

MINNESOTA'S EXTREME ABORTION POLICY: How it harms women, children, and all of us

Did you know? Minnesota's abortion policy is now as extreme as any in the world. Abortion in Minnesota is legal for any reason and at any time up to birth. **It is even legal late in pregnancy, when unborn children can feel excruciating pain and when the health risks to pregnant women increase.** Non-physicians are now allowed to perform abortions (even late-term surgical abortions), and abortion facilities are not licensed or inspected by the state. More than 40 percent of abortions are funded by taxpayers through the state's Medicaid program.

The Minnesota legislature in 2023:

- ✓ Abortion for any reason up to birth (HF 1)
- ✓ No right to lifesaving care for newborns (SF 2995)
- ✓ Increased taxpayer funding for abortion (SF 2995)
- ✓ No funding for alternatives to abortion for pregnant women (SF 2995)

12,175 abortions took place in Minnesota in 2022, according to the Department of Health.¹ Minnesota taxpayers bankrolled 4,386 abortions in 2021 at a cost of just over \$1 million (Department of Human Services).²

How we got here

A 1995 Minnesota Supreme Court decision, *Doe v. Gomez*, asserted a right to abortion in the state Constitution and required taxpayer funding of abortion through Minnesota's Medicaid program. Even though the U.S. Supreme Court no longer requires abortion-on-demand nationwide (as it did under *Roe v. Wade*), state courts still impose it here in Minnesota.

In 2023, DFL legislative majorities and Gov. Tim Walz went even further.

They enacted legislation enshrining a "fundamental right" to abortion up to birth in Minnesota statute. They also repealed most of Minnesota's longstanding abortion laws, including laws ensuring informed consent for women and preventing non-physicians from performing abortions. They even repealed Minnesota's Positive Alternatives Act that provided support and alternatives to abortion for pregnant women who want to carry their babies to term.

Newborns denied protection

Minnesota law used to guarantee lifesaving care for infants who survive abortion. In 2023, though, the legislature and Gov. Walz repealed the requirement that "reasonable measures consistent with good medical practice" be taken "to preserve the life and health of the born alive infant." They replaced the requirement for lifesaving measures with a requirement for only "care" (which lawmakers described as mere "comfort care"). Moreover, the new law no longer applies specifically to babies who survive abortion, but rather to *all* babies who are born alive.

Under the new language, then, any viable infant, whether born as a result of abortion or not, could be denied lifesaving care and allowed to die. Babies born with disabilities, whose lives are often devalued, could be especially at risk.

In addition, Minnesota law used to require that cases in which babies survive abortion be reported to the Department of Health along with other abortion data. (Abortion facilities reported five born-alive infants in 2021.) But the legislature and Walz repealed that requirement. The public will no longer know how many babies survive abortion—or what care they do or do not receive.



Late abortions are performed by **dismemberment** (called dilation & evacuation) or **lethal injection and induction**. Learn more at abortionprocedures.com

See other side for more →

Myths about abortion extremism

Myth #1: Late abortions almost always happen for health reasons.

Evidence actually shows that late abortions are usually elective. “Data suggest that most women seeking later terminations are not doing so for reasons of fetal anomaly or life endangerment,” explains a study published in *Perspectives on Sexual and Reproductive Health*.³ Arizona has collected data on health reasons for abortion at different stages of pregnancy, and the data indicate that about 80 percent of abortions at 21 weeks or later are not related to health at all (whether fetal health or maternal health).⁴ In any case, Minnesota’s extreme policy allows late abortions for any reason and is not limited to reasons of fetal or maternal health.

Myth #2: Late abortions will be extremely rare in Minnesota.

Although most abortions occur earlier in pregnancy, 294 Minnesota abortions took place at 20 weeks or later in 2022 alone. And the numbers are likely to increase following the repeal of most of Minnesota’s remaining limits on abortion. There is nothing at all to prevent practitioners who focus on abortions late in pregnancy from setting up shop in Minnesota—or to prevent existing abortion facilities from expanding the window during which they perform abortions.

Myth #3: The public supports (or is evenly divided on) Minnesota’s policy.

There is no polling that shows Minnesotans favor a no-limits abortion policy. Instead, polls show the opposite. A KSTP/SurveyUSA poll in 2022 found that only 30 percent of Minnesotans think abortion should always be legally permitted (Minnesota’s policy). A nationwide NPR/PBS/Marist poll in 2023, meanwhile, found that just 22 percent of Americans support unlimited abortion. DFL lawmakers are decisively out of step with most Minnesotans—and with most of the country and most of the world.

Myth #4: The recently repealed law protecting born-alive infants was unnecessary and burdensome.

Data from the Minnesota Department of Health show that most years some babies are born alive in the context of abortion. Those babies deserve a right to appropriate lifesaving

care. Lawmakers who voted to repeal that right in 2023 claimed that the repealed language required inappropriate or futile attempts to save pre-viable infants’ lives. That’s false. In truth, the repealed law simply required “reasonable measures consistent with good medical practice.” After the recent actions of the legislature, newborns are no longer guaranteed treatment that would save their lives.

What can I do?

1. **Let your state representative and senator know what you think** (find their voting records and contact information at mcccl.org/extreme).
2. **Sign the petition to stop abortion extremism in Minnesota** (go to mcccl.org/petition).
3. **Tell others—friends, family, neighbors, and more—about the radical extremism of the 2023 legislature.**
4. **Volunteer at or donate to your local pregnancy resource center, which may need extra help after the legislature repealed the Positive Alternatives program supporting pregnant women** (find a list of centers at mcccl.org/pregnant).
5. **Connect with MCCCL and learn more ways to get involved at mcccl.org and on our Facebook, Twitter, and Instagram.**

1. Minnesota Department of Health, “Induced Abortions in Minnesota, January-December 2022: Report to the Legislature,” July 2023, www.health.state.mn.us/data/mchs/pubs/abrpt/abrpt.html.
2. Minnesota Department of Human Services, “Minnesota Health Care Programs - MN Abortion Provider Report,” March 2023.
3. Diana Greene Foster and Katrina Kimport, “Who Seeks Abortions at or After 20 Weeks?” *Perspectives on Sexual and Reproductive Health*, Vol. 45, No. 4 (December 2013), pp. 210-218.
4. See Kara Balogova, “Making Sense of Arizona’s Late-Term Abortion Statistics,” *Secular Pro-Life*, May 31, 2019, <https://secularprolife.org/2019/05/making-sense-of-arizonas-late-term>.