in prison. Friends and family members who offer help to their loved ones could be punished even if the pregnant person's health or life were threatened. Furthermore, this bill opens the door to criminalizing faith leaders, counselors, and social workers who discuss abortion with the individuals they serve.

This bill will harm pregnant people in North Dakota. We know this is true, because we have seen the results of criminalization in other countries, where women have died from pregnancy complications that could have been prevented, if those women had not been denied abortion care. In Ireland, for example, which up until recently banned all abortion, Dr. Savita Hapannavar experienced a tragic miscarriage at 17 weeks and even when it was clear that the pregnancy was lost, she was denied a necessary abortion for days; as a direct consequence, she



developed sepsis and died. Doctors were unable to provide basic care for her because of their interpretation of Ireland's laws. If North Dakota bans abortion as a result of this bill, similar harms could, and likely will, befall women here. We deserve better.

Furthermore, this bill will not serve the purpose its supporters suggest. The World Health Organization has concluded that restricting access to abortions does *not* reduce the number of abortions.<sup>1</sup> In fact, in countries that have banned abortion, abortion remains commonplace. For example, in Brazil, where abortion is all but banned, experts estimate there are about a million illegal abortions each year. But, although banning abortion does not end the practice, it does make abortion less safe. According to a comprehensive study by the World Health Organization of abortions world-wide between 2010-2014, in countries where abortion was completely banned or permitted only to save the woman's life or preserve her physical health, only 1 in 4 abortions were safe.<sup>2</sup>

In December 2020, Argentina lifted a ban on abortions for this exact reason. When that ban was in place, unsafe, hidden abortions were one of the leading causes of maternal mortality. Legislators recognized that making access to safe, legal abortion was key to addressing this public health crisis. Instead of learning from these examples, the proponents of this bill are ignoring them.

If this harmful and unconstitutional bill passes, it will certainly face litigation, just like the six-week ban legislators pushed through in 2013. Defending that ban cost taxpayers \$491,000.<sup>3</sup> Defending yet another blatantly unconstitutional ban could cost North Dakota even more.

The Planned Parenthood Action Fund strongly urges a Do Not Pass recommendation on HB 1313. At a time when resources are precious, our state legislators should be spending their time on policies that help generate resources—not wasting our time and money on harmful, unconstitutional bills.

Katie Christensen  
kchristensen@ppncs.org  
701.388.7369

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<sup>1</sup> World Health Organization, News Release, *Worldwide, An Estimated 25 Million Unsafe Abortions Occur Each Year* (Sept. 28, 2017), <http://www.who.int/news-room/detail/28-09-2017-worldwide-an-estimated-25-million-unsafe-abortions-occur-each-year>.

<sup>2</sup> *Id.*

<sup>3</sup> James MacPherson, *North Dakota spent \$491K on fetal heartbeat abortion law*, Big Story (June 24, 2016), <http://bigstory.ap.org/article/62860f421cca4dfba648936ee4603a34/north-dakota-spent-491k-fetal-heartbeat-abortion-law>.



The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS

## North Dakota Section

Human Services Committee  
Pioneer Room, State Capitol  
Bismarck, ND, 58505

January 26, 2021

### **Re: ACOG North Dakota Opposition to HB 1313**

Chairman Weisz, Ranking Member Rohr, and Members of the Human Services Committee:

Thank you for the opportunity to submit testimony on behalf of the North Dakota Section of the American College of Obstetricians and Gynecologists (ACOG) today regarding HB 1313.

ACOG is the nation's leading group of physicians providing health care for women, and our members dedicate their career and lives to providing evidence-based care, delivered with quality, safety, integrity, and compassion. As such, ACOG North Dakota strongly oppose medically unjustified regulations of health care, including restrictions on abortion care, and respectfully urges you to oppose HB 1313.

This legislation represents a stunning and sweeping intrusion into the patient-physician relationship and would without question irreparably harm the health and autonomy of women in North Dakota. HB 1313 also places clinicians in the ethically untenable position of denying needed care and counsel to their patients—or facing incarceration.

ACOG is committed to healthy pregnancy care and to making sure that every woman can have the best outcomes for her pregnancy. Pregnancy is a high-risk time, and severe medical conditions, such as preeclampsia (high blood pressure due to pregnancy) can threaten a woman's health and life. This legislation exhibits a profound misunderstanding of obstetrical care by requiring clinicians to wait and see if a condition deteriorates to life-threatening before permitting medically indicated treatment. Physicians cannot always predict what course medical conditions or complications will take or how quickly they may lead to mild health problems, severe injury, or death. Decisions about continuing a pregnancy must be in the hands of the pregnant person, in consult with those she chooses to involve, including her trusted health-care provider.

