DEPARTMENT OF HEALTH

Induced Abortions in Minnesota January - December 2018: Report to the Legislature

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7/1/2019
Corrected Table 20 to reflect 2018 counts of 9,910 occurring in MN and 8,896 for MN residents.

Induced Abortions in Minnesota
January – December 2018
Report to the Legislature

July 2019

Minnesota Department of Health
Center for Health Statistics
PO Box 64882
St. Paul, MN 55164-0882
651-201-5944
800-657-3900
HEALTH.HealthStats@state.mn.us
www.health.state.mn.us

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Introduction

Introduction

This report is issued in compliance with Minnesota Statutes, section 145.4134 which requires a yearly public report of induced abortion statistics for the previous calendar year and statistics for prior years adjusted to reflect any additional information from late and/or corrected report forms, beginning with October 1, 1998 data. This is the eighteenth such report and covers the period from January 1 through December 31, 2018. Applicable updated tables for 2017 can be found in the appendix.

History

The 1998 Minnesota Legislature amended Minnesota's abortion reporting requirement to include all physicians licensed and practicing in Minnesota who perform abortions and all Minnesota facilities in which abortions are performed (Minnesota Statutes, sections 145.4131 - 145.4136). A report must be completed and submitted to the Minnesota Department of Health (MDH) for each procedure performed. This law also expanded the content of the reporting form. The number of induced abortions performed out-of-state and paid for with state funds must be reported to MDH by the Minnesota Department of Human Services. Furthermore, any medical facility or any licensed, practicing physician in Minnesota who encounters an illness or injury that is the result of an induced abortion must submit a report of that complication on a separate form developed for that purpose. Both of these forms, *Report of Induced Abortion* and *Report of Complication(s) from Induced Abortion*, are included in the Appendix of this publication.

The 2003 Minnesota Legislature enacted the Woman's Right to Know Act. This law [Minnesota Statutes, sections 145.4241 – 145.4249] requires physicians to provide women with certain information at least 24 hours prior to an abortion and to collect and report to MDH the number of women who were provided this information. Physicians were required to begin collecting this data on January 1, 2004 and to submit their 2017 data to MDH by April 1, 2018. Additional information about the Woman's Right to Know Act can be found at http://www.health.state.mn.us/wrtk/index.html.

The 2006 Minnesota Legislature amended the Woman's Right to Know Act (WRTK) regarding the circumstance of a patient seeking an abortion of an unborn child diagnosed with a fetal anomaly incompatible with life. The patient must be informed of available perinatal hospice services and offered this care as an alternative to abortion. If the patient accepts the care the information required under the WRTK need not be provided to her. If she declines hospice services and elects abortion, only information about medical risks, gestational age and anesthesia must be given.

The 2015 Minnesota Legislature enacted the "Born Alive Infant Protection Act" a portion of which amended the abortion reporting requirements to add whether an abortion results in a born alive infant. Information collected includes medical actions taken to preserve the life of the infant, whether the infant survived and the status of a surviving infant. The text of this act can be found in the Appendix of this publication. [Minnesota Statutes, sections 145.4131, subdivision 1 and 145.423, subdivisions 1 through 9]

Technical Notes

Technical Notes

Data included in this report are submitted to the Minnesota Department of Health by facilities and physicians who perform abortions in Minnesota. From the inception of abortion reporting through the 2016 reporting year, reporting was done on paper forms that were mailed to the Minnesota Department of Health for data entry. A secure web-based abortion reporting system was launched in March of 2017 as a module of the Minnesota Registration & Certification system (MR&C). Reporting forms were also updated at this time, in accordance with national standards and Minnesota Statute requirements. Key elements that were removed or changed from any of the three reporting forms are summarized below.

Report of Induced Abortion form

Geographic items: State, County and City of residence of patient are still collected. Zip Code has been dropped. Zip Code is neither on the suggested national standard reporting form nor required by Minnesota statute. Due to data privacy requirements of protecting the identity of women who had an abortion, no data are reported by zip code. Thus, it is no longer collected.

Patient Education, Patient Race/Ethnicity, and Type of Abortion Procedure: The response options for each of these fields have changed to match the current national standards for collection of each elements. Additionally, education and race/ethnicity are now consistent with the manner in which they are collected by MDH on birth, fetal death, and death records.

Method of Disposal of Fetal Remains: Previously, this element was required only when fetal remains met the legal definition. Two additional response options are now provided so that the field will be completed for every record. In addition to 'Cremation' and 'Burial,' "No 'Fetal Remains' as defined by statute" and "Unknown" response options have been added.

Contraceptive Use at Time of Conception: The previous form included a two-part data item – the first asked about the use of contraceptives and the second captured the method used if applicable. These items have been dropped. This is neither on the suggested national standard reporting form nor required by Minnesota statute. The accuracy of the data is entirely dependent on patient recall resulting in unreliable data that is of little or no value to public health. The table reporting this data in the annual report was always footnoted to indicate this and to caution the reader not to interpret the data as an indication of the effectiveness of any particular method of birth control.

Born Alive Infants Protection Act: Data items required by the 2015 amendment to the abortion reporting requirements have been added. They include a yes/no question on whether the abortion resulted in a born-alive infant, steps taken to preserve the life of such infant, whether the infant survived, and the status of the surviving infant.

Report of Informed Consent Related to Induced Abortion form

No changes were made to this form.

Report of Complication(s) from Induced Abortion form

The 'date of abortion' field was corrected to collect the date as MM/DD/YYYY as is the U.S. date standard. The previous form collected the date as DD/MM/YYYY and was the cause of much mis-entered data. No other changes were made to this form.

The Report of Induced Abortion (see Appendix, Data Collection Instruments, Figure 1) may be submitted by a facility/clinic on behalf of physicians who practice therein; or physicians may submit reports independently. A number of data items on the report form are specifically required by Minnesota Statutes. Required items include: number of abortions by month, method used, estimated gestational age, patient age, reason for abortion, number of previous spontaneous and induced abortions, type of payment, insurance coverage type, intra-operative complications (post-operative complications are collected using the Report of Complication(s) from Induced Abortion), and medical specialty of the physician performing the abortion. Type of admission and patient residence, are included to provide continuity with previous abortion report forms. Marital status, Hispanic origin, race, education, and previous live births correspond to items on the Minnesota Medical Supplement to the Certificate of Live Birth and thus allow for statistical comparison with birth data and the calculation of pregnancy rates. Specific items collected are shown in the last Appendix (Data Collection Instruments).

Report forms submitted with incomplete data are required by law to be returned to the clinic/facility or independently reporting physician for correction. Overall compliance and cooperation in completing the forms is excellent, however, some data remain unreported. In some cases, this is due to a facility being unable to locate the medical record in question and in other instances due to a patient's refusal to provide the data. Continuing efforts are being made to improve reporting compliance, completeness, and timeliness.

Due to the sensitivity of abortion data, there are concerns about revealing individuals' (patient or provider) identity, from data presented in this publication. Minnesota Statutes, section 145.4134 states "The commissioner shall ensure that none of the information included in the public reports can reasonably lead to identification of an individual having performed or having had an abortion. All data included on the forms under sections 145.4131 to 145.4133 must be included on the public report except that the commissioner shall maintain as confidential, data which alone or in combination may constitute information from which an individual having performed or having had an abortion may be identified using epidemiologic principles."

Data generally are suppressed when there are such small numbers of two or more variables that it would be difficult to protect the confidentiality of individuals. For instance, age groups tallied for only a single town in Minnesota would most likely have small counts in some of the age groups. Likewise, a table of age group by race for each county in Minnesota would have small counts in cells for those counties with small populations and few minority residents. Suppression of those small counts is necessary to protect the confidentiality of the individual.

Data by provider, Tables 1.1 and 1.2 are presented for individual clinics that have been publicly identified as abortion providers, but aggregated into a single group for independently reporting physicians. Table 1.2 presents data on individual physicians with no small-number suppression, as the law requires counts by physician by month. Physicians are identified as Physician A, B, C, etc. to protect confidentiality. The identifiers are arbitrarily assigned to those physicians who reported in a given calendar year. Thus, Physician X in a prior year's report may not be the same as Physician X in this report. Data presented in frequency tables for the state as a whole have no small-number data suppressed. Table 6, Country/State Residence of Woman, has sufficiently large groups to obscure identification of an individual. Table 7, County of Residence for Women Residing in Minnesota, is the only table where counts of zero to five are suppressed. Some of the counties have a small population of females of childbearing age and/or a small number of physicians who may be qualified to provide abortion services and thus, though unlikely, it could be possible for a provider or patient to be identified.

Tables

Table 1.1 Abortions by Month and Facility, 2018

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Women's Health Center	24	39	27	29	29	47	29	35	30	33	27	22	371
Robbinsdale Clinic	70	75	85	58	56	50	53	51	71	58	46	90	763
Dr. Mildred Hansen Clinic	25	20	27	10	33	25	32	37	34	35	33	0	311
Planned Parenthood of Minnesota[1]	567	502	649	514	616	585	560	580	385	482	508	344	6,292
Whole Woman's Health, LLC	162	153	182	134	181	163	149	195	158	207	166	200	2,050
Independent Physicians[2]	11	6	14	12	15	4	6	7	7	17	12	12	123
Total Minnesota Occurrence	**859**	**795**	**984**	**757**	**930**	**874**	**829**	**905**	**685**	**832**	**792**	**668**	**9,910**

[1]Counts include both St. Paul location and Rochester locations in 2018.

[2]This represents 6 reporting physicians, small clinics, or hospitals

Table 1.2 Abortions by Month and Provider, 2018

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician A	1												**1**
Physician B											1		**1**
Physician C											1		**1**
Physician D	34	15	36	18	44	47	38	52	40	63	61	54	**502**
Physician E									1		2	1	**4**
Physician F		22	45	44	14	33	35			36		10	**239**
Physician G	8	21		13		24		17		22	10	6	**121**
Physician H		9	7		7		8	9	10	14	5	9	**78**
Physician I	24	87	73	105	86	94	76	30		6	93	12	**686**
Physician J	6	13	17	7					10			11	**64**
Physician K			1			1		1		2			**5**
Physician L	10	20	20	14	5	27	27	14	12	8	9	17	**183**
Physician M				2									**2**
Physician N			10	16	23	10	8	7	22		9	2	**107**
Physician O								1					**1**
Physician P								1					**1**
Physician Q	58	25	49	35	60	33	52	28	43	76	55	21	**535**
Physician R	20	15	12	27	12	35	6	23		50		25	**225**
Physician S							1						**1**
Physician T	16	20	27	10	33	25	32	37	34	35	33		**302**
Physician U		1	3	1	2							1	**8**
Physician V						1							**1**
Physician W												1	**1**
Physician X	40	32	39	28	52	18	39	59	42	47	42	46	**484**
Physician Y	48	35	41	32	19	23	55	73	12	3	26	13	**380**
Physician Z	25	29	33	32	40	31		31	14	28	6	28	**297**
Physician AA	19	21	27	14	26	12	23	24	16		24	18	**224**
Physician BB	7	12	7			13	9	11			8	8	**75**
Physician CC	1	1	1	1			2		1	2	1	4	**14**
Physician DD	9	6	10		6		12		8	11		6	**68**
Physician EE	158	123	25	72	117	122	78	102	59	98	106	79	**1,139**
Physician FF								1		2			**3**
Physician GG						1							**1**

Table 1.2 Abortions by Month and Provider, 2018

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician HH	1	1		1			1				1		**5**
Physician II	1			1				1		1			**4**
Physician JJ	70	75	85	58	56	50	53	51	71	58	46	90	**763**
Physician KK	14	12	19	16	30	12	28	19	16	30	18	31	**245**
Physician LL											1		**1**
Physician MM									2			1	**3**
Physician NN	9												**9**
Physician OO											1	1	**2**
Physician PP	51	44	140	56	51	66	93	78	123	94	82	75	**953**
Physician QQ				1	1								**2**
Physician RR											1		**1**
Physician SS		1	2		4								**7**
Physician TT	32	20	24	24	35	12	8	13	23	17	23	20	**251**
Physician UU						1							**1**
Physician VV				2									**2**
Physician WW	1		1								1		**3**
Physician XX				1									**1**
Physician YY							1						**1**
Physician ZZ		13			30		16	34	18	13		11	**135**
Physician AB	32	13	12	12		10	17	32	31	17	25		**201**
Physician AC	1								2		1		**4**
Physician AD					2								**2**
Physician AE			1		1					1			**3**
Physician AF				1		11							**12**
Physician AG				1									**1**
Physician AH	1	8							5	8			**22**
Physician AI			1		1			1		1			**4**
Physician AJ					1								**1**
Physician AK	27	15	28	13	18	13		12		18	14		**158**
Physician AL	2									2			**4**
Physician AM								1		1			**2**
Physician AN	49	14	53	36	53	19	43	25	26	12	24	11	**365**
Physician AN			1										**1**

