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April 30, 2024

RE: Support for SF4699

To Chair Marty and members of the Senate Finance Committee:

Gender Justice is a legal and policy advocacy organization dedicated to advancing gender equity through the law. We are also 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.

We are writing in support of several provisions in this bill that support access to essential healthcare. The Abortion Coverage Act in Article 4, section 19; Gender Affirming Care Coverage in Article 4, sections 20 and 26; and the appropriations for diverse birthing supports in Article 21 Sec. 3 Subd. 2.

Minnesotans value reproductive freedom and know that abortion is healthcare, but we are an outlier among our peers in allowing insurance carve outs of abortion coverage. Eleven states require coverage of abortion¹, including most of our peer “expanded access” states, as designated by the Center for Reproductive Rights.² 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.³ The other two are Idaho, where an extreme ban forbids abortion even in emergencies, and Nevada.

These exclusions cause real harm to Minnesotans. In 2021, 27% of Minnesotans seeking an abortion had to pay out of pocket,⁴ despite an uninsurance rate of less than 5%. Based on national averages, tens of thousands of Minnesotans are likely enrolled in fully-insured or individual market plans that currently exclude abortion and would be covered under this law. 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*.

Gender affirming medical care drastically improves quality of life for transgender people, with 98% of transgender people reporting increased life satisfaction after receiving it. Gender

¹ CA, CO, IL, ME, MD, MA, NJ, NY, OR, WA

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

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

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

affirming care is supported widely by major medical organizations including the American Medical Association and American Academy of Family Physicians.

Since 2015, Minnesota Departments of Commerce and Health have maintained a practice of ensuring coverage of this care for transgender people, and the passage of HF 2607 would codify those practices, increasing predictability for insurers, consumers, and providers. Additionally, the bill adds a definition of Gender Affirming Care in line with medical best practices, to provide clarity and security for patients and providers, and ensure that legislators and insurers don't get between patients and their care team. This step is needed now to protect healthcare access for trans Minnesotans and trans people from around the midwest seeking care here.

Finally, thank you for funding the American Indian Birth Centers, Chosen Vessels midwifery, and the Birth Justice Collaborative in SF4699. With this funding, we have the opportunity to create the conditions where more families can have healthy pregnancies in their own communities, with the support they need, particularly in the American Indian and African American communities.

In Minnesota, Black and American Indian pregnant and parenting people face disproportionately negative maternal health outcomes. Investment in community birth centers offers a path forward. A recent survey of more than 2000 women showed that rates of discriminatory practices were lower in community birth centers compared to hospitals.⁵ Community birth centers can offer culturally congruent care, provide case management and systems navigation, and provide more holistic care overall.

Thank you for these critical provisions to protect access to healthcare and address health inequities,



Megan Peterson
Executive Director, Gender Justice

⁵ <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-019-0729-2>