Induced Abortions in Minnesota January - December 2022: Report to the Legislature

07/01/2023

Induced Abortions in Minnesota
January – December 2022
Report to the Legislature

July 2023

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

As requested by Minnesota Statute 3.197: This report cost approximately $4,000 to prepare, including staff time, printing and mailing expenses.

Upon request, this material will be made available in an alternative format such as large print, Braille or audio recording. Printed on recycled paper.

TABLE OF CONTENTS

Introduction iii

Technical Notes v

Tables

Table 1.1 Abortions by Month and Provider for Facilities 2

Table 1.2 Abortions by Month and Provider for Physicians 3

Table 2 Medical Specialty of Physician 6

Table 3 Type of Admission 6

Table 4 Age of Woman 7

Table 5 Marital Status of Woman 7

Table 6 Country/State Residence of Woman 8

Table 7 County of Residence for Women Residing in Minnesota 9

Table 8 Hispanic Ethnicity of Woman / Race of woman 10

Table 9 Race and Hispanic Ethnicity by Minnesota Residence 11

Table 10 Education Level of Woman 12

Table 11 Clinical Estimate of Fetal Gestational Age (grouped) 13

Table 11a Clinical Estimate of Fetal Gestational Age 14

Table 12 Prior Pregnancies 15

Table 13 Abortion Procedure 16

Table 14 Method of Disposal of Fetal Remains 17

Table 15 Payment Type and Health Insurance Coverage 18

Table 16 Reason for Abortion 19

Table 16a Other Stated Reason for Abortion 20

Table 17 Intraoperative Complications 21

Table 18 Postoperative Complications 22

Table 19 Induced Abortions - Performed Out of State and Paid with State Funds 23

Table 20 Total and Resident Induced Abortions, 1980-2021 24

Born Alive Infants Protection Act Report 26

Appendix

Updates to 2019 Data 29

Minnesota Statutes 30

Definitions 35

Data Collection Instruments

Figure 1 Report of Induced Abortion 37

Figure 2 Report of Complication(s) from Induced Abortion 41

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 twenty first such report and covers the period from January 1 through December 31, 2022. Updated tables for 2021 will not be included in this report to protect individual identities as only 2 new cases were submitted since the previous report.

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. Physicians were required to begin collecting this data on January 1, 2022 and to submit their 2022 data to MDH by April 1, 2023.

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. Informed consent statutes were ruled unconstitutional by a Ramsey County District Court on July 11, 2022 in Doe v. State, (62-CV-19-3868) and as such all informed consent reporting has been removed. In 2023, the Minnesota State Legislature made significant changes to data collection and reporting requirements that were enacted after the April 1, 2022 end of data collection for this reporting year. As such, all future reports will see significant changes to the forms and statutes listed in this section. _All listed forms and statutes are provided in the manner in which providers saw them in 2022._

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

These forms were ruled unconstitutional and are no longer required by state law. As informed consent is no longer required, historical tables 21 thru 23 have been removed from this report.

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 historically had sufficiently large groups to obscure identification of an individual but in order to expand

data reporting additional states with 10 or more cases are reported. 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. Updated 2021 numbers will also be suppressed as only 2 additional cases were reported and it has been established that a reasonably skilled individual could look at differences across the previous and updated report and identify the individuals by noting differences in key demographic measures. The revised total for 2021 is reported in Table 20 of this year's report to reflect these additional cases.

Tables

Table 1.1 Abortions by Month and Facility, 2022

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Women's Health Center	53	55	49	47	50	37	58	39	42	24	41	42	537
Robbinsdale Clinic	98	76	80	81	71	77	93	79	66	66	57	64	908
Planned Parenthood of Minnesota[1]	539	518	549	470	471	567	620	691	621	650	696	709	7,101
Whole Woman's Health, LLC	58	52	73	91	58	43	76	106	113	116	106	90	982
Independent Physicians[2]	135	155	226	139	208	249	120	222	273	274	357	289	2,647
Total Minnesota Occurrence	**883**	**856**	**977**	**828**	**858**	**973**	**967**	**1,137**	**1,115**	**1,130**	**1,257**	**1,194**	**12,175**

[1]Counts includes St. Paul, Minneapolis, Brooklyn Park and Rochester locations in 2022.