Table 1.2 Abortions by Month and Provider, 2018

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician AO	37	25	70	37	50	62	36	46	2	7	29	9	**410**
Physician AP								1		1		1	**3**
Physician AQ	1								1	2	1		**5**
Physician AR												1	**1**
Physician AS	44	45	61	24	48	67	31	70	41	44	30	44	**549**
Physician AT	2		3	2	1	1				1	2	1	**13**
Physician AU					1								**1**
Physician AV		2			1		1			1			**5**
Total MN	**859**	**795**	**984**	**757**	**930**	**874**	**829**	**905**	**685**	**832**	**792**	**668**	**9,910**

Table 2. Medical Specialty of Physician, 2018

Obstetrics & Gynecology	6,823
Emergency Medicine	1
General/Family Practice	3,084
Other/Unspecified	2
Total	9,910

Table 3. Type of Admission, 2018

Clinic	9,484
Outpatient Hospital	77
Inpatient Hospital	31
Ambulatory Surgery	7
Doctor's	311
Other/Unspecified	0
Total Minnesota Occurrence	9,910

Table 4. Age of Woman, 2018

	Occurring in Minnesota	Minnesota Residents
< 15 Years	16	13
15 - 17 Years	205	180
18 - 19 Years	588	512
20 - 24 Years	2,713	2,408
25 - 29 Years	2,775	2,503
30 - 34 Years	1,712	1,552
35 - 39 Years	1,518	1,377
40 Years & Over	383	351
Not Reported	0	0
Total	9,910	8,896

Table 5. Marital Status, 2018

	Occurring in Minnesota	Minnesota Residents
Married	1,560	1,409
Not Married	7,936	7,110
Not Reported	414	377
Total	9,910	8,896

Tables 6. Country/State of Residence, 2018

Minnesota	8,896
Other States	
Iowa	58
Michigan	17
North Dakota	73
South Dakota	111
Wisconsin	705
Other States	48
Canada	2
Other Foreign Countries	0
Not Reported	0
Total MN Occurrence	9,910

Table 7. County of Residence for Women Residing in Minnesota, 2018

State Total	**8,896**		
Aitkin	7	Marshall	--
Anoka	580	Martin	10
Becker	--	Meeker	8
Beltrami	38	Mille Lacs	35
Benton	73	Morrison	13
Big Stone	--	Mower	46
Blue Earth	101	Murray	6
Brown	14	Nicollet	41
Carlton	29	Nobles	8
Carver	88	Norman	--
Cass	22	Olmsted	194
Chippewa	--	Otter Tail	9
Chisago	62	Pennington	--
Clay	--	Pine	17
Clearwater	--	Pipestone	--
Cook	--	Polk	--
Cottonwood	--	Pope	--
Crow Wing	60	Ramsey	1,597
Dakota	712	Red Lake	--
Dodge	18	Redwood	8
Douglas	17	Renville	9
Faribault	17	Rice	67
Fillmore	15	Rock	--
Freeborn	30	Roseau	--
Goodhue	40	Saint Louis	235
Grant	--	Scott	172
Hennepin	3,309	Sherburne	89
Houston	8	Sibley	--
Hubbard	7	Stearns	209
Isanti	42	Steele	29
Itasca	34	Stevens	9
Jackson	6	Swift	10
Kanabec	10	Todd	13
Kandiyohi	36	Traverse	--
Kittson	--	Wabasha	17
Koochiching	6	Wadena	7
Lac Qui Parle	--	Waseca	16
Lake	8	Washington	324
Lake of the Woods	--	Watonwan	15
Le Sueur	25	Wilkin	--
Lincoln	--	Winona	33
Lyon	20	Wright	124
McLeod	29	Yellow Medicine	--
Mahnomen	--	Unknown County	--

*Counts of 0 to 5 are indicated by --.

Table 8a. Hispanic Origin of Woman, 2018

	Occurring in Minnesota	Minnesota Residents
Non-Hispanic	8,347	7,462
Hispanic	774	709
Not Reported	789	725
Total	9,910	8,896

Table 8b. Race of Woman, 2018

	Occurring in Minnesota	Minnesota Residents
White	4,989	4,190
Black	2,625	2,564
American Indian	232	187
Asian	795	755
Other	888	841
Not Reported	381	359
Total	9,910	8,896

Table 9a. Race and Hispanic Ethnicity of Woman, MN Occurrence, 2018

	Hispanic	Not Hispanic	Unknown Hispanic	Total
White	278	4,488	223	4,989
Black	31	2,421	173	2,625
American Indian	29	188	15	232
Asian	6	740	49	795
Other	376	468	44	888
Not Reported	54	42	285	381
Total	774	8,347	789	9,910

Table 9b. Race and Hispanic Ethnicity of Woman, MN Residents, 2018

	Hispanic	Not Hispanic	Unknown Hispanic	Total
White	241	3,764	185	4,190
Black	30	2,365	169	2,564
American Indian	25	150	12	187
Asian	5	702	48	755
Other	358	442	41	841
Not Reported	50	39	270	359
Total	709	7,462	725	8,896

NOTE: For consistency with national race/ethnicity reporting standards, race and Hispanic origin are now cross-classified and presented to distinguish the non-Hispanic race groups and Hispanic aggregate group.

Table 10. Education Level of Woman, 2018

	Occurring in Minnesota	Minnesota Residents
8th Grade or Less	83	71
Some High School	1,549	1,399
High School Graduate	1,792	1,591
Some College	3,209	2,858
College Graduate	1,738	1,536
Graduate Level	317	295
Not Reported	1,222	1,146
Total	9,910	8,896

Table 11. Clinical Estimate of Fetal Gestational Age, 2018

	Occurring in Minnesota	Minnesota Residents
< 9 weeks	6,853	6,247
9 - 10 weeks	1,174	1,043
11 - 12 weeks	626	548
13 - 15 weeks	527	452
16 - 20 weeks	413	345
21 - 24 weeks	161	124
25 - 30 weeks	0	0
31 - 36 weeks	3	3
37 weeks & over	1	1
Not Reported	152	133
Total	9,910	8,896

Table 11a. Clinical Estimate of Fetal Gestational Age by Trimester, 2018

First Trimester			Second Trimester			Third Trimester		
Estimated Week	Occurring in Minnesota	Minnesota Residents	Estimated Week	Occurring in Minnesota	Minnesota Residents	Estimated Week	Occurring in Minnesota	Minnesota Residents
< 3	2	1	14	195	168	28	0	0
3	5	5	15	141	122	29	0	0
4	214	205	16	123	102	30	0	0
5	1,903	1,760	17	80	69	31	2	2
6	2,011	1,825	18	57	49	32	0	0
7	1,500	1,346	19	73	59	33	0	0
8	1,218	1,105	20	80	66	34	0	0
9	745	661	21	48	40	35	0	0
10	429	382	22	70	52	36	1	1
11	360	316	23	43	32	37	0	0
12	266	232	24	0	0	38	0	0
13	191	162	25	0	0	39	1	1
			26	0	0	40+	0	0
			27	0	0			
Trimester Total	8,844	8,000		910	759		4	4

Total Induced Abortions: **Occurring in Minnesota[1]:** 9,758 **Minnesota Residents[2]:** 8,763

[1] Total for Occuring in MN is missing 152 with gestional age not reported.

[2] Total for MN residents is missing 133 with gestional age not reported.

Table 12. Prior Pregnancies, 2018

Number of Previous Live Births			Number of Previous Spontaneous Abortions (Miscarriages)			Number of Previous Induced Abortions		
	Occurring in Minnesota	Minnesota Residents		Occurring in Minnesota	Minnesota Residents		Occurring in Minnesota	Minnesota Residents
None	3,885	3,426	None	7,758	6,926	None	5,971	5,250
One	2,242	2,016	One	1,553	1,417	One	2,203	2,000
Two	1,982	1,790	Two	423	383	Two	963	899
Three	1,025	941	Three	94	91	Three	413	396
Four	445	407	Four	36	34	Four	163	159
Five	186	178	Five	16	16	Five	93	91
Six	79	75	Six	11	11	Six	33	32
Seven	23	21	Seven	4	4	Seven	19	19
Eight	13	13	Eight	1	1	Eight	11	11
Nine or more	11	11	Nine or more	2	2	Nine or more	26	26
Not Reported	19	18	Not Reported	12	11	Not Reported	15	13

Table 13. Abortion Procedure, 2018

	Occurring in Minnesota	Minnesota Residents
Surgical		
Dilation and Curettage (D & C)	5,546	4,994
Dilation & Evacuation (D&E)	683	571
Hysterectomy/otomy	1	1
Other surgical	3	0
Medical		
Mifipristone	3,594	3,253
Misoprostol	81	75
Methotrexate	0	0
Other medication (includes labor induction)	2	2
Intra-Uterine Instillation	0	0
Unknown	0	0
Total	9,910	8,896

In 2017, data collection categories for type of procedure were changed from previous years.

Table 14. Method of Disposal of Fetal Remains, 2018

	Occurring in Minnesota	Minnesota Residents
Cremation	2,597	2,214
Burial	51	47
No fetal remains	7,262	6,635
Unknown	0	0
Total	9,910	8,896

* 'Method of Disposal of Fetal Remains' is required to be reported only for those fetuses having reached the developmental stage outlined in Minnesota Statute 145.1621, subd. 2. Thus, not all reports contained this information.

Table 15. Payment Type and Health Insurance Coverage, 2018

Occurring in Minnesota

	Fee for Service	Capitated		Other/Unknown and No Response	Total
Private Coverage	157	2		2,108	2,267
Public Assistance	582	0	**	3,825	4,407
Self Pay	200	2		3,034	3,236
Unknown	0	0		0	0
Total	939	4		8,967	9,910

Minnesota Residents

	Fee for Service	Capitated		Other/Unknown and No Response	Total
Private Coverage	136	2		1,956	2,094
Public Assistance	581	0	**	3,797	4,378
Self Pay	99	1		2,324	2,424
Unknown	0	0		0	0
Total	816	3		8,077	8,896

**Denotes enrollment in managed care as reported by the provider or the client. Although a client may be covered under a capitated public assistance plan, i.e. 'managed care', all abortion services are paid under fee-for-service.

Table 16. Reason for Abortion*, 2018

	Occurring in Minnesota		Minnesota Residents
Pregnancy was a result of rape	75		62
Pregnancy was a result of incest	8		7
Economic reasons	1,955		1,714
Does not want children at this time	7,234		6,519
Emotional health is at stake	731		632
Physical Health is at stake	566		493
Continued pregnancy will cause impairment of major bodily function	27		22
Pregnancy resulted in fetal anomalies	183		150
Unknown or the woman refused to answer	1,471		1,333
Other stated reason	226	**	196

*Note: No totals are given because a woman may have given more than one response.
**See Table 16a

Tables 16a. Other Stated Reason for Abortion, 2018

Physical or mental health issues and concerns	58
Education, career, and employment issues	23
Not ready or prepared for a child or more children at this time or family already completed	73
Relationship issues, including abuse, separation, divorce, or extra-marital affairs	21
Other miscellaneous responses	38
"Other Reason" was indicated, but not specified	25
Total**	238

**Total is greater than 'Other Stated Reason' total on Table 16 because some women stated more than one other reason.

Table 17. Intraoperative Complications*, 2018

	Occurring in Minnesota	Minnesota Residents
No Complications	9,835	8,828
Cervical laceration requiring suture or repair	4	4
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	8	7
Uterine perforation	1	1
Other complication	64	58

*Complication occurring at the time of the abortion procedure

Previous years allowed a single complication report; 2017 forward reflects all that apply. Thus, totals may not match the total number of abortions and so are not shown.

Table 18. Postoperative Complications*, 2018

Cervical laceration requiring suture or repair	0
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	7
Uterine perforation	3
Infection requiring inpatient treatment	3
Heavy bleeding/anemia requiring transfusion	1
Failed termination of pregnancy (continued viable pregnancy)	7
Incomplete termination of pregnancy (retained products of conception requiring re-evacuation)	21
Other complication	3

Reported on *Report of Complication from Induced Abortion* form

[1] 43 'Report of Complication(s) from Induced Abortion' forms were received.

*Neither location where the abortion was performed nor residence of patient is collected on the Report of Complication(s) from Induced Abortion. Therefore, these numbers cannot be directly correlated with counts of induced abortions in an attempt to seek a ratio of complications per procedure.