The consequences of banning abortion are well-documented. Historical and contemporary data show that where abortion is illegal or highly restricted, pregnant people may resort to unsafe means to end an unwanted pregnancy, including self-inflicted abdominal and bodily trauma and ingestion of dangerous chemicals. Today, approximately 25 million women around the world resort to unsafe abortions each year, and complications from these unsafe procedures account for as many as 15 percent of all maternal deaths, approximately 44,000 annually.

HB 1313 adds menacing insult to injury by not only banning abortion care but also threatening criminalization of those—trusted loved ones, religious counselors, community service providers, and clinicians—who give a pregnant person information about or assistance with accessing abortion care. As

ob-gyns, we are alarmed by this prospect, and fear the chilling effect it would have on our conversations with our patients.

Physicians are ethically required to ensure their patients receive the most appropriate and effective care. These ethical obligations are expressed through several principles, one of which is patient autonomy. Patient autonomy recognizes that patients have ultimate control over their own health and a right to a meaningful choice when making medical decisions. It requires us as physicians to honor and respect patient decisions about the course of their care.

This principle illustrates the injustice and inappropriateness of government restrictions on reproductive health care like HB 1313, which would both deny a patient the care they have determined is right for them, and inhibit their access to appropriate, comprehensive *information and resources*.

No patient should ever sit in an exam room and wonder if their clinician is withholding information or in fear that the counsel they provide will expose them to incarceration. Yet HB 1313 holds our honest, open, compassionate conversations with our patients hostage to the specter of criminal penalties. This government interference degrades the trust between a doctor and patient, irreparably. It threatens not only a lasting, destructive impact on the individual patient-physician relationship, but also sets a dangerous precedent for the state's involvement in the practice of evidence-based medicine as a whole.

Sound health policy is best based on scientific facts and in the interest of safe, compassionate patient care, and the highest-quality health care is provided free of political interference in the patient-physician relationship. By passing HB 1313, this legislature would be inappropriately taking sides on a medical issue with no valid justification and directing how physicians care for, advise, and speak with their patients, counter to the recommendations of the medical experts. We urge you to oppose this dangerous bill.

## References:

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American College of Obstetricians and Gynecologists, *Code of Professional Ethics of the American College of Obstetricians and Gynecologists*; 2011. Available at: <https://www.acog.org/-/media/project/acog/acogorg/files/pdfs/acog-policies/code-of-professional-ethics-of-the-american-college-of-obstetricians-and-gynecologists.pdf?la=en&hash=CC213370E1EFDCD3E81242D8384BE4AB>

Chairman Weisz and members of the Human Services Committee,

My name is Amy Ingersoll-Johnson and I am writing in opposition to HB1313 as it seeks to criminalize those engaged in the provision of healthcare, specifically abortion services.

As a patient who has sought a myriad of healthcare over more than 40 years from healthcare providers, I cannot express the profound importance of trust when accessing quality care. I need my healthcare provider to offer me all my health care options, to include medically accurate benefits and risks, and evidenced-based plans of care. Doctors should support patient care based on what is best for the patient, not on extreme, punitive laws based on ideology. If my health care providers are barred from offering the range of options available to me in any health care decision, I would be distrustful that I am receiving quality care and that my provider takes seriously her/his Hippocratic Oath. Without trusting my doctor, I am less likely to seek medical care at all, and I would not be alone. Caring for people means supporting their right to make medical decisions based on all medical options available to them.

Additionally, this bill flies in the face of human rights as defined in our constitution and would undoubtedly be challenged in court. The money the state would seek to squander in litigating such a bill, made worse in the midst of a pandemic which is causing people real economic hardships, would be better spent on any number of important issues such as food insecurity, mental health, domestic violence issues, support for small businesses and their employees, and education.

This bill, which would penalize people accessing and providing healthcare, specifically abortion, would not end abortion. I wonder if it is really about abortion at all. This bill seems more about criminalizing North Dakotans seeking medical care, their healthcare providers and those simply helping other North Dakotans. Historically, a strong North Dakota value is caring about each other. This bill is without question, not in keeping with such a value. We must respect all people and their ability to make their own healthcare choices. Instead of wasting money on this unconstitutional bill, let us instead spend it on evidenced based sexuality education and access to contraception, which research shows are key components in decreasing unplanned pregnancies and the need to access abortion care. That is, if abortion is really what this is about.

