



Minnesota | RANKING 27

Although the Minnesota Constitution has been interpreted to permit abortion to a greater extent than that interpreted in the U.S. Constitution, Minnesota has made some meaningful progress toward protecting women and unborn children. For example, it requires informed consent before abortion that includes information on the abortion-breast cancer link, as well as information about perinatal hospice options for families facing life-limiting diagnoses.

ABORTION

- The Minnesota Constitution protects the “right to an abortion” as a fundamental right and to a greater extent than that interpreted in the U.S. Constitution.
- Minnesota’s informed consent law requires that a woman be given information on the risks of and alternatives to abortion at least 24 hours prior to undergoing an abortion.
- Minnesota requires a physician or his or her agent to advise a woman seeking an abortion after 5 months (i.e., 20 weeks) gestation of the possibility that anesthesia will alleviate fetal pain.
- It also explicitly requires a physician to inform a woman seeking abortion of the abortion-breast cancer link.
- Minnesota law provides that a physician may not perform an abortion on an unemancipated minor under the age of 18 until at least 48 hours after written notice has been delivered to both parents (except if one cannot be found after a reasonable effort) unless one of the following applies: the minor is the victim of rape, incest, or child abuse which must be reported; there is a medical emergency; or the minor obtains a court order.
- Minnesota requires that abortions after the first trimester be performed in a hospital or “abortion facility.”
- Only physicians licensed to practice medicine by the State of Minnesota or physicians-in-training supervised by licensed physicians may perform abortions.
- The state has an enforceable abortion reporting law but does not require the reporting of information to the Centers for Disease Control (CDC). The measure applies to both surgical and nonsurgical abortions and requires abortion providers to report short-term complications.
- Minnesota taxpayers are required by court order to fund “medically necessary” abortions for women eligible for public assistance. This requirement essentially equates to funding abortion-on-demand in light of the U.S. Supreme Court’s broad definition of “health” in the context of abortion.
- Minnesota prohibits the award of special grants to any non-profit corporation that performs abortions. Further, grantees may not provide state funds to any non-profit corporation that performs abortions.

- Pregnancy alternative grants may not be used to encourage or affirmatively counsel a woman to have an abortion that is not necessary to prevent her death, to provide her with an abortion, or to directly refer her to an abortion provider for an abortion.
- The Minnesota Care public insurance program prohibits public funds from being used to cover abortions except when the mother's life is in danger, she faces a serious health risk, or in cases of rape or incest.

LEGAL RECOGNITION AND PROTECTION OF UNBORN CHILDREN AND NEWLY BORN INFANTS

- An infant born alive following an abortion attempt is “fully recognized as a human person, and accorded immediate protection under the law.” In addition, medical personnel must take “reasonable measures consistent with good medical practice” to preserve the life and health of the infant.
- Under Minnesota law, the killing of an unborn child at any stage of gestation is defined as a form of homicide.
- Minnesota has established a penalty for injuring an unborn child as a result of operating a motor vehicle in a grossly negligent manner or while under the influence of alcohol or drugs.
- Minnesota defines a nonfatal assault on an unborn child as a criminal offense.
- Minnesota allows a wrongful death (civil) action when a viable unborn child is killed through a negligent or criminal act.
- It has created a specific affirmative duty of physicians to provide medical care and treatment to infants born alive at any stage of development.
- Minnesota has a “Baby Moses” law allowing emergency service personnel to accept a relinquished infant who is seven days old or younger.
- A court may order a pregnant woman into an early intervention treatment program for substance abuse.
- Professionals, such as healthcare providers and law enforcement officers, must report suspected abuse of a controlled substance by pregnant women. In addition, healthcare professionals must test newborns for exposure when there is suspicion of prenatal drug use.
- Minnesota also funds drug treatment programs for pregnant women and newborns.

BIOETHICS LAWS

- Minnesota does not explicitly prohibit human cloning or destructive embryo research.
- In 2011, it allowed a former prohibition on the funding of human cloning to expire.
- Minnesota prohibits experimentation on a “living human conceptus,” meaning that experimentation on an aborted fetus is not prohibited.
- Minnesota does not promote ethical alternatives to destructive embryo research.
- It maintains no meaningful regulation of assisted reproductive technologies or human egg harvesting.

PATIENT PROTECTION LAWS

- In Minnesota, suicide by physician is a felony.

HEALTHCARE FREEDOM OF CONSCIENCE

PARTICIPATION IN ABORTION

- Minnesota law provides that no person, hospital, or institution may be coerced, held liable for, or discriminated against in any way for refusing to perform, accommodate, or assist in an abortion. However, this provision has been held unconstitutional as applied to public hospitals and institutions.
- State employees may refuse to provide family planning services if contrary to their personal beliefs.
- Health plan companies and healthcare cooperatives are not required to provide abortions or coverage of abortions.

PARTICIPATION IN RESEARCH HARMFUL TO HUMAN LIFE

- Minnesota currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research that violate a provider's moral or religious beliefs.

WHAT HAPPENS AFTER *ROE* IS OVERTURNED?

- Abortion will be legal throughout pregnancy due to a state court decision.

RECOMMENDATIONS

FOR MINNESOTA

WOMEN'S PROTECTION PROJECT PRIORITIES

- Enhanced penalties and enforcement mechanisms for the state's abortion-related laws
 - Women's Health Protection Act (abortion clinic regulations, emergency transfer and admission provisions)
 - Drug-Induced Abortion Information and Reporting Act
 - Parental Consent for Abortion Act
 - Parental Involvement Enhancement Act
 - Child Protection Act
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INFANTS' PROTECTION PROJECT PRIORITIES

- Unborn Infants Dignity Act
 - Prenatal Nondiscrimination Act
 - Unborn Infants Wrongful Death Act (for a pre-viable child)
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PATIENT PROTECTION ACT PRIORITIES

- Joint Resolution Opposing Suicide by Physician
 - Charlie Gard Act (formerly the Life Sustaining Care Act)
 - Pain Management Education Act
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ADDITIONAL PRIORITIES

ABORTION

- State Constitutional Amendment (providing that there is no state constitutional right to abortion)
- Defunding the Abortion Industry and Advancing Women's Health Act
- Federal Abortion-Mandate Opt-Out Act

LEGAL RECOGNITION AND PROTECTION FOR THE UNBORN

- Pregnant Woman's Protection Act

BIOETHICS

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

HEALTHCARE FREEDOM OF CONSCIENCE

- Healthcare Freedom of Conscience Act