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2/12/2025

Chair Backer and Members of the House Health Finance and Policy Committee,

Gender Justice is a legal and policy advocacy organization dedicated to advancing gender equity through the law. We write in opposition to House Files 24 and 25.

We believe that every pregnant person deserves access to information, care, and resources that meet their needs without bias or interference. That includes people accessing information and care early in pregnancy, people seeking resources during pregnancy or for a young baby, and people who, along with their care team, have learned they need an abortion later in pregnancy.

House File 25 would take funding from Sexual and Reproductive Health Services (SRHS) grants that fund family planning and sexual health services around the state, and re-direct it to networks of unregulated “crisis” pregnancy centers (CPCs). This proposal is an expansion of the former “Positive Alternatives to Abortion” program that Minnesota wisely discontinued in 2023. Like that program, in order to qualify for this funding organizations would be required to actively discourage people from ending a pregnancy, and withhold information about care options, even when a patient has already decided to have an abortion.

In 2021, Gender Justice co-released “Designed to Deceive: A Study of the Crisis Pregnancy Center Industry in Nine States.” Here are a few key findings:

- Over 63% of the CPCs in Minnesota made false and biased claims about abortion
- Many Minnesota CPCs promote “abortion pill reversal” — an untested medical procedure that ACOG called “unethical” and “not based in science.”
- Under the previous state program, 57% of state-funded CPCs provided no prenatal care referrals and 62% provided no wellness care referrals.

There are many excellent organizations throughout Minnesota that offer a full range of services, resources, and reliable information to pregnant people without judgment or agenda. We fully support adding resources to increase access to low cost and free services such as medically accurate ultrasounds, counseling, diapers and other baby supplies, and post-natal supports. However the state should by no means shift funding from important, medically accurate, preventive care to organizations that use deception and coercion to prevent people from accessing the information and care they want, and that force pregnant people to receive ideological and biased information in order to access basic supports.



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Likewise Minnesota must not put legislators in between pregnant people and their health care providers when they learn they need abortion care later in pregnancy. HF 24 would do just that, inventing a false and misleading scenario to justify a law that would actually stand in the way of appropriate medical care.

When conditions that impact the health and survival of a pregnant person or their fetus's survival are detected later in pregnancy, patients need options and their care providers need to be allowed to follow their medical training, trust their judgment, and provide the standard of care. Health care providers and parents must be allowed to make decisions about when to offer comfort care for a fetus or infant with terminal complications, and which medical interventions are appropriate to extend life or provide hospice. In this situation many parents want to deliver, hold, and comfort their infant, sharing their final moments and making memories that give them peace. Around the country, laws like HF 24 deny patients these opportunities. They force doctors to take dying babies from their parents and undertake futile efforts to save a baby with no chance of survival. They deny families in these tragic situations the small amount of time they have to hold their babies. They threaten physicians for providing love, empathy, and appropriate hospice care. That's why medical professionals oppose these laws, why voters in Montana recently voted down a similar provision on their ballot, and legislators in several other states also repealed them.

These two bills perpetuate the myth that pregnant people cannot be trusted to make decisions about their own bodies and families, and that trained and licensed care providers cannot be trusted to provide ethical appropriate care. Minnesotans trust pregnant people and their care providers, and they don't want legislators interfering in their most personal decisions. Please oppose HF 24 and HF 25.

Sincerely,

A handwritten signature in black ink that reads "Megan Peterson".

Megan Peterson  
Executive Director, Gender Justice