



March 6th, 2024

Professional Distinction

Personal Dignity

Patient Advocacy

Chair Stephenson  
MN House Commerce Finance and Policy  
Minnesota State Office Building  
100 Rev. Dr. Martin Luther King Jr. Blvd.  
Saint Paul, MN 55155

Chair Stephenson and Committee Members,

With 22,000 members, the Minnesota Nurses Association (MNA) is the leading voice for professional nursing in the State of Minnesota. As leaders in labor and health care, we are a voice for frontline hospital nurses around the state who strongly support evidence-based health policy that enables patients to access healthcare, including reproductive healthcare. We thank Chair Stephenson for your important work on leading H.F. 4053.

We know that most Minnesotans support access to full reproductive healthcare options and for individuals to have autonomy over medical decisions affecting them. MNA's own stance reflects support of this position as well. Unfortunately, there are many laws in place that prevent full access to healthcare and the overturning of Roe v. Wade led to a flood of cruel and harmful laws attacking not only abortion rights. MNA is proud to see the work that the Minnesota legislature completed last year and we applaud the continued work to ensure everyone has access to the full scope of healthcare services, including abortion care.

Patients should not have to face financial repercussions for accessing abortion care nor should providers struggle through a mess of complicated funding options and barriers to receiving payment. Healthcare should be affordable and accessible. H.F. 4053 is an important step toward changing this and ensuring more people can access the care they need.

Nurses see the results of these policies that restrict access regularly in their own profession. Barriers often result in more serious healthcare issues which burden our already understaffed emergency departments and hospitals. It's important to provide coverage for people of all economic status.

Now is the time for Minnesota to remove these barriers to care and ensure that we continue to be a leader in providing equitable healthcare, access, and support for those in need. For the health, safety, and economic well-being of patients and nurses across the state, we urge you to support HF 4053.

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Thank you,

Shannon M. Cunningham  
Director of Governmental and Community Relations  
Minnesota Nurses Association



AFL-CIO





March 4, 2024

Dear Members of the House Commerce Committee:

I am writing to express Jewish Community Action's strong support for **The Abortion Care Coverage Act, The Gender Affirming Care Coverage Act, and the MN Building Families Act.**

Jewish Community Action is the Jewish voice in Minnesota's movement for economic, racial and social justice. Reproductive freedom and gender equity are essential to our Jewish values and to our work. We know that reproductive freedom impacts housing justice. We know that people need safe homes to be able to raise their kids, should they choose to have them. We know that decisions about access to health care deeply impact our criminal justice system and our immigration system. We know that we can't talk about combating hate or achieving gender equity without also talking about abortion access. This work is absolutely intersectional and absolutely intertwined.

The right to abortion and gender equity are specifically protected under Jewish law and in Jewish teachings. They are not political or religious considerations; they are personal and protected under Jewish law. In this country, the discourse is rooted in Christian theology and is antithetical to our constitutional right to religious freedom. That's why it is critical that abortion and gender affirming care are covered by medical insurance.

It is also important to recognize that the stance on abortion is so clear in Judaism that it can be painful for folks who experience infertility, pregnancy loss, miscarriage or stillbirth, because there isn't a ritual in Judaism to support that kind of loss. We cannot speak to how important religious freedom is to Judaism without acknowledging that pain, which is why it is crucial that we support the Building Families Act, acknowledging the full spectrum of rights that comprise reproductive freedom. JCA is proud to support these bills.

Sincerely,

A handwritten signature in black ink, appearing to read "Beth Gendler", is positioned below the word "Sincerely,".

Beth Gendler

Executive Director

[beth@jewishcommunityaction.org](mailto:beth@jewishcommunityaction.org)

651-699-6742



March 5, 2024

The Honorable Zack Stephenson  
Chair, Commerce Finance and Policy Committee  
449 State Office Building  
St. Paul, Minnesota 55155

Dear Chair Stephenson and Committee Members:

The Minnesota Section of the American College of Obstetricians and Gynecologists (ACOG) supports HF 4053, ensuring insurance coverage of abortion and related care.

As OB-GYNs deeply invested in women's health, we believe that reproductive healthcare is a fundamental right, and access to safe and legal abortion is an integral component of comprehensive reproductive care. HF 4053 presents an opportunity to address the financial barriers that many individuals face when seeking abortion services and contributes to a healthcare system that values and supports women's reproductive autonomy.

HF 4053 aligns with the principles of reproductive justice, ensuring that all individuals, regardless of economic status, have the ability to exercise their right to make personal decisions about their reproductive lives. By providing insurance coverage for abortion services, we can contribute to a more equitable and compassionate healthcare system.

Research consistently demonstrates that restricting access to abortion services can lead to adverse health outcomes for women, including increased maternal morbidity and mortality. It is essential that we prioritize policies that promote the health and well-being of our community members, and this bill represents a critical step in that direction.