Note: No totals are given because a woman may have more than one complication.

Table 19. Induced Abortions by Gestational Age Performed Out of State and Paid for with State Funds[1], 2017

< 9 weeks	49
9 - 10 weeks	25
11 - 12 weeks	13
13 - 15 weeks	7
16 - 20 weeks	0
21 - 24 weeks	0
25 - 30 weeks	0
31 - 36 weeks	0
37 weeks & over	0
Unknown	42
Total Occurrence	136

Total state funds used to pay for out of state abortion procedures, including incidental expenses	$27,924.00

[1]All procedures occurred within the local trade area, that is, the "geographic area surrounding the person's residence, including portions of states other than Minnesota, which is commonly used by other persons in the same area to obtain similar necessary goods and services."

Reported by the Minnesota Department of Human Services, services in 2017

Table 20. Total and Resident Induced Abortions, 1975, 1980 - 2018

Year	Occurring in Minnesota	Minnesota Residents	Resident Percent	Resident Rate[1]
1975	10,565	8,924	84.5	10.3
1980	19,028	16,490	86.7	17.2
1981	18,304	15,821	86.4	16.3
1982	17,758	15,559	87.6	15.8
1983	16,428	14,514	88.3	14.7
1984	17,314	15,556	89.8	15.7
1985	17,686	16,002	90.5	16.1
1986	17,383	15,716	90.4	15.8
1987	17,653	15,746	89.2	15.7
1988	17,975	16,124	89.7	15.8
1989	17,398	15,506	89.1	15.1
1990	17,156	15,280	89.1	14.9
1991	16,178	14,441	89.3	13.9
1992	15,546	13,846	89.1	13.1
1993	14,348	12,955	90.3	12.1
1994	14,027	12,702	90.6	11.8
1995	14,017	12,715	90.7	12.1
1996	14,193	12,876	90.7	12.1
1997	14,224	12,997	91.4	12.4
1998	14,422	13,050	90.5	12.4
1999	14,342	13,037	90.9	12.4
2000	14,477	13,208	91.2	12.2
2001	14,833	13,448	90.7	12.3
2002	14,239	12,953	91.0	11.8
2003	14,174	12,995	91.7	11.9
2004	13,788	12,753	92.5	11.6
2005	13,365	12,306	92.1	11.3
2006	14,065	12,948	92.1	12.1
2007	13,843	12,770	92.2	12.1
2008	12,948	11,896	91.9	11.3
2009	12,388	11,391	92.0	10.9
2010	11,505	10,570	91.9	10.1
2011	11,071	10,150	91.7	9.7
2012	10,701	9,758	91.2	9.3
2013	9,903	9,030	91.2	8.6
2014	10,123	9,180	90.7	8.7
2015	9,861	8,898	90.2	8.4
2016	10,017	9,114	91.0	8.6
2017	10,134	9,196	90.7	8.6 [2]
2018	9,910	8,896	89.8	8.3 [3]

[1]Rate per 1,000 female resident population ages 15 through 44

[2]2017 rate was updated using 2017 population.

[3]2018 population estimates not available at time of publication. 2017 estimate was used.

Informed Consent

Table 21. Medical Risks Information, Report of Informed Consent for Induced Abortion, 2018

Contact Method	Referring Physician	Physician Performing Abortion	Total
Telephone	10,708	1,572	12,280
In Person	109	19	128
Total Contacts	10,817	1,591	12,408
Information not provided:			
- immediate abortion necessary to avert death			0
- delay would create serious risk of substantial impairment			1
- fetal anomaly: patient chose perinatal hospice services			5
Total reports received			12,414

Table 22. Medical Assistance and Printed Materials Information, Report of Informed Consent for Induced Abortion, 2018

Contact Method	Referring Physician	Agent of Referring Physician	Physician Performing Abortion	Agent of Physician Performing Abortion	Total
Telephone	31	10,587	414	1,280	12,312
In Person	43	17	12	13	85
Total Contacts	74	10,604	426	1,293	12,397

Information not provided:	
- immediate abortion necessary to avert death	0
- delay would create serious risk of substantial impairment	0
- fetal anomaly incompatible with life	17
Total reports received	12,414

Table 23. Patient Access to Printed Materials, Report of Informed Consent for Induced Abortion, 2018

	Obtained Abortion	Did Not Obtain Abortion	Do Not Know	Total
Patient obtained printed copies	201	0	92	293
Patient did not obtain printed copies	9,719	51	2,351	12,121
Total	9,920	51	2,443	12,414
Total reports received				12,414

Born Alive
Infants Protection Act

Born Alive Infants Protection Act Report

The 2015 Minnesota Legislature enacted the "Born Alive Infants Protection Act" (section 145.423) recognizing a born alive infant resulting from an induced abortion as a human person (section 145.423, subdivision 1) and requiring that "reasonable measures consistent with good medical practice shall be taken by the responsible medical personnel to preserve the life and health of the born alive infant." (section 145.423, subdivision 5). As part of this act, the abortion reporting requirements were modified to include the following information:

- Whether the abortion resulted in a born alive infant, as defined by section 145.423, subdivision 4
- What medical actions were taken to preserve the life of the infant
- Whether the infant survived
- The status, if known, of a surviving infant.

Reporting was required beginning July 1, 2015. The text of the amended sections can be found in the appendix.

For the calendar year of January 1, 2018 through December 31, 2018, three (3) abortion procedures resulting in a born-alive infant were reported.

- In one instance, APGAR score was 1 at 1 and 5 minutes. There were anomalies incompatible with life. No measures taken to preserve life were reported and the infant did not survive.
- In one instance, comfort care measures were provided as planned and the infant did not survive.
- In one instance, the infant was previable. No measures taken to preserve life were reported and the infant did not survive.

Appendix

Updates to 2017 Data

Minnesota Statutes, sections 145.4134 and 145.4246 require that each yearly report provide the statistics for any previous calendar year for which additional information from late or corrected reports was received, adjusted to reflect these new numbers.

Following the publication of the report for calendar year 2017 in July of 2018, four (4) additional ***Report of Induced Abortion*** forms were received. Additionally, due to changes in the electronic data collection and reporting system, the original report filed for 2017 included 47 records that were duplicates and/or not officially filed. These should not have been included in the 2017 report. An additional seven (7) ***Report of Postoperative Complications*** forms were received. Twenty-seven (27) unfinished/unfiled **Informed Consent** forms were removed.

All tables are affected by the changes and are included with updated counts in this section of the Appendix. Tables for which the data did not change have not been republished here.

Table 1.1 Abortions by Month and Facility 2017

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Women's Health Center	23	26	59	27	34	33	24	37	25	31	26	41	386
Robbinsdale Clinic	80	75	72	83	74	64	57	76	82	59	54	80	856
Dr. Mildred Hansen Clinic	50	42	46	50	48	38	56	59	46	39	35	43	552
Planned Parenthood of Minnesota[1]	535	489	595	511	535	514	479	552	460	509	499	554	6,232
Whole Woman's Health, LLC	192	171	204	152	150	152	176	177	166	160	140	166	2,006
Independent Physicians[2]	5	15	16	5	8	8	11	5	4	8	5	12	102
Total Minnesota Occurrence	**885**	**818**	**992**	**828**	**849**	**809**	**803**	**906**	**783**	**806**	**759**	**896**	**10,134**

[1]Counts include only St. Paul location. No abortions were performed at the Rochester location in 2017.

[2]This represents 7 reporting physicians, small clinics, and hospitals

NOTE: This table was updated to include 4 additional records that were not received in time for the original report and 47 that should not have been included. Due to changes in the data collection and reporting system, the original report filed for 2017 included 47 records that were duplicates and/or not officially filed and were erroneously included.

Table 1.2 Abortions by Month and Provider, 2017

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician A	7	5	14			23	10		9	7	10	8	**93**
Physician B	11	15	10	15	13			10	9	10	6	11	**110**
Physician C		1					2						**3**
Physician D		1										1	**2**
Physician E	15	9	16			13	30	6	14			7	**110**
Physician F	18	50	13	28	18	23	18	58		32	12	11	**281**
Physician G	10	14	10	8	27		8	10	9	10	7	10	**123**
Physician H	26	29	32	26	14	31	25	29	25	32	24	23	**316**
Physician I	43	10	36	32	37	27	29	13	16	31	24	16	**314**
Physician J													**0**
Physician K		1										2	**3**
Physician L			1										**1**
Physician M												1	**1**
Physician N			1									1	**2**
Physician O			1										**1**
Physician P	5												**5**
Physician Q		1											**1**
Physician R	1	4	4	3	3	1	1	1		4		1	**23**
Physician S	35	34	25	25	35	28	39	34	25	50	29	31	**390**
Physician T	27	18	28	14	7	11	18	19	15	15	12	13	**197**
Physician U												1	**1**
Physician V	25	26	15	23	27	23	57	23	45	14	9	31	**318**
Physician W	2												**2**
Physician X										15	7	25	**47**
Physician Y	1	2	2						1				**6**
Physician Z									1				**1**
Physician AA	1	19			16	9		6	4		10		**65**
Physician BB					1		1				1		**3**
Physician CC			37	23	23	17	19	16	49		26	45	**255**
Physician DD	29	33	30	32	33	19	38	35	22	25	27	20	**343**
Physician EE	18	14	14	20	12	9	13	9	8	16	15	19	**167**
Physician FF						1							**1**
Physician GG	4	1			1		1						**7**

Table 1.2 Abortions by Month and Provider, 2017

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician HH		1	2		4	2	2	2		2	3	1	**19**
Physician II	29	16	15		13	53	45	83	75	18	62	45	**454**
Physician JJ		1											**1**
Physician KK	16	19	37	41	9	15	25	31	25	35	15	15	**283**
Physician LL		1											**1**
Physician MM			1						1				**2**
Physician NN	60	17	53	26	40	20	27	40	22	57	57	25	**444**
Physician OO				1			2						**3**
Physician PP	65	80	72	94	80	63	47	62	64	59	45	104	**835**
Physician QQ	80	75	72	83	74	64	57	76	82	59	54	80	**856**
Physician RR							1						**1**
Physician SS			2					1				1	**4**
Physician TT	63	45	67	60	55	38	38	63	39	67	32	62	**629**
Physician UU			1			1	1						**3**
Physician VV	12	16	14		31	17							**90**
Physician WW	43	43	68	22	43	61	9	17	26	17	43	52	**444**
Physician XX	6	7	35	9	7		6	20	7	14	9	12	**132**
Physician YY				29	9		30			26			**94**
Physician ZZ		1											**1**
Physician AB	1						1			1	1	1	**5**
Physician AC	113	106	129	141	84	122	95	129	85	92	96	77	**1,269**
Physician AD			1	1		1							**3**
Physician AE	32	28	31	30	36	29	42	50	38	23	20	24	**383**
Physician AF							1						**1**
Physician AG		1				1							**2**
Physician AH												1	**1**
Physician AI									1				**1**
Physician AJ			1										**1**
Physician AK	49	21	72	42	39	46	7	49	32	49	44	36	**486**
Physician AL			1			1				1			**3**
Physician AM	38	53	29		58	40	58	13	34	25	58	82	**488**
Physician AN								1			1	1	**3**
Total MN	**885**	**818**	**992**	**828**	**849**	**809**	**803**	**906**	**783**	**806**	**759**	**896**	**10,134**

Table 2. Medical Specialty of Physician, 2017

Obstetrics & Gynecology	6,905
Emergency Medicine	10
General/Family Practice	3,219
Other/Unspecified	
Total	10,134

Table 3. Type of Admission, 2017

Clinic	9,482
Outpatient Hospital	71
Inpatient Hospital	29
Ambulatory Surgery	1
Doctor's	551
Other/Not Specified	0
Total Minnesota Occurrence	10,134

Table 4. Age of Woman, 2017

	Occurring in Minnesota	Minnesota Residents
< 15 Years	12	12
15 - 17 Years	235	222
18 - 19 Years	594	518
20 - 24 Years	2,932	2,636
25 - 29 Years	2,866	2,621
30 - 34 Years	1,954	1,782
35 - 39 Years	1,181	1,077
40 Years & Over	358	326
Not Reported	2	2
Total	10,134	9,196

Table 5. Marital Status, 2017

	Occurring in Minnesota	Minnesota Residents
Married	1,555	1,399
Not Married	8,065	7,312
Not Reported	514	485
Total	10,134	9,196

Tables 6. Country/State of Residence, 2017

Minnesota	9,196
Other States	
Iowa	51
Michigan	32
North Dakota	88
South Dakota	71
Wisconsin	637
Other States	57
Canada	1
Other Foreign Countries	1
Not Reported	0
Total MN Occurrence	10,134

Table 7. County of Residence for Women Residing in Minnesota, 2017

State Total	**9,196**		
Aitkin	9	Marshall	--
Anoka	619	Martin	19
Becker	8	Meeker	18
Beltrami	25	Mille Lacs	26
Benton	89	Morrison	14
Big Stone	--	Mower	38
Blue Earth	114	Murray	--
Brown	12	Nicollet	39
Carlton	36	Nobles	--
Carver	87	Norman	--
Cass	19	Olmsted	208
Chippewa	--	Otter Tail	--
Chisago	55	Pennington	--
Clay	13	Pine	24
Clearwater	--	Pipestone	--
Cook	6	Polk	--
Cottonwood	8	Pope	6
Crow Wing	53	Ramsey	1,570
Dakota	818	Red Lake	--
Dodge	13	Redwood	10
Douglas	10	Renville	9
Faribault	8	Rice	56
Fillmore	23	Rock	--
Freeborn	25	Roseau	--
Goodhue	45	Saint Louis	269
Grant	--	Scott	192
Hennepin	3,411	Sherburne	89
Houston	12	Sibley	9
Hubbard	--	Stearns	209
Isanti	39	Steele	31
Itasca	34	Stevens	--
Jackson	--	Swift	10
Kanabec	11	Todd	10
Kandiyohi	34	Traverse	--
Kittson	--	Wabasha	14
Koochiching	12	Wadena	--
Lac Qui Parle	--	Waseca	21
Lake	7	Washington	344
Lake of the Woods	--	Watonwan	8
Le Sueur	19	Wilkin	--
Lincoln	--	Winona	38
Lyon	26	Wright	120
McLeod	26	Yellow Medicine	8
Mahnomen	--	Unknown County	7

-- Counts of 0 to 5 are indicated by a dash.