This bill is extreme, would hinder access to sound healthcare, taint the trust patients have in their healthcare providers, waste valuable tax dollars and would not prevent the need for abortion care. This bill is dangerous and hurts North Dakotans.

Testimony in Opposition

HB 1313

Human Services Committee

January 26, 2021

Good afternoon Chair Weisz, Vice Chair Rohr, and members of the committee.

My name is Dr. Rachel Peterson, and I am an Obstetrician/Gynecologist physician at Sanford Health in Bismarck. Thank you for the opportunity to testify in writing in opposition to HB 1313. I am asking the committee to give this bill a Do Not Pass recommendation.

I was born and raised in Mandan, ND. I completed my undergraduate training and medical school at the University of North Dakota. Following medical school, I completed a 4-year residency in Obstetrics and Gynecology in Omaha, Nebraska at the University of Nebraska Medical Center. Following that, my husband and I were fortunate to return home to North Dakota and our families. I started practicing in Bismarck at Sanford in August 2017.

I am extremely concerned about HB 1313 and how it will affect my ability to provide quality care to my patients. The most important part of being a physician is the patient physician relationship. It is about building trust so that you can empower patients to make decision about their own care. I have always felt that I am part of the patient's team. I am there to help them make the best decisions for their health. I want to give them all the information I can so they can use it to make decisions that are right for them. With HB 1313 I may have to withhold important information about a patient's options for care which would increase distrust and effectively ruin our patient physician relationships.

When we discuss informed consent, we talk about the risks of the decision, the benefits of the decision, and the alternatives to the decision. With HB 1313 my hands will be very tied in even providing informed consent to my patients as I will not be able to provide the alternative of abortion. This makes patients not feel trust in our patient physician relationship and makes them feel alienated by the medical system.

Decisions in pregnancy care are incredibly complex at times. There are situations that may be considered life threatening that require delivery before a pregnancy is viable. Some of these decisions are "no brainers." No one will question the decision to end the pregnancy was the right one. However, there are many situations that are not straight forward. Women with certain medical conditions could end up with kidney failure requiring lifelong dialysis or a kidney transplant. While these conditions may not necessarily end in maternal death in the moment or during the pregnancy, they potentially may shorten the life span and seriously impair the quality of life for women if they continue in the pregnancy. When trying to advise a patient on her options HB 1313 may lead us to questions if we can even offer the option to the patient of ending the pregnancy. This could potentially delay care and lead to worsening disease process or death. How or who decides what is life threatening enough to offer abortion and not be charged with a crime for the option? Does life threatening including threats to mental health? Is suicidal ideation because a woman is carrying a baby with a life limiting condition a



reason to end the pregnancy early? What about domestic violence situations? Does this count as a life-threatening situation? We know that physical abuse increases in pregnancy and these women are at risk of serious injury or death. I have been involved in situations either exactly like this or similar. These decisions were difficult to walk through and with HB 1313 this becomes even more difficult, if not impossible.

My job is to provide women with all available information, options and empower them to make a decision that is right for them. I appreciate the ability to write testimony in opposition to the bill and again strongly encourage you to recommend a Do Not Pass. Please allow us to maintain a strong patient physician relationship and provide quality care to the women in North Dakota.

Rachel Peterson MD

Obstetrics and Gynecology Physician

Sanford Health Bismarck

701-527-6561

January 26, 2021

To: House Human Services Committee

Re: HB 1313

My name is Karin Boom and I am a resident of rural Marion, ND. I am submitting this memo in support of HB 1313.

I believe North Dakota has a firm foundation of family, faith and a strong sense of right and wrong. North Dakotans go the extra mile to do what is right and this bill gives us the opportunity to right a wrong.

Modern science, technology and medicine have all demonstrated more clearly than ever that individual life begins at conception and that those individuals are infinitely complex and viable far earlier than we believed when Roe v. Wade was handed down.

Each of those lives should be fiercely protected by each of us in this state, as fiercely as we would protect each other.

I was a teen mom with an unplanned pregnancy and I went to an abortion facility to terminate that pregnancy so that I would not shame my family, myself and believing that 'my mistake' would not be compounded. For a number of reasons that I won't go into, that appointment was not able to be completed and I delivered my daughter. I also did not go through with an adoption plan so I was a single mom. I will NEVER regret the 'mistake', the glitches that prevented the abortion or raising her. She is the most amazing person and we are family.

