



**Testimony in Support of and Opposition to Multiple Provisions of S.F. 2995
Health and Human Services Conference Committee
May 3, 2023**

Dear Members of the Health and Human Services Omnibus Conference Committee:

I write to you today on behalf of the Minnesota Catholic Conference, the public policy voice of the Catholic Church in Minnesota. We want to share our support for and concerns with various provisions included in one or both versions of the Health Finance Omnibus bill under your consideration (S.F. 2995, the 2nd Unofficial Engrossment [House] and the 3rd Engrossment [Senate]).

We consistently support policies that create greater access and affordability, such as allowing our undocumented brothers and sisters the opportunity to participate in MinnesotaCare—a program which we played a key role in getting enacted. We do not, however, support policies that undermine health and safety and coerce Minnesotans into paying for unethical procedures that do not constitute authentic healthcare, such as abortion, sex transitions, and in vitro fertilization.

We urge you to remove these harmful provisions that do not contribute to human flourishing.

Promote healthcare access by covering the undocumented¹

We applaud both bodies for extending health insurance coverage to undocumented immigrants. We are especially grateful that the House has opened up this opportunity to all individuals, not just minor children. Minnesota's Catholic bishops have consistently supported principled health care reform derived from our core values: respect for the dignity of every human person; concern for the poor and vulnerable; and advancing the common good. We believe that health care policies should strive to make health care available and accessible to everyone, especially to the poor and vulnerable, regardless of immigration status.

When people have health insurance, they are better able to afford care and avoid economic hardship.² Extending healthcare access to the undocumented will free up emergency room space where many immigrants currently access care; this will likely lower healthcare costs for everyone and promote the common good.

Do not expand taxpayer funding of abortion

Although we are encouraged by the opportunity to expand healthcare access through MinnesotaCare, we are strongly opposed to using that program to fund elective abortions and end human life.³ A majority of Americans are opposed to using taxpayer dollars to fund abortions, including a third of Democrats.⁴ We are disappointed that

¹ These provisions can be found in the 3rd Engrossment (Article 16, Section 17, lines 560.23-561.6) and in the 2nd Unofficial Engrossment (Article 2, Section 23, lines 84.20-85.2).

² Minnesota Budget Project, "Expanding healthcare options for immigrants helps us all," April 2023, *available at* https://www.mnbudgetproject.org/docs/default-source/default-document-library/expanding-health-care-options-for-immigrants-benefits-us-all.pdf?sfvrsn=107cbc37_0.

³ MinnesotaCare covering abortion services (Article 1, Section 16, lines 22.10-22.16 (2nd Unofficial Engrossment—House)

⁴ Sam Dorman, "Majority of Americans oppose taxpayer funding of abortion: poll." Fox News, *available at* <https://www.foxnews.com/politics/majority-americans-taxpayer-funding-abortion-poll>

abortion politics is being further imposed on a unique healthcare program that enjoys bipartisan support.⁵ We cannot continue to support and advocate for a program that funds abortions. We ask that you ensure that coverage of elective abortions in MinnesotaCare be left out of the final bill so that the program continues to benefit from the support of diverse stakeholders committed to ensuring that lower-income Minnesotans have access to health insurance.

Maintain abortion guardrails to promote health and safety⁶

Included in the House version of the omnibus bill is an attempt to remove nearly all the health and safety protections surrounding abortion, which will harm women, not help them nor improve healthcare outcomes. All the laws proposed for repeal were passed with bipartisan support and have been on the books for years—even as early as 1974.

Commonsense health and safety protections surrounding abortion such as Women’s Right to Know, the physician-only law, and the born alive infant protection act do not actually limit the availability of abortions. Rather, they are in place to help ensure that expectant mothers can take time to think through their decision, and, if they choose, have as safe of an abortion as possible.

By eliminating these and other guardrails, women seeking abortion will be put at risk. Without the abortion reporting requirement, there will be no accountability for the abortion providers. It will also limit lawmakers’ ability to look at the landscape and identify economic or racial disparities that cause women to seek abortion.