Table 8a. Hispanic Origin of Woman, 2017

	Occurring in Minnesota	Minnesota Residents
Non-Hispanic	8,619	7,774
Hispanic	747	696
Not Reported	768	726
Total	10,134	9,196

Table 8b. Race of Woman, 2017

	Occurring in Minnesota	Minnesota Residents
White	5,171	4,410
Black	2,637	2,585
American Indian	245	210
Asian	734	709
Other	941	894
Not Reported	406	388
Total	10,134	9,196

Table 9a. Race and Hispanic Ethnicity of Woman, MN Occurrence, 2017

	Hispanic	Not Hispanic	Unknown Hispanic	Total
White	190	4,798	183	5,171
Black	42	2,413	182	2,637
American Indian	35	198	12	245
Asian	5	695	34	734
Other	415	476	50	941
Not Reported	60	39	307	406
Total	747	8,619	768	10,134

Table 9b. Race and Hispanic Ethnicity of Woman, MN Residents, 2017

	Hispanic	Not Hispanic	Unknown Hispanic	Total
White	174	4,076	160	4,410
Black	41	2,362	182	2,585
American Indian	27	172	11	210
Asian	5	671	33	709
Other	391	455	48	894
Not Reported	58	38	292	388
Total	696	7,774	726	9,196

NOTE: For consistency with national race/ethnicity reporting standards, race and Hispanic origin are now cross-classified and presented to distinguish the non-Hispanic race groups and Hispanic aggregate group.

Table 10. Education Level of Woman, 2017

	Occurring in Minnesota	Minnesota Residents
8th Grade or Less	89	89
Some High School	1,140	1,059
High School Graduate	2,115	1,902
Some College	2,737	2,454
College Graduate	2,083	1,863
Graduate Level	233	208
Not Reported	1,737	1,621
Total	10,134	9,196

Table 11. Clinical Estimate of Fetal Gestational Age, 2017

	Occurring in Minnesota	Minnesota Residents
< 9 weeks	7,033	6,442
9 - 10 weeks	1,239	1,121
11 - 12 weeks	652	586
13 - 15 weeks	556	491
16 - 20 weeks	450	386
21 - 24 weeks	152	123
25 - 30 weeks	2	2
31 - 36 weeks	0	0
37 weeks & over	0	0
Not Reported	50	45
Total	10,134	9,196

Table 11a. Clinical Estimate of Fetal Gestational Age by Trimester, 2017

First Trimester			Second Trimester			Third Trimester		
Estimated Week	Occurring in Minnesota	Minnesota Residents	Estimated Week	Occurring in Minnesota	Minnesota Residents	Estimated Week	Occurring in Minnesota	Minnesota Residents
< 3	1	1	14	193	172	28	0	0
3	6	6	15	146	121	29	0	0
4	231	212	16	134	115	30	0	0
5	1,768	1,640	17	102	88	31	0	0
6	2,200	2,005	18	73	65	32	0	0
7	1,540	1,420	19	70	64	33	0	0
8	1,287	1,158	20	71	54	34	0	0
9	794	732	21	69	58	35	0	0
10	445	389	22	44	31	36	0	0
11	382	348	23	34	30	37	0	0
12	270	238	24	5	4	38	0	0
13	217	198	25	1	1	39	0	0
			26	1	1	40+	0	0
			27					
Trimester Total	9,141	8,347		943	804		0	0

Total Induced Abortions: **Occurring in Minnesota[1]:** 10,084 **Minnesota Residents[2]:** 9,151

[1] Total for Occuring in MN is missing 50 with gestational age not reported.

[2] Total for MN residents is missing 45 with gestational age not reported.

Table 12. Prior Pregnancies, 2017

Number of Previous Live Births			Number of Previous Spontaneous Abortions (Miscarriages)			Number of Previous Induced Abortions		
	Occurring in Minnesota	Minnesota Residents		Occurring in Minnesota	Minnesota Residents		Occurring in Minnesota	Minnesota Residents
None	4,138	3,668	None	8,064	7,291	None	6,004	5,355
One	2,303	2,139	One	1,513	1,392	One	2,368	2,165
Two	2,057	1,865	Two	357	333	Two	1,004	948
Three	937	862	Three	122	112	Three	389	370
Four	432	405	Four	42	38	Four	189	181
Five	135	128	Five	13	12	Five	86	84
Six	73	71	Six	12	8	Six	45	44
Seven	29	28	Seven	0	0	Seven	16	16
Eight	17	17	Eight	1	0	Eight	9	9
Nine or more	13	13	Nine or more	8	8	Nine or more	23	23
Not Reported	0	0	Not Reported	2	2	Not Reported	1	1

Table 13. Abortion Procedure, 2017

	Occurring in Minnesota	Minnesota Residents
Surgical		
Dilation and Curettage (D & C)	5,418	4,931
Dilation & Evacuation (D&E)	696	592
Hysterectomy/otomy	0	0
Other surgical	2	0
Medical		
Mifipristone	3,991	3,651
Misoprostol	24	22
Methotrexate	0	0
Other medication (includes labor induction)	1	0
Intra-Uterine Instillation	1	0
Unknown	1	0
Total	10,134	9,196

In 2017, data collection categories for type of procedure were changed from previous years.

Table 14. Method of Disposal of Fetal Remains, 2017

	Occurring in Minnesota	Minnesota Residents
Cremation	2,636	2,316
Burial	49	39
No fetal remains	7,449	6,841
Unknown	0	0
Total	10,134	9,196

* 'Method of Disposal of Fetal Remains' is required to be reported only for those fetuses having reached the developmental stage outlined in Minnesota Statute 145.1621, subd. 2. Thus, not all reports contained this information.

Table 15. Payment Type and Health Insurance Coverage, 2017

Occurring in Minnesota

	Fee for Service	Capitated		Other/Unknown or No Response	Total
Private Coverage	170	3		2,230	2,403
Public Assistance	607	2	**	3,862	4,471
Self Pay	212	-		3,048	3,260
Unknown	-	-		-	0
Total	989	5		9,140	10,134

Minnesota Residents

	Fee for Service	Capitated		Other/Unknown or No Response	Total
Private Coverage	151	3		2,061	2,215
Public Assistance	603	2	**	3,850	4,455
Self Pay	110	-		2,416	2,526
Unknown	-	-		-	0
Total	864	5		8,327	9,196

**Denotes enrollment in managed care as reported by the provider or the client. Although a client may be covered under a capitated public assistance plan, i.e. 'managed care', all abortion services are paid under fee-for-service.

Table 16. Reason for Abortion*, 2017

	Occurring in Minnesota		Minnesota Residents
Pregnancy was a result of rape	73		67
Pregnancy was a result of incest	7		7
Economic reasons	2,402		2,157
Does not want children at this time	7,176		6,534
Emotional health is at stake	950		846
Physical Health is at stake	662		580
Continued pregnancy will cause impairment of major bodily function	47		41
Pregnancy resulted in fetal anomalies	179		138
Unknown or the woman refused to answer	1,628		1,471
Other stated reason	258	**	239

*Note: No totals are given because a woman may have given more than one response.

**See Table 16a

Tables 16a. Other Stated Reason for Abortion, 2017

Physical or mental health issues and concerns	49
Education, career, and employment issues	28
Not ready or prepared for a child or more children at this time or family already completed	87
Relationship issues, including abuse, separation, divorce, or extra-marital affairs	39
Other miscellaneous responses	47
"Other Reason" was indicated, but not specified	19
Total**	269

**Total is greater than 'Other Stated Reason' total on Table 16 because some women stated more than one other reason.

Table 17. Intraoperative Complications*, 2017

	Occurring in Minnesota	Minnesota Residents
No Complications	10,063	9,129
Cervical laceration requiring suture or repair	9	7
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	8	7
Uterine perforation	1	1
Other complication	57	55

*Complication occurring at the time of the abortion procedure
*Note: No totals are given because a woman may have given more than one response. Previous years allowed a single complication report; 2017 forward reflects all that apply.

Table 18. Postoperative Complications*, 2017

Cervical laceration requiring suture or repair	2
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	6
Uterine perforation	1
Infection requiring inpatient treatment	4
Heavy bleeding/anemia requiring transfusion	3
Failed termination of pregnancy (continued viable pregnancy)	16
Incomplete termination of pregnancy (retained products of conception requiring re-evacuation)	19
Other complication	12
Complication not specified	0

Reported on *Report of Complication from Induced Abortion* form.
56 'Report of Complication(s) from Induced Abortion' forms were received.
*Neither location where the abortion was performed nor residence of patient is
Note: No totals are given because a woman may have more than one complication.

Table 20. Total and Resident Induced Abortions, 1975, 1980 - 2017

Year	Occurring in Minnesota	Minnesota Residents	Resident Percent	Resident Rate[1]
1975	10,565	8,924	84.5	10.3
1980	19,028	16,490	86.7	17.2
1981	18,304	15,821	86.4	16.3
1982	17,758	15,559	87.6	15.8
1983	16,428	14,514	88.3	14.7
1984	17,314	15,556	89.8	15.7
1985	17,686	16,002	90.5	16.1
1986	17,383	15,716	90.4	15.8
1987	17,653	15,746	89.2	15.7
1988	17,975	16,124	89.7	15.8
1989	17,398	15,506	89.1	15.1
1990	17,156	15,280	89.1	14.9
1991	16,178	14,441	89.3	13.9
1992	15,546	13,846	89.1	13.1
1993	14,348	12,955	90.3	12.1
1994	14,027	12,702	90.6	11.8
1995	14,017	12,715	90.7	12.1
1996	14,193	12,876	90.7	12.1
1997	14,224	12,997	91.4	12.4
1998	14,422	13,050	90.5	12.4
1999	14,342	13,037	90.9	12.4
2000	14,477	13,208	91.2	12.2
2001	14,833	13,448	90.7	12.3
2002	14,239	12,953	91.0	11.8
2003	14,174	12,995	91.7	11.9
2004	13,788	12,753	92.5	11.6
2005	13,365	12,306	92.1	11.3
2006	14,065	12,948	92.1	12.1
2007	13,843	12,770	92.2	12.1
2008	12,948	11,896	91.9	11.3
2009	12,388	11,391	92.0	10.9
2010	11,505	10,570	91.9	10.1
2011	11,071	10,150	91.7	9.7
2012	10,701	9,758	91.2	9.3
2013	9,903	9,030	91.2	8.6
2014	10,123	9,180	90.7	8.7
2015	9,861	8,898	90.2	8.4
2016	10,017	9,114	91.0	8.6
2017	10,134	9,196	90.7	8.6

[1]Rate per 1,000 female population ages 15 through 44

Table 21. Medical Risks Information, Report of Informed Consent for Induced Abortion, 2017

Contact Method	Referring Physician	Physician Performing Abortion	Total
Telephone	9,669	1,443	11,112
In Person	140	59	199
Total Contacts	9,809	1,502	11,311
Information not provided:			
- immediate abortion necessary to avert death			0
- delay would create serious risk of substantial impairment			1
- fetal anomaly: patient chose perinatal hospice services			2
Total reports received			11,314

Table 22. Medical Assistance and Printed Materials Information, Report of Informed Consent for Induced Abortion, 2017

Contact Method	Referring Physician	Agent of Referring Physician	Physician Performing Abortion	Agent of Physician Performing Abortion	Total
Telephone	45	9,294	140	1,351	10,830
In Person	31	11	425	13	480
Total Contacts	76	9,305	565	1,364	11,310

Information not provided:	
- immediate abortion necessary to avert death	0
- delay would create serious risk of substantial impairment	1
- fetal anomaly incompatible with life	3
Total reports received	11,314

Table 23. Patient Access to Printed Materials, Report of Informed Consent for Induced Abortion, 2017

	Obtained Abortion	Did Not Obtain Abortion	Do Not Know	Total
Patient obtained printed copies	176	0	39	215
Patient did not obtain printed copies	9,914	90	1,095	11,099
Total	10,090	90	1,134	11,314
Total reports received				11,314

145.4131 RECORDING AND REPORTING ABORTION DATA.

Subdivision 1. **Forms.** (a) Within 90 days of July 1, 1998, the commissioner shall prepare a reporting form for use by physicians or facilities performing abortions. A copy of this section shall be attached to the form. A physician or facility performing an abortion shall obtain a form from the commissioner.