I also have a very dear friend who is unable to have children and has lost multiple IVF pregnancies. She grieves each of those babies and we have no doubt that they were babies, even when they were little cell clusters in microscope photos. These are the little embryos that families treasure more than any earthly possession and go to great lengths and expense to create and preserve.

I have several other friends who are in years-long adoption processes because the babies are not available and they are told that most moms abort or keep their babies.

Morally, we have an obligation to support the life of every North Dakotan. This would be an essential first step, followed by coming along side those moms who have unplanned pregnancies to facilitate decisions they will make for themselves and their babies.

There is not a point on a line where we are authorized to determine who lives and who dies, it is not up to us.

This is a Solomonic decision given to those of you who truly treasure our littlest lives and will rise up and defend them.

I ask you to set aside the normalcy bias you carry and reach into your hearts and study the amazing facts in science and medicine and support this bill before you. Please give a do pass recommendation and give it a full opportunity for decision.

Thank you for bringing this up.

Karin Boom

Marion ND

Testimony in Opposition  
HB 1313  
House Human Services Committee  
January 26, 2021

Dear Chairman Weisz, Vice Chair Rohr, and members of the Committee,

I am submitting testimony in opposition of House Bill 1313. This bill is blatantly unconstitutional, not to mention willingly ignorant of North Dakotans' views on our right to make medical decisions about our own reproductive health. In 2014, North Dakotans voted down the "Personhood" Measure 1 by 64%, making a clear statement regarding our belief in the right to choose.

I am here because my mom had a choice. Like many women in the 80s, advances in assisted reproductive technology allowed her to finally conceive. She and my dad had struggled for years, and were thrilled to finally begin their journey as parents. However, like many early recipients of assisted reproductive technology, my mom was told she was carrying multiple fetuses, and in order to ensure she had a safe pregnancy and that some of the fetuses and herself had a chance at survival, she would have to undergo multifetal pregnancy reduction.

Her whole life, she had dreamed of becoming a mother. It was not easy for my parents, but they agreed that it was too risky for my mother to carry five babies at once, nor would they be able to raise a family that size. She delivered my twin sister and me prematurely, but ultimately we were healthy.

Some would argue that the selective reduction procedure my mom underwent is abortion and that her decision makes her an unethical person. For our family and for many who have sought fertility assistance, it's a medical decision to be discussed with a doctor, not a moral one to be determined by the state.

My mom didn't tell us about her experience until the heated 2014 Measure 1 debate began. By then she had raised my twin and myself, our younger sister, and a niece. This year my twin sister had her first baby—a natural pregnancy that came with many risks, including pre-eclampsia. Reproductive health is complicated and cannot be seen in black-and-white. There are many circumstances in which a pregnant person may choose to have an abortion. My sister and nephew are doing fine now. I wish I could say I get to see them often, but like many young people, she and her husband left the state.

Had HB1313 existed in 1990, I would not be here. I think of all the brave women, like my mother, who would be negatively affected by the overreach of this language, and the stigma supporters of anti-abortion legislation force upon them. Should North Dakota pass yet another unconstitutional abortion bill, we'll continue to isolate the families that require access to full reproductive services. It will continue to reinforce the stereotype that we are an intolerant

community, unable to keep up with the times. I don't blame my sister for wanting to raise her family elsewhere. We have to do better to support reproductive rights for all circumstances.

I am asking you to give a "Do Not Pass" recommendation on HB1313.

Respectfully,

Kayla Schmidt  
701-721-8514  
Bismarck - District 35



**Kristie Wolff – Executive Director, North Dakota Women’s Network**  
**Opposition HB 1313**  
**North Dakota House Human Services Committee**

Chairman Weisz and members of the House Human Services Committee, my name is Kristie Wolff, I am the Executive Director of the North Dakota Women’s Network.

North Dakota Women’s Network is a local non-profit with members from across the state. Based on our mission to improve the lives of women in North Dakota, I am writing today in Opposition to HB 1313.

HIPPA outlines that what happens during a woman’s pregnancy is between her and her medical practitioner. HB 1313 provides no guidance for physicians about what constitutes a sufficient threat to a pregnant person’s life, which could hinder quick implementation of life-saving care to their patients. This bill endangers women’s health and lives by interfering with a doctor’s ability to provide safe reproductive health care including treatment for miscarriages and ectopic pregnancies.

