

## RESOLUTION

By Wonsley Worlobah, Payne, Rainville, Vetaw, Ellison, Osman,  
Goodman, Jenkins, Chavez, Chughtai, Koski, Johnson, and Palmisano

### **Promoting access to reproductive healthcare and abortion rights.**

Whereas, according to reports published by the Guttmacher Institute in 2003 and 2006, before *Roe v. Wade*, illegal abortions were estimated to range from 200,000 to 1.2 million per year and constituted at least 17 percent of all maternal deaths attributed to pregnancy and childbirth in 1965 alone; and

Whereas, the legalization of abortion in the United States led to safer practices and drastically reduced the incidences of maternal deaths and hospitalizations related to abortion; and

Whereas, the United States Supreme Court (SCOTUS) developed a draft majority opinion that was leaked to the public in May 2022 and spelled out an explicit intent to overturn *Roe v. Wade* and *Planned Parenthood v. Casey*, which would make abortion federally illegal; and

Whereas, more states are expected to follow Texas and restrict abortion access, forcing those with means to travel to states where abortion remains legal; and

Whereas, according to a review published in *Reviews in Obstetrics and Gynecology* in 2009, each year, about five million women worldwide are hospitalized for complications arising from unsafe, illegal abortions; and

Whereas, a 2018 National Academies of Science, Engineering, and Medicine study concluded that abortion is safe and effective, but medically unnecessary regulations of abortion can diminish the quality of abortion care by contributing to the decline of facilities that provide abortion, needlessly delaying abortion, and making it unnecessarily difficult to access abortion care; and

Whereas, according to leading public health organizations such as the American College of Obstetricians and Gynecologists, the American Medical Association, American Academy of Family Physicians, and the American Osteopathic Association, blocking women's access to legal abortion "jeopardize[s] women's health"; and

Whereas, people excluded from insurance coverage of abortion are more likely to be people already facing a disproportionate amount of obstacles in our health care system, including people of color, young people, people with disabilities, immigrants, LGBTQ people, and people struggling to make ends meet; and

Whereas, logistical barriers like travel costs and distance to clinics, lodging needs and costs, childcare costs and availability, limited access to translation services, lost wages, and lack of paid time off for health care appointments can all delay or prohibit abortion care; and

Whereas, essential workers, people of color, Black and brown women, undocumented people, young people, those living in rural areas where hospitals have closed are those hardest hit by both the COVID-19 pandemic and restrictions on reproductive health care; and

Whereas, abortion coverage bans particularly exacerbate the risk of negative reproductive and maternal health outcomes, with lasting health and economic consequences for Black and immigrant women, their families, and society as a whole; and

Whereas, people incarcerated in federal prisons are restricted by the Hyde Amendment, and even if they do independently raise the funds for an abortion face many barriers to accessing care including requests for transport, far travel distances from rurally-located detention facilities, securing court orders for healthcare procedures off-site, and more; and

Whereas, colonization of indigenous land has contributed to the disruption of traditional family structures and cultural practices, and federal restrictions like the Hyde Amendment have far-reaching effects that impede Tribal sovereignty; and

Whereas, ensuring that everyone can get coverage for reproductive healthcare—including birth control, pregnancy tests, prenatal care, screenings for cancer and sexually transmitted infections, hormone replacement therapy, doula services, and abortion—is an important step toward creating equal economic opportunities; and

Whereas, it is imperative that funding of comprehensive reproductive health care be increased and that abortion be covered as part of comprehensive reproductive health care in all public insurance programs to ensure that services are accessible for those who are enrolled in such programs;

Now, Therefore, Be It Resolved by The City Council of The City of Minneapolis:

1. That the City Council hereby opposes legislation passed in Texas and other states that abridges a person's fundamental right to privacy by curtailing the right to abortion.
2. That the City Council hereby urges all Minnesota municipalities to join its efforts in safeguarding and promoting access to reproductive healthcare and abortion rights, and pass resolutions urging the Minnesota Legislature to take steps necessary to protect and promote reproductive healthcare and abortion rights, instead restricting them.
3. That the City Council urges the Minnesota legislature to pass legislation safeguarding the right of the Minnesota and Minneapolis residents to reproductive healthcare.
4. That the City Clerk is hereby authorized and directed to transmit a copy of this Resolution to Governor Walz and Lieutenant Governor Flanagan, Senate Minority Leader Franzen, Speaker of the House Hortman, and the members of the State Legislative Delegation.