Every patient should have the right to decide to continue or to terminate a pregnancy without having to make that decision based on insurance coverage.

We urge you to support this legislation that will contribute to a healthcare system that values the right of every individual to make decisions about their reproductive health without financial barriers.

Sincerely,

Elizabeth Slagle, MD  
MN ACOG Chair

March 6, 2024

RE: Support for HF4053

To Chair Zack Stephenson and members of the Commerce Finance and Policy Committee:

Gender Justice is the organizational home of UnRestrict Minnesota, an expansive, diverse, and inclusive coalition for reproductive rights, health, and justice. UnRestrict Minnesota is a multi-racial coalition of more than 30 health care clinics, abortion funds, practical support groups, LGBTQ advocacy groups, faith communities, organizers, lawyers, doulas, and many more.

Our coalition represents the majority of Minnesotans. Across the state, Minnesotans have made their support for abortion rights abundantly clear — including by sending to the legislature our state’s first pro-reproductive-freedom majority ever. We believe that all people deserve affordable access to the healthcare they need, and we work to remove restrictions and barriers to care that single out abortion and interfere in the healthcare decisions of individuals and their families.

We are writing in support of the Abortion Coverage Act, HF4053 (Stephenson). Minnesotans value reproductive freedom and know that abortion is healthcare. But today, too many health insurance companies carve abortion coverage out of pregnancy care. This same behavior is illegal and unconstitutional in our public health care programs, and Minnesota is an outlier among states that otherwise protect access to abortion in allowing these exclusions in insurance coverage.

Eleven states require coverage of abortion<sup>1</sup>, including most of our peer “expanded access” states, as designated by the Center for Reproductive Rights.<sup>2</sup> As of 2020 Minnesota was one of only three state-exchange states with zero plans covering abortion on the exchange outside of the “Hyde exemptions” for certain instances of rape, incest and threat to the life of the pregnant person.<sup>3</sup> The other two are Idaho, where an extreme ban forbids abortion even in emergencies, and Nevada.

Abortion should be treated like any other healthcare procedure in our public health care programs and by insurance providers in our state. These exclusions cause real harm to Minnesotans and their providers. In 2021, 27% of Minnesotans seeking an abortion had to pay out of pocket,<sup>4</sup> despite an uninsurance rate of less than 5%. Based on national averages, tens

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<sup>1</sup> CA, CO, IL, ME, MD, MA, NJ, NY, OR, WA

<sup>2</sup> <https://reproductiverights.org/maps/abortion-laws-by-state/>

<sup>3</sup> <https://www.healthinsurance.org/faqs/do-health-insurance-plans-in-acas-exchanges-cover-abortion/>

<sup>4</sup> <https://www.health.state.mn.us/docs/people/womeninfants/abortion/summaryabortionmn.pdf>



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of thousands of Minnesotans are likely enrolled in fully-insured or individual market plans that currently exclude abortion and would be subject to state regulation. In 2023 Our Justice, an abortion fund providing direct financial and logistical support for people seeking abortion, paid \$36,000 for abortion care for *insured* Minnesotans who had decided to have an abortion but whose *insurance would not cover their care*. Cost barriers cause delays in care which can mean emotional and physical harm to patients, and more complicated and costly abortion care. With this Act, Minnesota would join 9 other states that currently require coverage of abortion without cost sharing.

By passing this act, Minnesota would prohibit insurers from playing politics with healthcare, we ask for your support,

A handwritten signature in black ink that reads "Megan Peterson". The signature is fluid and cursive.

Megan Peterson  
Executive Director, Gender Justice



**Monday, March 4, 2024**

Representative Zack Stephenson, Chair  
Committee on Commerce Finance and Policy  
449 State Office Building  
St. Paul, Minnesota 55155

**RE: Support the Abortion Care Coverage Act (HF 4053)**

Dear Chair Stephenson and Committee Members:

On behalf of Pro-Choice Minnesota, I am writing to express our strong support for The Abortion Care Coverage Act and to urge the Commerce Finance and Policy Committee to advance this bill out of Committee.

In Minnesota, we have a chance to stand up for pregnant folks' health by making sure insurance covers abortion services in both public and private plans. Abortion is a crucial part of healthcare, and everyone should have fair access to it, no matter their income, background, or zip code.

It's time to ensure that everyone in Minnesota can get the reproductive healthcare they need.

Sincerely,

*Maggie Meyer*

Maggie Meyer  
Executive Director



March 6, 2024

Members of the House Commerce Finance and Policy Committee  
State Office Building  
100 Rev. Martin Luther King Jr. Blvd.  
St. Paul, Minnesota 55155

Chairman and Members of the Committee,

True North Legal is a non-profit legal organization that advocates for life, family, and religious freedom on behalf of all Minnesotans. We offer the following high-level analysis regarding significant legal and policy concerns relating to HF 4053.

