## Minnesota's Extreme Abortion Policy:

# How Minnesota's DOE v. GOMEZ goes even further than ROE v. WADE

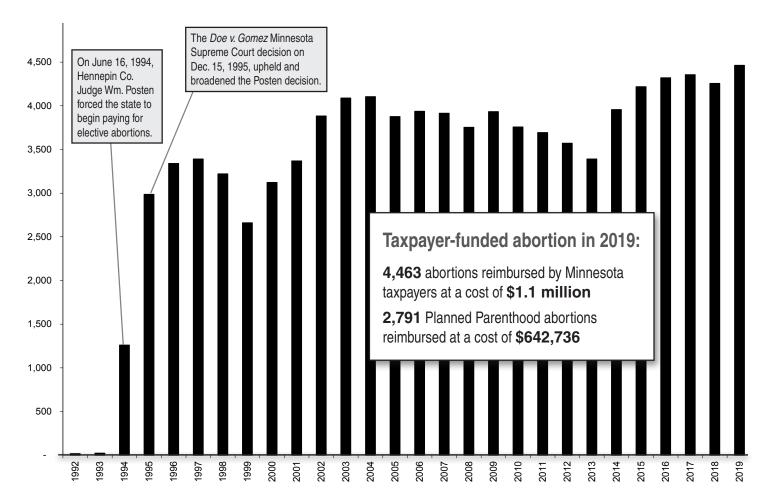
In its 1973 *Roe v. Wade* decision, the U.S. Supreme Court ruled that the U.S. Constitution doesn't allow the protection of unborn children from the lethal violence of abortion. This decision eliminated laws protecting unborn children nationwide.

In its 1995 *Doe v. Gomez* decision, the Minnesota Supreme Court went even further. It ruled that Minnesota's state Constitution not only prohibits the protection of unborn children—it also requires taxpayers to *fund* abortions for low-income women through Minnesota's Medicaid program.

Even if *Roe v. Wade* were overturned at the federal level, *Doe v. Gomez* would still require abortion-on-demand and taxpayer-funded abortion in Minnesota.

	ROE v. WADE	DOE v. GOMEZ
Asserts constitutional "right" to abortion	✓	✓
Obligates taxpayer funding of abortion	No	✓
Forbids "infringing on the decision-making process"	No	✓

## Abortions paid for by Minnesota taxpayers



Source: Minnesota Department of Human Services

#### **Reversing DOE v. GOMEZ:**

Overturning a court decision is very difficult, but possible.

One remedy is for the Minnesota Supreme Court to overturn its own ruling. This could be accomplished by passing legislation that directly conflicts with the *Doe v. Gomez* decision, forcing the issue back into the court system and giving the Supreme Court the opportunity to reconsider the issue. MCCL has frequently pursued such legislation (in 2011 and 2017, bills passed the Legislature but were vetoed by the governor).

This approach requires citizens to elect pro-life legislators who will pass the ban on taxpayer funding of abortion. It also requires citizens to elect a pro-life governor to sign the ban into law and to appoint Constitution-respecting justices to the Court who will uphold the ban and overturn *Doe v. Gomez*.

#### What can you do?

- Educate friends and the public. Share the facts about taxpayer-funded abortion on social media.
- Support a ban. During the legislative session at the Capitol, contact your state lawmakers and the governor and urge them to support legislation to challenge *Doe v. Gomez* by banning taxpayer funding of abortion.
- Vote pro-life. During election years, support prolife candidates for governor and the Legislature who will work to stop taxpayer-funded abortion.

### Taxpayer funding of abortion exceeds \$27 million

A court decision on June 16, 1994, forced the state to begin paying for abortions; the state Supreme Court upheld and broadened that decision in *Doe v. Gomez* in December 1995. **The following figures show taxpayer dollars paid to abortion practitioners from July 1994 through December 2019.** 

Provider	# of Abortion Claims	Amount Paid
Planned Parenthood Minn/NoDak/SoDak (St. Paul)	25,475	\$6,051,873.83
Whole Woman's Health (Minneapolis)	<7,127	<\$1,689,725.05
Robbinsdale Clinic (Robbinsdale)	9,055	\$2,263,166.40
Women's Health Center (Duluth)	3,917	\$799,914.48
Mildred Hanson (Minneapolis)	7,514	\$2,863,744.15
Red River Women's Clinic (Fargo)	2,727	\$544,959.14
Univ. of Minnesota clinics	<104	<\$61,761.42
Meadowbrook Women's Clinic (Minneapolis) 1994-20	<i>12</i> 17,246	\$4,368,913.03
Midwest Health Center for Women (Minneapolis) 1994-20	<i>12</i> 8,296	\$2,012,912.70
Regions Hospital & Clinic (St Paul) 1994-2011	5,094	\$4,949,709.32
National Women's Health Org. (Fargo) 1995-2000	311	\$65,048.07
Mayo Clinic (Rochester)	<45	\$22,587.01
Total for clinics with 10 or fewer claims (3 or fewer through	n 2014) <b>&lt;87</b>	<\$105,329.68
*HMO-covered abortions 1994-1998	7,854	\$1,849,581.66
Treatment of incomplete induced abortions		\$199,510.90

TOTAL 94,821 \$27,847,782.70

<sup>\*</sup> During 1994–1998, 55 percent of tax-funded abortions were covered by managed-care plans (HMOs). Provider names and dollar amounts for the 7,854 managed-care covered abortions have not been made available. HMO costs have been estimated based on the average abortion costs paid under fee-for-service plans (traditional insurance).

Source: Minnesota Department of Human Services