Give women a choice: save the Positive Alternative Grant⁷

The House also seeks to eliminate the funds to essential pro-family organizations through the positive alternative grant program. This program provides \$3.5 million dollars to 27 organizations throughout the state who serve our communities and care for those who feel they have nowhere else to turn. Three-and-a-half million dollars per year is a minute number in comparison to the abundance of state funding given to pro-abortion organizations through grants, reimbursements, and other avenues.⁸

Positive Alternative Grant recipients provide a valuable to resource to most counties and many tribal communities when they are looking to send women to places that can provide free assistance. They help mothers who are uninsured, those who need help finding housing, assistance with material needs, parenting education, and more. They accompany women through pregnancy and beyond. The state has an interest in ensuring that women who want to make the choice for life have the support they need to do so. Please set aside this provision in the House bill.

⁵ Similarly, DHS testified that it was now including coverage of therapeutic abortions via MinnesotaCare. We believe that this use of taxpayer funds is illegal because it has not been authorized by the Legislature and is not commanded by *Doe v. Gomez* because subscribers to MinnesotaCare are not indigent.

⁶ The provisions highlighted are included in the 2nd Unofficial Engrossment: Abortion reporting requirements, the hospitalization and physician-only law, Informed Consent, and Women’s Right to Know (Article 3, Section 203, lines 297.22-297.27), Born Alive Infant Protection Act (Subd. 1 is changed in Article 3, Section 116, lines 211.16-211.23 and Subds. 2-9 are repealed in Article 3, Section 203, 297.24), and Medical Assistance to cover Gender-affirming services (Article 1, Section 11, lines 15.19-15.21).

⁷ The repeal of this program can be found in Article 3, Section 203, line 297.16 of S.F. 2995, the 2nd Unofficial Engrossment.

⁸ Between 1995 and 2017, the state paid nearly \$24 million in Medical Assistance reimbursements: <https://www.startribune.com/anti-abortion-group-renews-effort-to-ban-state-dollars-for-abortion/418685933/>. In addition, abortion clinics receive money through other funding streams such as the Family Planning Grant: <https://www.health.state.mn.us/docs/people/womeninfants/familyplanning/granteeawards.pdf>

Assisted reproduction insurance mandate is expensive, will increase healthcare costs for employers and employees, and is an unconstitutional imposition on religious liberty⁹

Although free from many harmful provisions, it is lamentable that the Senate version of this bill includes a mandate for *all* large-group health plans to cover controversial and unethical infertility treatments, even in cases that are not medically necessary.

Once we look deeper into the realities of assisted reproduction—past the pain experienced due to infertility—we see that the assisted reproductive technology industry is fraught with difficult ethical dilemmas. It involves creating massive amounts of human embryos in labs, and then discarding the vast majority of them. It also often entails surrogacy arrangements, which have not been definitively legalized in Minnesota, as well as genetic screening and testing (that is, designer babies), tantamount to eugenics. Many people and organizations across the ideological spectrum have serious concerns with assisted reproduction’s propensity to exploit women and commodify children.

All these treatments come at a high cost, which will impose higher healthcare costs for employers and employees. In-vitro fertilization (IVF) procedures can cost on average between \$20,000 to \$30,000 per cycle. With the average woman receiving three to four IVF cycles to become pregnant, we are looking at a price nearing or exceeding \$100,000. The low success rate of this procedure does not warrant our endorsement of the practice at this great cost.¹⁰ Although we disagree with the practice, even if we were to stipulate that people should be free to pursue available reproductive technologies, the costs alone and their impact on insurance premiums and the common good should give all of us pause.

Thank you for your consideration and for your service to all Minnesotans.

Respectfully submitted,

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⁹ This provision can be found in S.F. 2995, 3rd Engrossment, Article 2, Section 2 on lines 65.26-67.17. The original bill is S.F. 1704 (Maye Quade): <https://www.revisor.mn.gov/bills/bill.php?f=Sf1704&b=senate&y=2023&ssn=0>.

¹⁰ According to the Center for Disease Control and Prevention, there were 326,471 IVF cycles performed in 2020, and 79,942 babies born. This equates to about a 25% success rate. Source: https://nccd.cdc.gov/drh_art/rdPage.aspx?rdReport=DRH_ART.ClinicInfo&rdRequestForward=True&ClinicId=9999&ShowNational=1