(b) The form shall require the following information:

(1) the number of abortions performed by the physician in the previous calendar year, reported by month;

(2) the method used for each abortion;

(3) the approximate gestational age expressed in one of the following increments:

(i) less than nine weeks;

(ii) nine to ten weeks;

(iii) 11 to 12 weeks;

(iv) 13 to 15 weeks;

(v) 16 to 20 weeks;

(vi) 21 to 24 weeks;

(vii) 25 to 30 weeks;

(viii) 31 to 36 weeks; or

(ix) 37 weeks to term;

(4) the age of the woman at the time the abortion was performed;

(5) the specific reason for the abortion, including, but not limited to, the following:

(i) the pregnancy was a result of rape;

(ii) the pregnancy was a result of incest;

(iii) economic reasons;

(iv) the woman does not want children at this time;

(v) the woman's emotional health is at stake;

(vi) the woman's physical health is at stake;

(vii) the woman will suffer substantial and irreversible impairment of a major bodily function if the pregnancy continues;

(viii) the pregnancy resulted in fetal anomalies; or

(ix) unknown or the woman refused to answer;

(6) the number of prior induced abortions;

(7) the number of prior spontaneous abortions;

(8) whether the abortion was paid for by:

(i) private coverage;

(ii) public assistance health coverage; or

(iii) self-pay;

(9) whether coverage was under:

(i) a fee-for-service plan;

(ii) a capitated private plan; or

(iii) other;

(10) complications, if any, for each abortion and for the aftermath of each abortion. Space for a description of any complications shall be available on the form;

(11) the medical specialty of the physician performing the abortion;

(12) if the abortion was performed via telemedicine, the facility code for the patient and the facility code for the physician; and

(13) whether the abortion resulted in a born alive infant, as defined in section 145.423, subdivision 4, and:

(i) any medical actions taken to preserve the life of the born alive infant;

(ii) whether the born alive infant survived; and

(iii) the status of the born alive infant, should the infant survive, if known.

Subd. 2. **Submission.** A physician performing an abortion or a facility at which an abortion is performed shall complete and submit the form to the commissioner no later than April 1 for abortions performed in the previous calendar year. The annual report to the commissioner shall include the methods used to dispose of fetal tissue and remains.

Subd. 3. **Additional reporting.** Nothing in this section shall be construed to preclude the voluntary or required submission of other reports or forms regarding abortions.

History: *1998 c 407 art 10 s 2; 2015 c 71 art 8 s 43; 1Sp2017 c 6 art 10 s 95*

145.423 ABORTION; LIVE BIRTHS.

Subdivision 1. **Recognition; medical care.** A born alive infant as a result of an abortion shall be fully recognized as a human person, and accorded immediate protection under the law. All reasonable measures consistent with good medical practice, including the compilation of appropriate medical records, shall be taken by the responsible medical personnel to preserve the life and health of the born alive infant.

Subd. 2. **Physician required.** When an abortion is performed after the 20th week of pregnancy, a physician, other than the physician performing the abortion, shall be immediately accessible to take all reasonable measures consistent with good medical practice, including the compilation of appropriate medical records, to preserve the life and health of any born alive infant that is the result of the abortion.

Subd. 3. **Death.** If a born alive infant described in subdivision 1 dies after birth, the body shall be disposed of in accordance with the provisions of section 145.1621.

Subd. 4. **Definition of born alive infant.** (a) In determining the meaning of any Minnesota statute, or of any ruling, regulation, or interpretation of the various administrative bureaus and agencies of Minnesota, the words "person," "human being," "child," and "individual" shall include every infant member of the species Homo sapiens who is born alive at any stage of development.

(b) As used in this section, the term "born alive," with respect to a member of the species Homo sapiens, means the complete expulsion or extraction from his or her mother of that member, at any stage of development, who, after such expulsion or extraction, breathes or has a beating heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, regardless of whether the umbilical cord has been cut, and regardless of whether the expulsion or extraction occurs as a result of a natural or induced labor, cesarean section, or induced abortion.

(c) Nothing in this section shall be construed to affirm, deny, expand, or contract any legal status or legal right applicable to any member of the species Homo sapiens at any point prior to being born alive, as defined in this section.

Subd. 5. **Civil and disciplinary actions.** (a) Any person upon whom an abortion has been performed, or the parent or guardian of the mother if the mother is a minor, and the abortion results in the infant having been born alive, may maintain an action for death of or injury to the born alive infant against the person who performed the abortion if the death or injury was a result of simple negligence, gross negligence, wantonness, willfulness, intentional conduct, or another violation of the legal standard of care.

(b) Any responsible medical personnel that does not take all reasonable measures consistent with good medical practice to preserve the life and health of the born alive infant, as required by subdivision 1, may be subject to the suspension or revocation of that person's professional license by the professional board with authority over that person. Any person who has performed an abortion and against whom judgment has been rendered pursuant to paragraph (a) shall be subject to an automatic suspension of the person's professional license for at least one year and said license shall be reinstated only after the person's professional board requires compliance with this section by all board licensees.

(c) Nothing in this subdivision shall be construed to hold the mother of the born alive infant criminally or civilly liable for the actions of a physician, nurse, or other licensed health care provider in violation of this section to which the mother did not give her consent.

Subd. 6. **Protection of privacy in court proceedings.** In every civil action brought under this section, the court shall rule whether the anonymity of any female upon whom an abortion has been performed or attempted shall be preserved from public disclosure if she does not give her consent to such disclosure. The

court, upon motion or sua sponte, shall make such a ruling and, upon determining that her anonymity should be preserved, shall issue orders to the parties, witnesses, and counsel and shall direct the sealing of the record and exclusion of individuals from courtrooms or hearing rooms to the extent necessary to safeguard her identity from public disclosure. Each order must be accompanied by specific written findings explaining why the anonymity of the female should be preserved from public disclosure, why the order is essential to that end, how the order is narrowly tailored to serve that interest, and why no reasonable, less restrictive alternative exists. This section may not be construed to conceal the identity of the plaintiff or of witnesses from the defendant.

Subd. 7. **Status of born alive infant.** Unless the abortion is performed to save the life of the woman or fetus, or, unless one or both of the parents of the born alive infant agree within 30 days of the birth to accept the parental rights and responsibilities for the child, the child shall be an abandoned ward of the state and the parents shall have no parental rights or obligations as if the parental rights had been terminated pursuant to section 260C.301. The child shall be provided for pursuant to chapter 256J.

Subd. 8. **Severability.** If any one or more provision, section, subdivision, sentence, clause, phrase, or word of this section or the application of it to any person or circumstance is found to be unconstitutional, it is declared to be severable and the balance of this section shall remain effective notwithstanding such unconstitutionality. The legislature intends that it would have passed this section, and each provision, section, subdivision, sentence, clause, phrase, or word, regardless of the fact that any one provision, section, subdivision, sentence, clause, phrase, or word is declared unconstitutional.

Subd. 9. **Short title.** This section may be cited as the "Born Alive Infants Protection Act."

History: *1976 c 170 s 1; 1997 c 215 s 4; 2015 c 71 art 8 s 44*

Definitions

Definitions

Induced Abortion:

The purposeful interruption of an intrauterine pregnancy with the intention other than to produce a liveborn infant, and which does not result in a live birth. This definition excludes management of prolonged retention of products of conception following a fetal death.

Fetal Death:

Death prior to the complete expulsion or extraction of a product of conception from its mother, irrespective of the duration of pregnancy. The death is indicated by the fact that, after such expulsion or extraction, the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

Fetal Remains:

MN Statutes 145.1621, subd 2: The remains of a dead offspring of a human being that has reached a stage of development so that there are cartilaginous structures, fetal or skeletal parts after an abortion or miscarriage, whether or not the remains have been obtained by induced, spontaneous, or accidental means.

Method of Abortion:

Surgical Procedures

Dilation & Curettage (D & C): Surgical procedures performed prior to 14 weeks 0 days gestation are called dilation and curettage (D & C) procedures. Other terms for this type of procedure include: **aspiration curettage, suction curettage, manual vacuum aspiration,** or **menstrual extraction**. This type of procedure may also be called **sharp curettage**, if a sharp curette is used to confirm complete evacuation of uterine contents. A very early termination by D & C is sometimes called **menstrual regulation**.

Dilation & Evacuation: Surgical procedures performed after 14 weeks 0 days gestation are called dilation and evacuation (D & E) procedures. This type of surgical procedure typically requires a greater degree of cervical dilation and the use of grasping forceps.

Hysterectomy/otomy: Termination of pregnancy by removing the fetus through an incision in the uterus or by removing the uterus.

Medical Methods

Administration of medication to induce abortion. The medicines used for the ACOG endorsed and FDA approved protocols include mifepristone (also called RU486 or Mifeprix®). Other options for early medical termination of pregnancy include methotrexate (Amethopterin, MTX) and misoprostol (Cytotec®). Each of these medications can be used alone or in combination with each other.

Intra-Uterine Instillation: Termination of pregnancy induced through intra-amniotic injection (amniocentesis-injection) of a substance such as saline, urea, or a prostaglandin.

Data Collection Instruments

Center for Health Statistics
Minnesota Dept. of Health
85 East 7th Place, Box 64882
Saint Paul, MN 55164-0882
Phone: 1-800-657-3900

REPORT OF INDUCED ABORTION

CASE INFORMATION

1a. FACILITY CODE _____ **1b. PHYSICIAN CODE** _____ **1c. Medical Speciality of Physician** (OBGYN GP/Fam Emergency Med Pediatrics Other) _____

2. LOCAL TRACKING NUMBER _____

3. TYPE OF ADMISSION
Clinic Outpatient Hospital Inpatient Hospital Ambulatory Surgery
Doctor's Office, Other _____

4. DATE OF PREGNANCY TERMINATION *(MM/DD/CCYY)*
____/____/_____

PATIENT DEMOGRAPHICS

5. RESIDENCE OF PATIENT

a. STATE _____ *(If not in US, list Country)*

b. COUNTY _____ *(If not in US, enter N/A)*

c. CITY _____

6. PATIENT AGE AT LAST BIRTHDAY *(YEARS)*
_____

7. PATIENT MARRIED? *(At pregnancy termination, conception or any time between)*
☐ Yes ☐ No ☐ Unknown

8. PATIENT EDUCATION
(Check the box that best describes the highest degree or level of school completed)
☐ 8th grade or less
☐ 9th-12th grade, no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associates degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, Med, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

9. PATIENT OF HISPANIC ORIGIN?
(Check the boxes that best describe whether the mother is Spanish/Hispanic/Latina)
☐ No, not Spanish/Hispanic/Latina
☐ Yes, Mexican, Mexican American, Chicana
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, Other Spanish/Hispanic/Latina
(specify) _____
☐ Unknown

10. PATIENT RACE
(Check one or more races to indicate what the patient considers herself to be)
☐ White
☐ Black or African American
☐ American Indian or Alaska Native
(Name of enrolled or principal tribe)
_____
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (specify) _____
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander
(specify) _____
☐ Other (specify) _____
☐ Unknown

11. NUMBER OF PREVIOUS LIVE BIRTHS

a. Now Living
Number _____
☐ None
☐ Unknown

b. Now Dead
Number _____
☐ None
☐ Unknown

12. NUMBER OF PREVIOUS PREGNANCY TERMINATIONS

a. Spontaneous
Number _____
☐ None
☐ Unknown

b. Induced
Number _____
☐ None
☐ Unknown

MEDICAL AND HEALTH INFORMATION

13. CLINICIAN'S ESTIMATE OF GESTATIONAL AGE, IN COMPLETED WEEKS
(If a fraction of a week is given, round down to the next whole week; e.g., record 6.2 weeks as 6 weeks, record 7.6 weeks as 7 weeks)
_____ ☐ Unknown

14. DATE LAST NORMAL MENSES BEGAN
(MM/DD/CCYY)
____/____/_____ ☐ Unknown

15. METHOD OF TERMINATION (Check only the method that terminated the pregnancy)

Surgical (check the type of surgical procedure)
☐ D & C (Dilation and Curettage)*
☐ D & E (Dilation and Evacuation
☐ Hysterectomy/Hysterotomy
☐ Other surgical (specify)
_____

Medical/Non-surgical - includes early medical terminations and labor induction (check the principle medication or medications)
☐ Mifepristone (RU486, Mifeprex®)
☐ Misoprostol (Cytotec®), or another prostaglandin**
☐ Methotrexate (Amethopterin, MTX)
☐ Other medication (specify)
_____

☐ Intrauterine Instillation (intra-amniotic injection, typically with saline, prostaglandin, or urea)
☐ Unknown

* Additional terms that may be used include: aspiration curettage, suction surettage, manual vacuum aspiration, menstrual extraction, and sharp curettage.