HF 4053's elimination of an insurance and public benefit coverage carveout for abortion funding violates the rights to free exercise of religion and conscience protected by the First Amendment to the United States Constitution and Article I, Section 16 of the Minnesota Constitution by forcing Minnesotans with religious and conscientious beliefs about abortion to be complicit in the act by mandating insurance coverage for abortion. Meanwhile, it leaves in place coverage gaps that are justified by the secular rationale of protecting the bottom line of insurance companies and the state Medicaid program, treating Minnesotans with sincerely held religious beliefs about abortion less favorably.

Existing Minnesota law mandates insurance and Medicaid coverage for some health care treatments and procedures, while coverage for other treatments and procedures is not required. These coverage mandates do not require coverage for all medically necessary health care procedures. Nor do they require that all elective procedures be excluded from coverage. These mandates reflect no "generally applicable" consistent rationale.<sup>1</sup> Presumably, where coverage gaps remain, they are justified by a secular financial rationale – that the gaps in coverage are justified by the limited resources of insurance carriers, employer sponsored plans and the state Medicaid program.

One part of the patchwork of insurance mandates that has remained consistent for decades is that Minnesota insurance policies and public benefit programs need not cover abortions. HF 4053 removes this abortion carveout impacting the religious liberties and rights of conscience of Minnesotans, such as employers who have religious or moral objections to funding abortions through their employer-sponsored health plans. As drafted, HF 4053 targets for elimination only the insurance coverage gap regarding abortion, leaving Minnesotans with deeply held religious beliefs and conscientious objections to facilitating abortion in a precarious position. Yet, HF 4053 leaves intact the innumerable other insurance health care coverage gaps that

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<sup>1</sup> See, generally, Minnesota Statutes Chapters related to health insurance and health maintenance organizations, 62A, 62D, 62Q, and Medicaid, 256B.



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are grounded in the previously mentioned secular justification, namely protecting the bottom line of insurance companies or the state Medicaid budget.

As drafted, HF 4053's insurance mandate would force some employers whose religious beliefs forbid them from being complicit in abortion to pay for abortion.

A common principle of systems of culpability, for example laws that fix criminal responsibility, is that one who furnishes another with the means to commit a wrongful act is culpable for that act. Beliefs about being complicit in abortion are no different, including participation as mandated in HF 4053. Since Minnesota law now allows abortion up to birth without any restrictions and HF 4053 has no conscience exemptions or restrictions, will Minnesota employers be forced to participate in plans that pay for abortion at any stage of pregnancy, including up to 39 weeks into the pregnancy?

Moreover, this belief about abortion is not limited to a narrow, fanatical sect. It is shared by many Minnesotans as well as the U.S. Supreme Court. The Court has recognized, "[w]hatever one thinks of abortion, it cannot be denied that there are common and respectable reasons for opposing it, other than hatred of, or condescension toward (or indeed any view at all concerning) women as a class[.]" *Bray v. Alexandria Women's Health Clinic*, 506 U.S. 263, 270 (1993); see also *Dobbs v. Jackson Women's Health Organization*, 142 S. Ct. 2228, 2240 (2022) ("Abortion presents a profound moral issue on which Americans hold sharply conflicting views. Some believe fervently that a human person comes into being at conception and that abortion ends an innocent life.").

As drafted, HF 4053 can only represent a legislative determination that the conscientious objections of employers who do not wish to fund abortions are insubstantial or unworthy of protection. The U.S. Supreme Court has made clear that conscience rights, including conscience rights of business owners, may not be infringed in this way.

In *Burwell v. Hobby Lobby Stores, Inc.*, 573 U.S. 682, 724 (2014), the Supreme Court struck down an HHS regulation that would have required business owners to provide health insurance coverage for their employees' contraceptives, when doing so conflicted with the business owners' religious beliefs. The court stated,

The [business owners] believe that providing [contraceptive coverage] is connected to the destruction of an embryo in a way that is sufficient to make it immoral for them to provide the coverage. This belief implicates a difficult and important question of religion and moral philosophy, namely, the circumstances under which it is wrong for a person to perform an act that is innocent in itself but that has the effect of enabling or facilitating the commission of an immoral act by another. Arrogating the authority to provide a binding national answer to this religious and philosophical question, HHS and the principal dissent in effect tell the plaintiffs that their beliefs are flawed. For good reason, we have repeatedly refused to take such a step... Repeatedly and in many different contexts, we have warned that courts must not presume to determine ... the plausibility of a religious claim.

*Burwell*, 573 U.S. at 724.