Miscarriage is the most common type of pregnancy loss. According to the March of Dimes, for women who know they are pregnant, about 10 to 15 percent end in miscarriage. Most miscarriages happen in the first trimester before the 12th week of pregnancy. Miscarriage in the second trimester (between 13 and 19 weeks) happens in 1 to 5 percent of pregnancies. A woman experiencing a miscarriage may need emergency treatment to prevent infection, serious damage to her health, or to save her life. This legislation would effectively tie doctors’ hands rather than allowing them to treat their patient without fear of prosecution.

Individuals who suffer miscarriages may be discouraged from seeking necessary medical care out of fear that they will not be believed. If a woman’s pregnancy ended via miscarriage, the woman may be asked to prove she miscarried. She could be subjected to criminal investigations and the threat of severe criminal penalties.

According to the American Academy of Family Physicians ectopic pregnancies occur in about 1 out of every 50 pregnancies. A woman who suffers from an ectopic pregnancy must be treated by a medical professional and have the embryo removed. Under HB 1313 the medical practitioner would be charged with murder.

The bill would also criminalize “a person that intentionally or knowingly aids, abets, facilitates, solicits, or incites another person to commit an abortion” and would make it a class C felony. The vagueness of the bill means any of the following could be arrested:

- An Uber or taxi driver;
- A clergy member counseling their parishioner;
- A receptionist who checks an individual in for their appointment;
- A librarian who helps a person use a public computer; or
- A friend or family member who provides childcare or gas money.

Thousands of women lost their lives to unsafe abortions before Roe. Since the legalization of abortion, it has become one of the safest medical practices in the United States. Women were having abortions in the United States long before the Supreme Court legalized the practice in Roe v. Wade. The difference is that before Roe, in states that banned the procedure, women were receiving illegal, oftentimes unsafe abortions that could put their health, lives, and families in jeopardy.

This policy is extreme and unconstitutional. Passage of the bill would immediately open the door to litigation, taking resources from North Dakota that could be devoted to critical issues facing the state, including addressing needs from the COVID-19 pandemic.

HB 1313 undermines the ability of women and families to make personal and private decisions and puts these decisions in the hands of the government. Therefore, I am asking this committee to give a DO NOT PASS recommendation to HB 1313.

Thank you,

Kristie Wolff

kristie@ndwomen.org

HB 1313  
Testimony by April Heinz  
1/26/21

I am writing in Support of HB 1313 that having an abortion be considered to be murder of an “unborn child”, because it absolutely is.

In any other life situation, you can't just take a life because you can't “deal” with that person being in your life, the same should go for an unborn child. Passing this bill establishes that abortion under any terms is NOT acceptable, making for clearer decisions down the road. Meaning there isn't an option to say “my body my choice on this matter no longer and you need to make better decisions. If and when someone gets into a difficult situation, there are plenty of programs out there to help women who are in a situation dealing with an unwanted pregnancy. I also understand there are women out there that have health complications prior and during pregnancy, but I believe that should be in God's hands.

Adoption can turn an unwanted pregnancy into a positive situation for adoptive parents! The thing that bugs me the most from what I've heard from others, the adoption process can be lengthy and very pricey!

How is it so easy for someone to get pregnant and be allowed an abortion within 3-4 months of their pregnancy but it can take months, maybe years and thousands of dollars for a family so desperately wanting to adopt a child? Read that sentence again and again. That is what's wrong with our society. Let us be the role model and set an example for the future generations.

Thank you for your time.  
April Heinz



24 January 2021

House Human Services Committee

Dear Chair and Committee members

I wholeheartedly agree with this bill and support a do pass recommendation. Everyday multiple lives are taken, babies are murdered right here in Fargo ND. This bill would do what ND should have done a long time ago.

In July of 2012, Supreme Court Justice Antonin Scalia expressed his view that Roe v. Wade was not only based on a "lie", but that there is simply nothing in the United States Constitution prohibiting states from outlawing abortion. He's right. Furthermore, there's nothing in that founding document that authorizes the federal government to have anything to do with the issue of abortion.

If this bill was to be amended I would strike Section 3 Section 12.1-17.1-09 of the North Dakota Century Code is created and enacted as follows: 12.1 - 17.1 - 09. Promoting the commission of an abortion. A person that intentionally or knowingly aids, abets, facilitates, solicits, or incites another person to commit an abortion is guilty of a class C felony as I struggle to comprehend how to police or prove this part of the bill. In saying this, I still support this bill as worded.