** Some commonly used prostraglandins include misoprostol (Cytotec®) and dinoprostone (also known as Cervidil®, prepidil, prostin E2, or dinoprostol).

MINNESOTA MANDATED INFORMATION

16. INTRAOPERATIVE COMPLICATION(S) FROM INDUCED ABORTION
Complications that occur during and immediately following the procedure, before patient has left facility
(check all that apply)

- ☐ No complications
- ☐ Cervical laceration requiring suture or repair
- ☐ Heavy bleeding/hemorrhage with estimated blood loss of ≥500cc
- ☐ Uterine perforation
- ☐ Other (specify) _____

*for post-operative complications, please refer to the REPORT OF COMPLICATIONS(S) FROM INDUCED ABORTION

17. METHOD OF DISPOSAL FOR FETAL REMAINS (Check only one)

☐ Cremation ☐ Interment by burial ☐ No 'Fetal Remains' as defined by statute

18. TYPE OF PAYMENT (Check only one)

☐ Private coverage ☐ Public assistance health coverage ☐ Self pay

19. TYPE OF HEALTH COVERAGE (Check only one)

☐ Fee for service plan ☐ Capitated private plan ☐ Other/Unknown

20. SPECIFIC REASON FOR THE ABORTION (Check all that apply)

- ☐ Pregnancy was a result of rape
- ☐ Pregnancy was a result of incest
- ☐ Economic reasons
- ☐ Does not want children at this time
- ☐ Emotional health is at stake
- ☐ Physical health is at stake
- ☐ Will suffer substantial and irreversible impairment of major bodily function if pregnancy continues
- ☐ Pregnancy resulted in fetal anomalies
- ☐ Unknown or the woman refused to answer
- ☐ Other _____

21. DID ABORTION RESULT IN A BORN-ALIVE INFANT?

☐ No ☐ Yes

If yes, describe steps taken to preserve the life of the infant:

Did the infant survive? ☐ No ☐ Yes

Current status of surviving infant:
- ☐ Parent(s) assumed rights/responsibilities
- ☐ Infant is abandoned ward of the state
- ☐ Status unknown

DEPARTMENT OF HEALTH

Center for Health Statistics
Minnesota Department of Health
85 East 7th Place, Box 64882
Saint Paul, MN 55164-0882
(800)657-3900

REPORT OF INDUCED ABORTION

Mandated reporters
All physicians or facilities that perform induced abortions by medical or surgical methods.

Induced abortion defined
For purpose of these reports, induced abortion means the purposeful interruption of an intrauterine pregnancy with the intention other than to produce a live-born infant, and which does not result in a live birth. This definition excludes management of prolonged retention of products of conception following fetal death.

Importance of induced abortion reporting
Reports of induced abortion are not legal records, but reporting is required by state law (§145.4131). The data they provide are very important from both a demographic and a public health viewpoint. Data from reports of induced abortion provide unique information on the characteristics of women having induced abortions. Uniform annual data of such quality are nowhere else available. Medical and health information is provided to evaluate risks associated with induced abortion at various lengths of gestation and by the type of abortion procedure used. Information on the characteristics of the women is used to evaluate the impact that induced abortion has on the birth rate, teenage pregnancy and the health of women of reproductive age. Because these data provide information important in promoting and monitoring health, it is important that the reports be completed accurately.

Physician and patient confidentiality
According to MN Statutes §145.4134, the commissioner shall issue a public report providing statistics for the previous calendar year compiled from the data submitted under sections 145.4131 to 145.4133. Each report shall provide the statistics for all previous calendar years, adjusted to reflect any additional information from late or corrected reports. The commissioner shall ensure that none of the information included in the public reports can reasonably lead to identification of an individual having performed or having had an abortion. All data included on the forms under sections 145.4131 to 145.4133 must be included in the public report except that the commissioner shall maintain as confidential data which alone or in combination may constitute information from which, using epidemiologic principles, an individual having performed or having had an abortion may be identified. However, service cannot be contingent upon a patient answering, or refusing to answer, questions on this form.

MINNESOTA STATE LAW

ARTICLE 10, HEALTH DATA REPORTING

§145.4131 [RECORDING AND REPORTING ABORTION DATA.] Subdivision 1. [FORMS.] (a) Within 90 days of the effective date of this section, the commissioner shall prepare a reporting form for use by physicians or facilities performing abortions. A copy of this section shall be attached to the form. A physician or facility performing an abortion shall obtain a form from the commissioner. (b) The form shall require the following information: (1) the number of abortions performed by the physician in the previous calendar year, reported by month; (2) the method used for each abortion; (3) the approximate gestational age expressed in one of the following increments: (i) less than nine weeks; (ii) nine to ten weeks; (iii) 11 to 12 weeks; (iv) 13 to 15 weeks; (v) 16 to 20 weeks; (vi) 21 to 24 weeks; (vii) 25 to 30 weeks; (viii) 31 to 36 weeks; or (ix) 37 weeks to term; (4) the age of the woman at the time the abortion was performed; (5) the specific reason for the abortion, including, but not limited to, the following: (i) the pregnancy was a result of rape; (ii) the pregnancy was a result of incest; (iii) economic reasons; (iv) the woman does not want children at this time; (v) the woman's emotional health is at stake; (vi) the woman's physical health is at stake; (vii) the woman will suffer substantial and irreversible impairment of a major bodily function if the pregnancy continues; (viii) the pregnancy resulted in fetal anomalies; or (ix) unknown or the woman refused to answer; (6) the number of prior induced abortions; (7) the number of prior spontaneous abortions; (8) whether the abortion was paid for by: (i) private coverage; (ii) public assistance health coverage; or (iii) self-pay; (9) whether coverage was under: (i) a fee-for-service plan; (ii) a capitated private plan; or (iii) other; (10) complications, if any, for each abortion and for the aftermath of each abortion. Space for a description of any complications shall be available on the form; and (11) the medical specialty of the physician performing the abortion. Subd. 2. SUBMISSION.] A physician performing an abortion or a facility at which an abortion is performed shall complete and submit the form to the commissioner no later than April 1 for abortions performed in the previous calendar year. The annual report to the commissioner shall include the methods used to dispose of fetal tissue and remains. Subd. 3. [ADDITIONAL REPORTING.] Nothing in this section shall be construed to preclude the voluntary or required submission of other reports or forms regarding abortions.

REPORTING PROCEDURE

COMPLETION AND SUBMISSION OF REPORTS

1. Reporting by physician or facility

The Minnesota Department of Health (MDH), Center for Health Statistics, encourages physicians and facilities to develop internal policies for the completion and submission of the Report of Induced Abortion. MDH recommends that these policies designate either the physician or the facility as having the overall responsibility and authority to see that the report is completed and filed on time. This may help prevent duplicate reporting and failure to report. If facilities take the responsibility to report on behalf of their physicians MDH suggests the following reporting procedure:

* Notify physicians that the facility will be reporting on their behalf.
* Call the Minnesota Center for Health Statistics for assignment of facility and physician reporting codes (See instructions #2-3). (800-657-3900)
* Assign physician reporting codes to physicians and maintain a list of these assignments.
* Develop efficient procedures for prompt preparation and filing of the reports.
* Prepare a complete and accurate report for each abortion performed. Reports must be submitted on-line via the web-based reporting system (https://vital.health.state.mn.us/mrc/faces/xhtml/home/MrcHomePage.xhtml) unless the facility reports only a few procedures per year. In that case a paper copy of the form may be printed from the web site and submitted via U.S. mail (http://www.health.state.mn.us/divs/chs/abrpt/reporting.html).
* Submit the reports to the Minnesota Center for Health Statistics within the time specified by the law.
* Cooperate with the Minnesota Center for Health Statistics concerning queries on report entries.
* Call the Minnesota Center for Health Statistics for advice and assistance when necessary (800-657-3900).

If a facility chooses not to report on behalf of their physicians and for physicians who perform induced abortions outside a hospital, clinic or other institution, the physician performing the abortion is responsible for obtaining a physician reporting code from MDH (See instruction #3), collecting all of the necessary data, completing the report and filing it with the Minnesota Center for Health Statistics within the time period specified by law (See instruction #7).

2. Facility reporting codes

All facilities reporting on behalf of physicians must be assigned a reporting code from MDH. This code is in addition to individual physician reporting codes (See instruction #3). Facilities must submit a name and address to receive a facility code. Facilities that have been reporting to MDH prior to January 1, 2017 may continue to use the previously-assigned code for current reporting.

3. Physician reporting codes

All physicians must be assigned a reporting code in order to submit a Report of Induced Abortion. Reports submitted without a physician reporting code will be considered incomplete. To obtain a code, physicians, or facilities reporting on behalf of physicians (See instruction # 1) must call MDH to be assigned one code per physician. MDH will require that a valid mailing address be provided for the purposes of contacting the physician if a report is incomplete or needs corrections, but no other identifying information will be asked or accepted. Addresses provided may be a business address or an address established by the physician or facility, such as a PO Box. If facilities are reporting on behalf of their physicians, the facility address may be used.

4. One report per induced termination of pregnancy

Complete one report for each termination of pregnancy procedure performed.

5. Criterion for a complete report

All items on the report should have a response, even if the response is “0, "None,” “Unknown,” or “Refuse to Answer.”

6. Detailed instructions for completing a report

A User Guide with detailed descriptions of each data item and instructions for completing and submitting the report using the web-based reporting system can be found on the MDH website at (http://www.health.state.mn.us/divs/chs/abrpt/reporting.html).

7. “Reason for abortion” question

MDH recommends that Item #21 on the report be reviewed with each patient before completing the question. If this question is transcribed to another piece of paper or read to the patient, the question must be copied or read exactly as it is worded on the Report of Induced Abortion. If the patient does not complete the question because she refuses to answer, then the facility or physician must check the appropriate response, which is “Refuse to answer.” More than one response may be selected.

8. Method of disposal for fetal remains

Reporters should be informed that this question applies to disposal of fetal remains as defined under MN Statutes §145.1621, subd.2.

