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House Committee on Human Services
Pioneer Room, State Capitol
600 East Boulevard Avenue
Bismarck, ND 58505-0360

2/11/25

Dear Chair Ruby, Vice Chair Frelich, and Members of the Committee,

On behalf of the American Society of Reproductive Medicine (ASRM), I write to express strong opposition to HB 1373, which would enshrine medically inaccurate and dangerous language into North Dakota statute and could have a chilling effect on reproductive healthcare in the state.

ASRM is a multidisciplinary organization of nearly 8,000 professionals dedicated to the advancement of the art, science, and practice of reproductive medicine. Distinguished members of ASRM include obstetricians and gynecologists, urologists, reproductive endocrinologists, embryologists, mental health professionals and others.

HB 1373 would provide criminal penalties for death or serious injury to an unborn person, defined as an organism from fertilization to birth. In light of last year's Alabama ruling that defined life in such a manner and led to the immediate closure of all IVF treatment in the state, it is even more shocking and dangerous to pass legislation that defines life as beginning at fertilization. While North Dakota already has stringent abortion restrictions in place, in equating a recently fertilized egg still in a medical facility with a fully formed child, many fertility patients in the state could be unable to utilize in-vitro fertilization and related procedures in accordance with best medical practices. North Dakotans struggling to build their families could have to leave the state to find care. As well, criminalizing providers who do offer abortion as part of their practice could lead to a further exodus of expert medical care from North Dakota, as physicians, medical students, and staff seek to live and work in states without government interference in healthcare, leading to a dearth of life-saving maternal, neonatal, and reproductive healthcare.

Passing HB 1373 would have an immediate, dangerous impact on pregnant people, those hoping to become pregnant, and all reproductive medicine providers in North Dakota. In allowing the government to intervene in the sacred relationship between a patient and physician, HB 1373 would only make access to critical reproductive care more difficult and, indeed, dangerous. For these and other reasons, I strongly urge you to vote no.



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For more information, feel free to contact me or Sean Tipton, Chief Advocacy and Policy officer at Stipton@asrm.org or 202-421-5112

Sincerely,

Elizabeth Ginsburg, MD

President
American Society of Reproductive Medicine