

Opposition to HF1

I am testifying in opposition to HF1. My name is R. Paul Post, MD and I am a retired family physician, having practiced family medicine in Minnesota for 40 years. For 27 of those years, I included obstetrics in my practice and delivered over 900 babies.

My opposition to this bill is focused on the following points:

- 1) The language in the bill is quite extreme, talking of the rights of individuals, but does not define what is meant by an “individual”. There is no mention in the bill of the individual rights of the unborn child, as much as pro-abortion advocates hate to admit that an unborn child may have rights. There are numerous well documented studies that demonstrate pre-born children can experience pain as early as 24 weeks, perhaps earlier. At any rate, when intra-uterine surgery is performed as early as 22 weeks, analgesia and anesthesia are routinely used.
- 2) The bill makes no mention of restricting late term abortion. In fact, when an amendment to restrict late term abortions was made at last weeks committee meeting, it was turned down and the explanation given was that these are extremely rare and only done to save the life of the mother. I cannot think of a single instance of life threatening complications in the third trimester where the mother’s life could not be saved by delivering the baby prematurely. And yet we continue this brutal procedure, while only blocks from here at the NICU doctors and nurses are working feverishly to save the lives of 21–22-week premature babies with considerable success.
- 3) This bill will not restrict abortions to young women of any age or allow parental notification even in the most extreme cases. What about the horrible situation of a 14-year-old impregnated by rape or sexual abuse, and there is no requirement for the abortion clinic to notify authorities for possible prosecution of this criminal behavior? And the parents would have no opportunity to provide counseling or support to these poor victims.
- 4) The bill does not contain any right of conscience protections for doctors who may object to abortion on medical/ethical grounds.
- 5) The bill makes no mention of the practice of prescribing abortion-inducing medications. During the Covid pandemic, the FDA allowed providers to prescribe these medications with telemedicine, and this practice has continued even though access to office visits is back to normal. This is a dangerous practice, with no exam to confirm pregnancy or to rule out ectopic pregnancy.
- 6) The bill makes no mention of the potential harms of abortion:

- a) Psychological: many cases are documented of women with depression, PTSD, and regret years after an abortion. (I have personally counseled numerous women dealing with these issues.)
- b) Risks of complications from surgical and medication-induced abortions. These are real and not insignificant, including infertility, severe infections, and even death. There is very little oversight of abortion clinics to protect these women.
- c) Long term health concerns: increased risk of pre-term birth in future pregnancies, increased risk of Pelvic Inflammatory Disease.

For the reasons stated above I would urge the committee to reject this bill.

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