9. Submission dates

Reports should be completed and submitted to the Center for Health Statistics as soon as possible following each procedure. MDH encourages facilities and physicians to submit reports on a monthly basis, but the final date for submitting reports is April 1 of the following calendar year. (MN Statutes 1998, §145.411)

DEPARTMENT OF HEALTH

Center for Health Statistics
Minnesota Department of Health
85 East 7th Place, P.O. Box 64882
St. Paul, MN 55164-0882
(800)657-3900

REPORT OF COMPLICATION(S) FROM INDUCED ABORTION

A. **Facility where patient was attended for complication**:_____,_____
Name *City*

B. **Physician who treated patient's complication:** *(See instruction #1)*

Name: _____, _____ or Physician code:
First *Last*

C. **Medical specialty of physician who treated patient's complication:**_____

D. **Date complication was diagnosed: ____/____/____**

E. **Exact date, or patient recall of the date, the induced abortion was performed:**

Check if date not known: ☐

F. **Clinical or patient's estimate of gestation at time of induced abortion:**_____ *(weeks)*

G. **Has patient acknowledged being seen previously by another provider for the same complication?**

☐ **Yes** ☐ **No**

H. **Indicate the complication(s) diagnosed. Select all that apply and/or specify any complication not listed:**

☐ 1. **Cervical laceration requiring suture or repair**

☐ 2. **Heavy bleeding/hemorrhage with estimated blood loss of >=500 cc**

☐ 3. **Uterine Perforation**

☐ 4. **Infection requiring inpatient treatment**

☐ 5. **Heavy bleeding/anemia requiring transfusion**

☐ 6. **Failed termination of pregnancy (Continued viable pregnancy)**

☐ 7. **Incomplete termination of pregnancy (Retained products of conception requiring re-evacuation)**

☐ 8. **Other** *(May include psychological complications, future reproductive complications, or other illnesses or injuries that in the physician's medical judgment occurred as a result of an induced abortion).* **Please specify diagnosis:**

DEPARTMENT OF HEALTH

Center for Health Statistics Minnesota Department of Health
85 East 7th Place, P.O. Box 64882
St.Paul, MN 55164-0882
(800)657-3900

INSTRUCTIONS for Completing Report of Complication(s) from Induced Abortion

MANDATED REPORTERS: Any physician licensed and practicing in the state who knowingly encounters an illness or injury that, in the physician's medical judgment, is related to an induced abortion, or the facility where the illness or injury is encountered shall complete and submit the *Report of Complication(s) from Induced Abortion.*

DEFINITION OF INDUCED ABORTION: For the purpose of these reports, induced abortion means the purposeful interruption of an intrauterine pregnancy with the intention other than to produce a live-born infant, and which does not result in a live birth. This definition excludes management of prolonged retention of products of conception following fetal death.

PROCEDURE FOR COMPLETION AND SUBMISSION OF FORMS:

1. Completion of items
All forms should have completed information for all items A-H. Physicians may choose to use their name or a physician reporting code when submitting the Report of Complication(s) from Induced Abortion. To obtain a code, physicians, or facilities reporting on behalf of physicians (See instruction # 3), must call MDH to be assigned one code per physician. MDH will require that a valid mailing address be provided for the purposes of contacting the physician should a report be incomplete, but no other identifying information will be asked or accepted. Addresses provided may be a business address or an address established by the physician or facility, such as a PO Box. If facilities are reporting on behalf of their physicians, the facility address may be used. **Please note: physicians who perform abortions should use the same physician reporting code when submitting the Report of Complication(s) from Induced Abortion and the Report of Induced Abortion.**

2. Reporting complications not indicated on the current list
The category “Other” should be used for any diagnosed complications that are not part of the current list. The current complications list includes those complications that are supported both in the medical literature and by clinical opinion as being directly associated with induced abortion. Because there may be more complications associated with induced abortion, the “Other” category is provided to capture those additional complications. If “Other” is used, be sure to clearly state the diagnosed complication in the space provided.

3. Reporting by physician or facility
The Minnesota Department of Health (MDH), Center for Health Statistics, encourages physicians and facilities to develop internal policies for the completion and submission of the *Report of Complication(s) from Induced Abortion*. These policies should designate either the individual physician or the facility as having the overall responsibility and authority to see that the reports are completed. This may help prevent duplicate reporting or a failure to report. When a complication from an induced abortion is encountered outside a hospital, clinic or other institution, the physician who encounters the complication is responsible for obtaining all of the necessary data, completing the form, and filing it with the Center for Health Statistics.

4. Submission dates
The *Report of Complication(s) from Induced Abortion* must be submitted by a physician or facility to the Center for Health Statistics as soon as practicable after the encounter with the abortion related illness or injury. (MN Statutes 1998,§145.3132)

MINNESOTA STATE LAW

§145.4132 [RECORDING AND REPORTING ABORTION COMPLICATION DATA.] Subdivision 1. [FORMS.] (a) Within 90 days of the effective date of this section, the commissioner shall prepare an abortion complication reporting form for all physicians licensed and practicing in the state. A copy of this section shall be attached to the form. (b) The board of medical practice shall ensure that the abortion complication reporting form is distributed: (1) to all physicians licensed to practice in the state, within 120 days after the effective date of this section and by December 1 of each subsequent year; and (2) to a physician who is newly licensed to practice in the state, at the same time as official notification to the physician that the physician is so licensed.
Subd. 2. [REQUIRED REPORTING.] A physician licensed and practicing in the state who knowingly encounters an illness or injury that, in the physician's medical judgment, is related to an induced abortion or the facility where the illness or injury is encountered shall complete and submit an abortion complication reporting form to the commissioner.
Subd. 3. [SUBMISSION.] A physician or facility required to submit an abortion complication reporting form to the commissioner shall do so as soon as practicable after the encounter with the abortion related illness or injury.
Subd. 4. [ADDITIONAL REPORTING.] Nothing in this section shall be construed to preclude the voluntary or required submission of other reports or forms regarding abortion complications.

Minnesota Department of Health
85 East 7th Place, Box 64882
St. Paul, MN 55164-0882
1-800-657-3900

REPORT OF INFORMED CONSENT RELATED TO INDUCED ABORTION

▶ Instructions

1. Reporting year is the year in which the required information was given to the patient.
2. Physician reporting code is required. This may be same code that is used for the "Report of Induced Abortion," but a separate code may be obtained. To obtain a code, contact the Minnesota Department of Health at 800-657-3900.

Reporting Year: ☐☐☐☐ Physician Reporting Code ☐☐☐☐☐

Medical Risks Information

▶Check one box in question 1.

1. Method used to inform patient of:
   (i) the particular medical risks associated with the particular abortion procedure to be employed including, when medically accurate, the risks of infection, hemorrhage, breast cancer, danger to subsequent pregnancies, and infertility;
   (ii) the probable gestation age of the unborn child at the time the abortion is to be performed;
   (iii) the medical risks associated with carrying her child to term; and
   (iv) for abortions after 20 weeks gestational, whether or not an anesthetic or analgesic would eliminate or alleviate organic pain to the unborn child caused by the particular method of abortion to be employed, the particular medical benefits and risks associated with the particular anesthetic or analgesic, and any additional cost of the procedure for the administration of the anesthetic or analgesic.

Telephone by:
- ☐ referring physician
- ☐ physician who will perform the abortion

In Person by:
- ☐ referring physician
- ☐ physician who will perform the abortion

Information not provided because:
- ☐ an immediate abortion was necessary to avert patient's death. (Optional to write in the principal medical condition of the patient which would have caused the patient's death: _____)
- ☐ a delay would have created serious risk of substantial and irreversible impairment of a major bodily function. (Optional to write in the principal medical condition of the patient which would have caused the patient's impairment of a major bodily function:_____)
- ☐ the patient's unborn child was diagnosed with a fetal anomaly incompatible with life, the patient was informed of available perinatal hospice services and offered this care as an alternative to abortion, and the patient accepted perinatal hospice services. (Optional to write in the anomaly diagnosed:_____)

Medical Assistance and Printed Materials Information

▶ Check one box in question 2.

2. Method used to inform patient that:
   (i) medical assistance benefits may be available for prenatal care, childbirth, and neonatal care;
   (ii) the father is liable to assist in the support of her child, even in instances when the father has offered to pay for the abortion; and
   (iii) she has the right to review printed materials published by the Minnesota Department of Health and that these materials are available on a state-sponsored Web site, and what the Web site address is http://www.health.state.mn.us/wrtk/handbook.html

Telephone by:
- ☐ referring physician
- ☐ agent of referring physician (Optional to write in title of the agent [ex.- nurse, counselor, etc.]: _____)
- ☐ physician performing abortion
- ☐ agent of physician performing abortion (Optional to write in title of the agent [ex.- nurse, counselor, etc.]: _____)

In Person by:
- ☐ referring physician
- ☐ agent of referring physician (Optional to write in title of the agent [ex.- nurse, counselor, etc.]: _____)
- ☐ physician performing abortion
- ☐ agent of physician performing abortion (Optional to write in title of the agent [ex.- nurse, counselor, etc.]: _____)

Information not provided because:
- ☐ an immediate abortion was necessary to avert patient's death. (Optional to write in the principal medical condition of the patient which would have caused the patient's death:_____)
- ☐ a delay would have created serious risk of substantial and irreversible impairment of a major bodily function. (Optional to write in the principal medical condition of the patient which would have caused the patient's impairment of a major bodily function: _____)
- ☐ the patient's unborn child was diagnosed with a fetal anomaly incompatible with life. (Optional to write in the anomaly diagnosed:_____)

Patient Access to Printed Materials

▶ Check one box under *either* question 3A or question 3B**.**

3A. Patient availed herself of the opportunity to obtain a printed copy of materials published by the Minnesota Department of Health, other than on the web site **and** to the best of your knowledge:

- ☐ Patient went on to obtain an abortion (optional to check one of the next two boxes:☐ same facility ☐ different facility)
- ☐ Patient did not go on to obtain abortion.
- ☐ Do not know if patient went on to obtain abortion.

3B. Patient did *not* avail herself of the opportunity to obtain a printed copy of materials published by the Minnesota Department of Health, other than on the web site **and** to the best of your knowledge:

- ☐ Patient went on to obtain an abortion (optional to check one of the next two boxes:☐ same facility ☐ different facility)
- ☐ Patient did not go on to obtain abortion.
- ☐ Do not know if patient went on to obtain abortion.

Reprint of Minnesota Statutes, sections 145.4241 to 145.4249 - Woman's Right to Know Act

145.4241 DEFINITIONS.

Subdivision 1. **Applicability.** As used in sections 145.4241 to 145.4249, the following terms have the meaning given them.

Subd. 2. **Abortion.** "Abortion" means the use or prescription of any instrument, medicine, drug, or any other substance or device to intentionally terminate the pregnancy of a female known to be pregnant, with an intention other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead fetus.

Subd. 3. **Attempt to perform an abortion.** "Attempt to perform an abortion" means an act, or an omission of a statutorily required act, that, under the circumstances as the actor believes them to be, constitutes a substantial step in a course of conduct planned to culminate in the performance of an abortion in Minnesota in violation of sections 145.4241 to 145.4249.

Subd. 3a. **Fetal anomaly incompatible with life.** "Fetal anomaly incompatible with life" means a fetal anomaly diagnosed before birth that will with reasonable certainty result in death of the unborn child within three months. Fetal anomaly incompatible with life does not include conditions which can be treated.

Subd. 4. **Medical emergency.** "Medical emergency" means any condition that, on the basis of the physician's good faith clinical judgment, so complicates the medical condition of a pregnant female as to necessitate the immediate abortion of her pregnancy to avert her death or for which a delay will create serious risk of substantial and irreversible impairment of a major bodily function.

Subd. 4a. **Perinatal hospice.** (a) "Perinatal hospice" means comprehensive support to the female and her family that includes support from the time of diagnosis through the time of birth and death of the infant and through the postpartum period. Supportive care may include maternal-fetal medical specialists, obstetricians, neonatologists, anesthesia specialists, clergy, social workers, and specialty nurses.

(b) The availability of perinatal hospice provides an alternative to families for whom elective pregnancy termination is not chosen.

Subd. 5. **Physician.** "Physician" means a person licensed as a physician or osteopath under chapter 147.

Subd. 6. **Probable gestational age of the unborn child.** "Probable gestational age of the unborn child" means what will, in the judgment of the physician, with reasonable probability, be the gestational age of the unborn child at the time the abortion is planned to be performed.

Subd. 7. **Stable Internet Web site.** "Stable Internet Web site" means a Web site that, to the extent reasonably practicable, is safeguarded from having its content altered other than by the commissioner of health.

Subd. 8. **Unborn child.** "Unborn child" means a member of the species Homo sapiens from fertilization until birth.

