March 15, 2017

RE: H.F. 812

Chair Dean and Committee Members:

My name is Laurie Casey and I am The Executive Director of Women’s Health Center (WHC) in Duluth, MN. WHC was established in 1981 and is the only first trimester abortion facility north of the Twin Cities. WHC provides reproductive and sexual health care to women and men in 20 counties in Greater Minnesota. In 2016, 376 women received pregnancy termination services and 380 individuals accessed reproductive health care, including preventative cancer screenings. Additionally, WHC currently has four MNsure Navigators who successfully enrolled 261 individuals in Medical Assistance, MinnesotaCare or a Qualified Health Plan, assisted an additional 354 individuals, and reached 1,214 individuals through outreach and education activities in 2016.

I am speaking in opposition to House File 812. This bill is not about women’s health, this bill is about restricting access to abortion. Abortion is an extremely safe medical procedure. Less than 0.3% of abortion patients in the U.S. experience a complication that requires hospitalization.[[1]](#footnote-1) Nearly all U.S. abortions take place in nonhospital settings[[2]](#footnote-2) and according to the American Congress of Obstetricians and Gynecologist (ACOG), “providing abortions in the context of private practice is entirely appropriate, as long physicians who do so in their offices are equipped to handle any emergencies that arise.”[[3]](#footnote-3)

A patients’ health and safety is WHC’s number one priority, and our complication rate is less than 1%. Mandating unnecessary building requirements does not increase the safety of abortion. Rather it is another way to block access.

This bill’s costly requirement to meet the standards of an ambulatory surgical center would force our clinic to close, impacting direct medical services to approximately 900 clients in northeastern Minnesota. We estimate that it will cost in excess of $800,000 to renovate our existing building and clinical space. Some of the modifications WHC would need to make in our current space is to upgrade our heating and ventilation systems, add an additional restroom in our waiting area (currently we have one gender neutral restroom) to accommodate the male/ female waiting area restroom requirements, enlarge our procedure rooms and recovery room, add another janitor’s closet and employee locker area to name a few. These modifications would require WHC to move existing walls, add and modify plumbing, replace flooring and basically reconfigure our entire current clinical space. Additionally, we do not have enough space to meet these requirements. WHC does not make a profit on abortion services and cannot sustain such a costly state requirement. Most importantly, these changes are unnecessary and do not add to patient safety.

Ninety-five percent of Minnesota counties have no abortion provider. If WHC is forced to close, women in Greater Minnesota, especially low-income and at-risk women, will be barred from safe abortion care due to the costs associated with traveling long distances, geographic isolation, severe winter weather conditions and the lack of public transportation. These barriers may lead women to seek unsafe alternatives, leading us back to the days before *Roe v Wade*, when abortion was the leading cause of maternal mortality in America[[4]](#footnote-4). The facts and statistics speak for themselves - this bill is unnecessary and places an “undue burden” on women seeking abortion services.

In closing, I urge you to oppose House File 812. **Out state** women will not be served by this bill. Although the women from the Metro area will still be able to obtain safe abortion care, this will not be true for the women of Greater Minnesota. This bill is unconstitutional and places significant obstacles in accessing abortion care. Access to abortion services must remain open.

Thank you.

Laurie Casey

Women’s Health Center, Executive Director

1. www.guttmacher.org/pubs/2006/05/04/aiWL.pdf [↑](#footnote-ref-1)
2. Guttmacher, Policy Review, Rachel Benson Gold and Elizabeth Nash, *TRAP Laws Gain Political Traction Whil Abortion Clinics And the Women They Serve Pay the Price (2013) Vol 16, Number 2* [↑](#footnote-ref-2)
3. Guttmacher, Policy Review, Rachel Benson Gold and Elizabeth Nash, *TRAP Laws Gain Political Traction Whil Abortion Clinics And the Women They Serve Pay the Price (2013) Vol 16, Number 2* [↑](#footnote-ref-3)
4. The Guttmacher Institute, “Abortion in Women’s Lives”, pg. 4 http://www.guttmacher.org/pubs/2006/05/04/AiWL.pdf [↑](#footnote-ref-4)