Though *Burwell* applied the requirements of the Religious Freedom Restoration Act (RFRA) to federal HHS mandates where a state law like HF 4053 is not a “generally applicable” law, courts apply the same strict scrutiny applied under RFRA to determine whether the law satisfies the First Amendment. Such would likely be the case with respect to HF 4053 since the bill treats religious and conscience rights less favorably than coverage gaps based on secular financial considerations. HF 4053 is not a “generally applicable” law and if challenged in the courts would likely be subjected to the most stringent legal standard of strict scrutiny<sup>2</sup>, where it would face an uphill battle to find any justification for infringing on clearly established legal protections for rights of conscience.

Where strict scrutiny applies, government policy survives “only if it advances interests of the highest order and is narrowly tailored to achieve those interests,” meaning that “so long as the government can achieve its interests in a manner that does not burden religion, it must do so.” *Fulton v. City of Philadelphia, Penn.*, 141 S. Ct. 1868, 1881 (2021) (quotation omitted).

HF 4053 does not make clear what interest it is intended to further. Assuming it is intended to provide women with access to abortions irrespective of ability to pay, the state could at the very least explore other no cost or low cost means available to further that interest that do not force conscientious objectors to violate their beliefs by supplying the means of payment.

As drafted, this bill infringes on the constitutional rights of Minnesotans whose sincerely held religious beliefs compel them to support life by not being complicit in abortion. The state of Minnesota can do better by seeking to achieve its goals without forcing its citizens to choose between disobeying the law and, according to their belief, disobeying God.

Renee K. Carlson  
True North Legal, General Counsel

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<sup>2</sup> In determining whether a law is neutral or generally applicable, “[a] law is not generally applicable if it invites the government to consider the particular reasons for a person’s conduct by providing a mechanism for individualized exemptions.” *Fulton v. City of Philadelphia, Penn.*, 141 S. Ct. 1868, 1877 (2021) (quotation omitted). A law also fails to be generally applicable “if it prohibits religious conduct while permitting secular conduct that undermines the government’s asserted interests in a similar way.” *Id.* A policy is not neutral if it is “specifically directed at religious practice,” meaning that it either “discriminates on its face” or “religious exercise is otherwise its object.”

03/04/2024

RE: Support for HF4035

To Chair Zack Stephenson and members of the Commerce Finance and Policy Committee:

My name is Eliza O'Brien and I have been the Clinic Manager at Whole Woman's Health of Minnesota for almost 2 years. I am also a licensed social worker in Minnesota. Whole Woman's Health of Minnesota provides medication and procedural abortions in Bloomington. We serve patients from the Midwest and other states where abortion is not accessible.

I am writing in support of the Abortion Coverage Act, HF\_4053 (Stephenson). Many patients who receive care at our clinic have private Minnesota health insurance. When private insurance does not cover abortion care, people must borrow from friends, dip into their savings, cut back on their own purchases, or rely on funding in order to pay for their abortion. Minnesotans already established that safe and accessible abortion is a right, and if people are paying money for health insurance, it should cover the healthcare they need.

Without private insurance coverage, a patient's clinic visit may be longer than normal in order to secure funding to pay for their medical care. This additional time burden causes unnecessary stress for patients. Funding sources like Our Justice, an abortion fund providing direct financial and logistical support for people seeking abortion are being used by patients *who have health insurance*. If the Abortion Coverage Act passes, funding sources and staff time can be used for people who have no insurance coverage. Minnesota's abortion funds and practical support organizations, already stretched thin, spend resources supporting insured patients that could otherwise cover other needs. Abortion is essential healthcare and should be covered by insurance as such.

Without requiring private insurance covering abortion care services, the stigma and shame around abortion care continues. Abortion care is healthcare. By passing this act Minnesota can continue to be a North Star state for reproductive freedom and commonsense laws.

Thank you for your support,

Eliza O'Brien

3/4/2024

Dear Chair Zack Stephenson and members of the Commerce Finance and Policy Committee,

Contact+ is a YWCA sexual education program for Middle and High School students in the metro area. We believe that all students deserve access to inclusive and comprehensive sexual health education. We also believe that all people deserve affordable access to the healthcare they need!

YWCA is a member of the UnRestrict Minnesota coalition and we support the work to protect, expand, and destigmatize access to abortion care—and all reproductive healthcare—in Minnesota through public education, advocacy, and the law.

We are writing to support The Abortion Care Coverage Act, HF4053 (Stephenson) / SF 3967 (Mann), The Gender Affirming Care Coverage Act, and the MN Building Families Act (infertility and IVF coverage). These policies directly impact the communities we work with.

Thank you!

Sincerely,

Sydney Corbeil-Wild  
Program Coordinator

eliminating racism  
empowering women  
**ywca**  
Minneapolis

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**Children's Center at Hubbs  
Center for Lifelong Learning**  
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[ywcamps.org](http://ywcamps.org)

**YWCA IS ON  
A MISSION**