145.4242 INFORMED CONSENT.

(a) No abortion shall be performed in this state except with the voluntary and informed consent of the female upon whom the abortion is to be performed. Except in the case of a medical emergency or if the fetus has an anomaly incompatible with life, and the female has declined perinatal hospice care, consent to an abortion is voluntary and informed only if:

(1) the female is told the following, by telephone or in person, by the physician who is to perform the abortion or by a referring physician, at least 24 hours before the abortion:

(i) the particular medical risks associated with the particular abortion procedure to be employed including, when medically accurate, the risks of infection, hemorrhage, breast cancer, danger to subsequent pregnancies, and infertility;

(ii) the probable gestational age of the unborn child at the time the abortion is to be performed;

(iii) the medical risks associated with carrying her child to term; and

(iv) for abortions after 20 weeks gestational, whether or not an anesthetic or analgesic would eliminate or alleviate organic pain to the unborn child caused by the particular method of abortion to be employed and the particular medical benefits and risks associated with the particular anesthetic or analgesic. The information required by this clause may be provided by telephone without conducting a physical examination or tests of the patient, in which case the information required to be provided may be based on facts supplied to the physician by the female and whatever other relevant information is reasonably available to the physician. It may not be provided by a tape recording, but must be provided during a consultation in which the physician is able to ask questions of the female and the female is able to ask questions of the physician. If a physical examination, tests, or the availability of other information to the physician subsequently indicate, in the medical judgment of the physician, a revision of the information previously supplied to the patient, that revised information may be communicated to the patient at any time prior to the performance of the abortion. Nothing in this section may be construed to preclude provision of required information in a language understood by the patient through a translator;

(2) the female is informed, by telephone or in person, by the physician who is to perform the abortion, by a referring physician, or by an agent of either physician at least 24 hours before the abortion:

(i) that medical assistance benefits may be available for prenatal care, childbirth, and neonatal care;

(ii) that the father is liable to assist in the support of her child, even in instances when the father has offered to pay for the abortion; and

(iii) that she has the right to review the printed materials described in section 145.4243, that these materials are available on a state-sponsored Web site, and what the Web site address is. The physician or the physician's agent shall orally inform the female that the materials have been provided by the state of Minnesota and that they describe the unborn child, list agencies that offer alternatives to abortion, and contain information on fetal pain. If the female chooses to view the materials other than on the Web site, they shall either be given to her at least 24 hours before the abortion or mailed to her at least 72 hours before the abortion by certified mail, restricted delivery to addressee, which means the postal employee can only deliver the mail to the addressee. The information required by this clause may be provided by a tape recording if provision is made to record or otherwise register specifically whether the female does or does not choose to have the printed materials given or mailed to her;

(3) the female certifies in writing, prior to the abortion, that the information described in clauses (1) and (2) has been furnished to her and that she has been informed of her opportunity to review the information referred to in clause (2), subclause (iii); and(4) prior to the performance of the abortion, the physician who is to perform the abortion or the physician's agent obtains a copy of the written certification prescribed by clause (3) and retains it on file with the female's medical record for at least three years following the date of receipt.

(b) Prior to administering the anesthetic or analgesic as described in paragraph (a), clause (1), item (iv), the physician must disclose to the woman any additional cost of the procedure for the administration of the anesthetic or analgesic. If the woman consents to the administration of the anesthetic or analgesic, the physician shall administer the anesthetic or analgesic or arrange to have the anesthetic or analgesic administered.

(c) A female seeking an abortion of her unborn child diagnosed with fetal anomaly incompatible with life must be informed of available perinatal hospice services and offered this care as an alternative to abortion. If perinatal hospice services are declined, voluntary and informed consent by the female seeking an abortion is given if the female receives the information required in paragraphs (a), clause (1), and (b). The female must comply with the requirements in paragraph (a), clauses (3) and (4).

145.4243 PRINTED INFORMATION.

(a) Within 90 days after July 1, 2003, the commissioner of health shall cause to be published, in English and in each language that is the primary language of two percent or more of the state's population, and shall cause to be available on the state Web site provided for under section 145.4244 the following printed materials in such a way as to ensure that the information is easily comprehensible:

(1) geographically indexed materials designed to inform the female of public and private agencies and services available to assist a female through pregnancy, upon childbirth, and while the child is dependent, including adoption agencies, which shall include a comprehensive list of the agencies available, a description of the services they offer, and a description of the manner, including telephone numbers, in which they might be contacted or, at the option of the commissioner of health, printed materials including a toll-free, 24-hours-a-day telephone number that may be called to obtain, orally or by a tape recorded message tailored to a zip code entered by the caller, such a list and description of agencies in the locality of the caller and of the services they offer;

(2) materials designed to inform the female of the probable anatomical and physiological characteristics of the unborn child at two-week gestational increments from the time when a female can be known to be pregnant to full term, including any relevant information on the possibility of the unborn child's survival and pictures or drawings representing the development of unborn children at two-week gestational increments, provided that any such pictures or drawings must contain the dimensions of the fetus and must be realistic and appropriate for the stage of pregnancy depicted. The materials shall be objective, nonjudgmental, and designed to convey only accurate scientific information about the unborn child at the various gestational ages. The material shall also contain objective information describing the methods of abortion procedures commonly employed, the medical risks commonly associated with each procedure, the possible detrimental psychological effects of abortion, and the medical risks commonly associated with carrying a child to term; and

(3) materials with the following information concerning an unborn child of 20 weeks gestational age and at two weeks gestational increments thereafter in such a way as to ensure that the information is easily comprehensible:

(i) the development of the nervous system of the unborn child;

(ii) fetal responsiveness to adverse stimuli and other indications of capacity to experience organic pain; and

(iii) the impact on fetal organic pain of each of the methods of abortion procedures commonly employed at this stage of pregnancy. The material under this clause shall be objective, nonjudgmental, and designed to

convey only accurate scientific information.
(b) The materials referred to in this section must be printed in a typeface large enough to be clearly legible. The Web site provided for under section 145.4244 shall be maintained at a minimum resolution of 70 DPI (dots per inch). All pictures appearing on the Web site shall be a minimum of 200x300 pixels. All letters on the Web site shall be a minimum of 11-point font. All information and pictures shall be accessible with an industry standard browser, requiring no additional plug-ins. The materials required under this section must be available at no cost from the commissioner of health upon request and in appropriate number to any person, facility, or hospital.

145.4244 INTERNET WEB SITE.

The commissioner of health shall develop and maintain a stable Internet Web site to provide the information described under section 145.4243. No information regarding who uses the Web site shall be collected or maintained. The commissioner of health shall monitor the Web site on a weekly basis to prevent and correct tampering.

145.4245 PROCEDURE IN CASE OF MEDICAL EMERGENCY.

When a medical emergency compels the performance of an abortion, the physician shall inform the female, prior to the abortion if possible, of the medical indications supporting the physician's judgment that an abortion is necessary to avert her death or that a 24-hour delay will create serious risk of substantial and irreversible impairment of a major bodily function.

145.4246 REPORTING REQUIREMENTS.

Subdivision 1. **Reporting form.** Within 90 days after July 1, 2003, the commissioner of health shall prepare a reporting form for physicians containing a reprint of sections 145.4241 to 145.4249 and listing: (1) the number of females to whom the physician provided the information described in section 145.4242, clause (1); of that number, the number provided by telephone and the number provided in person; and of each of those numbers, the number provided in the capacity of a referring physician and the number provided in the capacity of a physician who is to perform the abortion;
(2) the number of females to whom the physician or an agent of the physician provided the information described in section 145.4242, clause (2); of that number, the number provided by telephone and the number provided in person; of each of those numbers, the number provided in the capacity of a referring physician and the number provided in the capacity of a physician who is to perform the abortion; and of each of those numbers, the number provided by the physician and the number provided by an agent of the physician;
(3) the number of females who availed themselves of the opportunity to obtain a copy of the printed information described in section 145.4243 other than on the Web site and the number who did not; and of each of those numbers, the number who, to the best of the reporting physician's information and belief, went on to obtain the abortion; and
(4) the number of abortions performed by the physician in which information otherwise required to be provided at least 24 hours before the abortion was not so provided because an immediate abortion was necessary to avert the female's death and the number of abortions in which such information was not so provided because a delay would create serious risk of substantial and irreversible impairment of a major bodily function.

Subd. 2. **Distribution of forms.** The commissioner of health shall ensure that copies of the reporting forms described in subdivision 1 are provided:
(1) by December 1, 2003, and by December 1 of each subsequent year thereafter to all physicians licensed to practice in this state; and
(2) to each physician who subsequently becomes newly licensed to practice in this state, at the same time as official notification to that physician that the physician is so licensed.

Subd. 3. **Reporting requirement.** By April 1, 2005, and by April 1 of each subsequent year thereafter, each physician who provided, or whose agent provided, information to one or more females in accordance with section 145.4242 during the previous calendar year shall submit to the commissioner of health a copy of the form described in subdivision 1 with the requested data entered accurately and completely.

Subd. 4. **Additional reporting.** Nothing in this section shall be construed to preclude the voluntary or required submission of other reports or forms regarding abortions.

Subd. 5. **Failure to report as required.** Reports that are not submitted by the end of a grace period of 30 days following the due date shall be subject to a late fee of $500 for each additional 30-day period or portion of a 30-day period they are overdue. Any physician required to report according to this section who has not submitted a report, or has submitted only an incomplete report, more than one year following the due date, may, in an action brought by the commissioner of health, be directed by a court of competent jurisdiction to submit a complete report within a period stated by court order or be subject to sanctions for civil contempt.

Subd. 6. **Public statistics.** By July 1, 2005, and by July 1 of each subsequent year thereafter, the commissioner of health shall issue a public report providing statistics for the previous calendar year compiled from all of the reports covering that year submitted according to this section for each of the items listed in subdivision 1. Each report shall also provide the statistics for all previous calendar years, adjusted to reflect any additional information from late or corrected reports. The commissioner of health shall take care to ensure that none of the information included in the public reports could reasonably lead to the identification of any individual providing or provided information according to section 145.4242.

Subd. 7. **Consolidation.** The commissioner of health may consolidate the forms or reports described in this section with other forms or reports to achieve administrative convenience or fiscal savings or to reduce the burden of reporting requirements.

145.4247 REMEDIES.

Subdivision 1. **Civil remedies.** Any person upon whom an abortion has been performed without complying with sections 145.4241 to 145.4249 may maintain an action against the person who performed the abortion in knowing or reckless violation of sections 145.4241 to 145.4249 for actual and punitive damages. Any person upon whom an abortion has been attempted without complying with sections 145.4241 to 145.4249 may maintain an action against the person who attempted to perform the abortion in knowing or reckless violation of sections 145.4241 to 145.4249 for actual and punitive damages. No civil liability may be assessed for failure to comply with section 145.4242, clause (2), item (iii), or that portion of section 145.4242, clause (2), requiring written certification that the female has been informed of her opportunity to review the information referred to in section 145.4242, clause (2), item (iii), unless the commissioner of health has made the printed materials or Web site address available at the time the physician or the physician's agent is required to inform the female of her right to review them.

Subd. 2. **Suit to compel statistical report.** If the commissioner of health fails to issue the public report required under section 145.4246, subdivision 6, or fails in any way to enforce Laws 2003, chapter 14, any group of ten or more citizens of this state may seek an injunction in a court of competent jurisdiction against the commissioner of health requiring that a complete report be issued within a period stated by court order. Failure to abide by such an injunction shall subject the commissioner to sanctions for civil contempt.

Subd. 3. **Attorney fees.** If judgment is rendered in favor of the plaintiff in any action described in this section, the court shall also render judgment for reasonable attorney fees in favor of the plaintiff against the defendant. If judgment is rendered in favor of the defendant and the court finds that the plaintiff's suit was frivolous and brought in bad faith, the court shall also render judgment for reasonable attorney fees in favor of the defendant against the plaintiff.

Subd. 4. **Protection of privacy in court proceedings.** In every civil action brought under sections 145.4241 to 145.4249, the court shall rule whether the anonymity of any female upon whom an abortion has been performed or attempted shall be preserved from public disclosure if she does not give her consent to such disclosure. The court, upon motion or sua sponte, shall make such a ruling and, upon determining that her anonymity should be preserved, shall issue orders to the parties, witnesses, and counsel and shall direct the sealing of the record and exclusion of individuals from courtrooms or hearing rooms to the extent necessary to safeguard her identity from public disclosure. Each order must be accompanied by specific written findings explaining why the anonymity of the female should be preserved from public disclosure, why the order is essential to that end, how the order is narrowly tailored to serve that interest, and why no reasonable, less restrictive alternative exists. In the absence of written consent of the female upon whom an abortion has been performed or attempted, anyone, other than a public official, who brings an action under subdivision 1, shall do so under a pseudonym. This section may not be construed to conceal the identity of the plaintiff or of witnesses from the defendant.

145.4248 SEVERABILITY.

If any one or more provision, section, subsection, sentence, clause, phrase, or word of sections 145.4241 to 145.4249 or the application thereof to any person or circumstance is found to be unconstitutional, the same is hereby declared to be severable and the balance of sections 145.4241 to 145.4249 shall remain effective notwithstanding such unconstitutionality. The legislature hereby declares that it would have passed sections 145.4241 to 145.4249, and each provision, section, subsection, sentence, clause, phrase, or word thereof, irrespective of the fact that any one or more provision, section, subsection, sentence, clause, phrase, or word be declared unconstitutional.

145.4249 SUPREME COURT JURISDICTION.

The Minnesota Supreme Court has original jurisdiction over an action challenging the constitutionality of sections 145.4241 to 145.4249 and shall expedite the resolution of the action.

11/07