

Testimony of Elizabeth Watson
Before the House Committee on Commerce Finance and Policy
HF 1758
Oppose
April 6, 2026

Chair and members of the Committee:

My name is Elizabeth Watson, I have been a Registered Nurse for 23 years and have clinical experience in emergency care, postpartum care, women's health, and public health nursing in Minnesota. I have cared for countless women navigating the physical recovery, emotional challenges, and long-term health impacts of pregnancy and childbirth. I reside in Sherburne County, Minnesota.

I strongly oppose HF 1758. While presented as a measure to expand access to infertility treatment, the bill's broad "third party" language in Subdivision 5(b)(2) creates a loophole that could effectively enable or mandate coverage for services connected to gestational surrogacy arrangements. This raises significant concerns for women's health and dignity.

As a public health nurse and clinician specializing in women's health, I have seen the real toll pregnancy takes on a woman's body and mind. Recent studies show that gestational carriers face substantially elevated risks compared to women carrying their own pregnancies, including:

- Nearly double the rate of severe maternal morbidity
- Higher incidence of severe postpartum hemorrhage
- Increased risk of hypertensive disorders such as severe pre-eclampsia
- Greater likelihood of preterm birth and placental complications

These risks are heightened when carrying a genetically unrelated

embryo due to immunological differences. In my practice, I have supported women through postpartum recovery from these very complications, witnessing the physical exhaustion, organ stress, and emotional strain that can persist long after delivery. Expanding policies that facilitate more surrogate pregnancies places additional women—often those under economic pressure—into higher-risk situations without sufficient safeguards.

Beyond the medical risks, this bill promotes the commodification of women's reproductive systems. Surrogacy turns a woman's womb and her unique capacity to nurture life into a rentable service, reducing her to a "gestational carrier" in a commercial transaction. This devalues the profound biological and emotional realities of pregnancy and treats women's bodies as interchangeable vessels for others' desires.

Importantly, parenthood and pregnancy are not rights. No one has a fundamental entitlement to another person's body or reproductive labor to fulfill the desire for a child. Public policy should protect women's health and bodily integrity rather than subsidize arrangements that commodify them.

I urge the Committee to reject HF 1758 in its current form. Supporting families facing infertility should never come at the expense of exploiting or endangering other women. We must prioritize evidence-based protections for maternal health over policies that open the door to third-party reproductive commercialization.

Thank you for your consideration.
Respectfully submitted,

Elizabeth Watson RN
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