I ask that you give this a Do Pass recommendation. Thank you for your consideration. And may God bless you in the good work that you do on behalf of the people of North Dakota.

Bea Streifel

7013918251

# 2021 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Pioneer Room, State Capitol

HB 1313  
2/9/2021

|   |
|---|
| Relating to promoting the commission of an abortion and relating to murder of an unborn child and exceptions for offenses against unborn children; and to provide a penalty |
|---|

**Chairman Weisz** opened the committee meeting at 3:08 p.m.

| <b>Representatives</b>            | <b>Attendance</b> |
|-----------------------------------|-------------------|
| Representative Robin Weisz        | P                 |
| Representative Karen M. Rohr      | P                 |
| Representative Mike Beltz         | P                 |
| Representative Chuck Damschen     | P                 |
| Representative Bill Devlin        | P                 |
| Representative Gretchen Dobervich | P                 |
| Representative Clayton Fegley     | P                 |
| Representative Dwight Kiefert     | P                 |
| Representative Todd Porter        | P                 |
| Representative Matthew Ruby       | P                 |
| Representative Mary Schneider     | P                 |
| Representative Kathy Skroch       | P                 |
| Representative Bill Tveit         | P                 |
| Representative Greg Westlind      | P                 |

### Discussion Topics:

- Miscarriage investigation
- Elective abortions
- Miscarriage definition
- Roe v. Wade

**Rep. Robin Weisz (3:09)** presented suggested **Amendments 21.0521.02002, 21.0521.02003 and 21.0521.02006 - #7025**. No action taken on amendments.

**Rep. Matthew Ruby (3:14)** made motion **Do Not Pass**

**Rep. Greg Westlind (3:14)** second

| <b>Representatives</b>            | <b>Vote</b> |
|-----------------------------------|-------------|
| Representative Robin Weisz        | Y           |
| Representative Karen M. Rohr      | Y           |
| Representative Mike Beltz         | Y           |
| Representative Chuck Damschen     | Y           |
| Representative Bill Devlin        | Y           |
| Representative Gretchen Dobervich | Y           |
| Representative Clayton Fegley     | Y           |

|                               |   |
|-------------------------------|---|
| Representative Dwight Kiefert | Y |
| Representative Todd Porter    | Y |
| Representative Matthew Ruby   | Y |
| Representative Mary Schneider | Y |
| Representative Kathy Skroch   | Y |
| Representative Bill Tveit     | Y |
| Representative Greg Westlind  | Y |

**Motion Carried Do Not Pass 14-0-0**

**Bill Carrier:** Rep. Matthew Ruby

**Chairman Weisz** adjourned at 3:21 p.m.

*Tamara Krause, Committee Clerk*

**REPORT OF STANDING COMMITTEE**

**HB 1313: Human Services Committee (Rep. Weisz, Chairman)** recommends **DO NOT PASS** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1313 was placed on the Eleventh order on the calendar.

21.0521.02002  
Title.

Prepared by the Legislative Council staff for  
Representative Hoverson  
January 19, 2021

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1313

Page 1, line 4, remove the second "and"

Page 1, line 4, after "penalty" insert "; and to provide a directive"

Page 3, after line 5, insert:

**"SECTION 4. DIRECTIVE - ATTORNEY GENERAL.** On the effective date of this Act, the attorney general immediately shall order a facility that offers abortion services to cease the facility's abortion operations."

Re-number accordingly

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1313

Page 1, line 4, remove the second "and"

Page 1, line 4, after "penalty" insert "; and to provide a directive"

Page 3, after line 5, insert:

**"SECTION 4. DIRECTIVE - ATTORNEY GENERAL.** If a state or federal court issues an order finding this Act is unconstitutional, the attorney general subsequently shall issue a declaration stating the court order is null and void in the state."

Renumber accordingly

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1313

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for a legislative management study regarding the impact of abortions.

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

**SECTION 1. IMPACT OF ABORTIONS - LEGISLATIVE MANAGEMENT STUDY.** During the 2021-22 interim, the legislative management shall consider studying the impact of abortions on the state, its citizens and economy, women's physical and emotional health, and any family unanticipated consequences. The study must include consideration of potential legislation regarding defining essential and nonessential businesses as it relates to abortion facilities during a pandemic. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-eighth legislative assembly."

Renumber accordingly