[2]This represents 15 reporting physicians, small clinics, or hospitals

Table 1.2 Abortions by Month and Provider, 2022

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician A	98	76	80	81	71	77	93	79	66	66	57	64	**908**
Physician B	13			15	9		11			4		12	**64**
Physician C	38	18	52	16	73	26	58	34	17				**332**
Physician D		1											**1**
Physician E	1												**1**
Physician F	53	34	64	91	49	55	70	62	4	73	64	71	**690**
Physician G	12	17	12	12	12		17	11	18		13	11	**135**
Physician H	1												**1**
Physician I						1							**1**
Physician J									1				**1**
Physician K						1							**1**
Physician L							1						**1**
Physician M	1					1	1		1		1		**5**
Physician N		1			1	2	1	2		1		2	**10**
Physician O	95	139	135	114	94	138	86	131	106	126	118	71	**1,353**
Physician P	1												**1**
Physician Q									1				**1**
Physician R		3		1									**4**
Physician S												1	**1**
Physician T	26	37	37	20	29	37	30	28	24	20	28	18	**334**
Physician U												1	**1**
Physician V	16	18	43	28	22	26	12	44	11	23	23	27	**293**
Physician W	29	26	13	14	9	14	14	25	37	31	20	13	**245**
Physician X	79	40	57	49	36	80	62	108	71	25	8	35	**650**
Physician Y			1										**1**
Physician Z					1								**1**
Physician AA			1				1	2	1				**5**
Physician BB				1					1		2		**4**
Physician CC	83	88	24	93	43	55	102	127	120	130	96	111	**1,072**
Physician DD		14	28	10	19	29	16			7	18	28	**169**
Physician EE			1										**1**
Physician FF	30	47	3	18	31	31	37	27	29	21	45	41	**360**

Table 1.2 Abortions by Month and Provider, 2022

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician GG	25	16	11	8		19	13	11	13	11	22	11	**160**
Physician HH	28	14					22	11	27	7	23	13	**145**
Physician II	12	15	13	7	26	22	9	19	28	27	36	44	**258**
Physician JJ	11	9	34		42	27	39	36	24	36	50	37	**345**
Physician KK		5	1	2	4	5	4	4	5	2	2	3	**37**
Physician LL			1				2		3			1	**7**
Physician MM			10				10	20	27	15	31		**113**
Physician NN			3		1			1	1	1	2		**9**
Physician OO		3	2				1	3					**9**
Physician PP			2	2					2			1	**7**
Physician QQ	1	1			2		1	1	2		1		**9**
Physician RR								1					**1**
Physician SS												1	**1**
Physician TT											1		**1**
Physician UU							5				2	3	**10**
Physician VV												1	**1**
Physician WW								1					**1**
Physician XX												1	**1**
Physician YY			1										**1**
Physician ZZ				2							1	1	**4**
Physician AB	121	131	204	122	189	234	98	132	178	152	183	149	**1,893**
Physician AC	17	31	30			26	53	9	51	33	36	47	**333**
Physician AD			1										**1**
Physician AE	2	2	4	2	6	1			2		2	5	**26**
Physician AF						1	1		1	1	1	1	**6**
Physician AG	23	9	31	22	27	13	11	18	12	11	9	13	**199**
Physician AH	1												**1**
Physician AI						6	6	9	10	14		9	**54**
Physician AJ											1		**1**
Physician AK										1	2	1	**4**
Physician AL										2			**2**
Physician AM										2			**2**
Physician AN								64	67	67	96	66	**360**

Table 1.2 Abortions by Month and Provider, 2022

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician AO										13	20		**33**
Physician AP					1								**1**
Physician AQ							1						**1**
Physician AR									10	7			**17**
Physician AS									4	25	9	8	**46**
Physician AT											10		**10**
Physician AU									18	19	2	22	**61**
Physician AV											12	29	**41**
Physician AW										2	5	23	**30**
Physician AX											31	4	**35**
Physician AY										7	11	42	**60**
Physician AZ												3	**3**
Physician BA									2		15	7	**24**
Physician BB											2		**2**
Physician BC										19	16	18	**53**
Physician BD										2	2	7	**11**
Physician BE										5	12	15	**32**
Physician BF										1			**1**
Physician BG									1				**1**
Physician BH	14	11	33	36	28			1	22	23	25	31	**224**
Physician BI	10	9	5	45	11	11		7	20				**118**
Physician BJ	3	8	5		9	4	16	6	14				**65**
Physician BK	21	13	23	10	9	7	29	17	39	22	10	20	**220**
Physician BL	7	10	7		1								**25**
Physician BM						21	26	13				2	**62**
Physician BN	3	1											**4**
Physician BO							5	17	9	17	8	1	**57**
Physician BP								19	8		27	13	**67**
Physician BQ								26	1	54	36	23	**140**
Physician BR	8	9	5	7	3	3	3	11	6	5	10	12	**82**
Total MN	**883**	**856**	**977**	**828**	**858**	**973**	**967**	**1,137**	**1,115**	**1,130**	**1,257**	**1,194**	**12,175**

Table 2. Medical Specialty of Physician, 2022

Obstetrics & Gynecology	5,930
Emergency Medicine	330
General/Family Practice	5,910
Other/Unspecified	5
Total	12,175

Table 3. Type of Admission, 2022

Clinic	9,944
Outpatient Hospital	147
Inpatient Hospital	7
Ambulatory Surgery	10
Doctor's	1
Other/Unspecified	2,066
Total Minnesota Occurrence	12,175

Table 4. Age of Woman, 2022

	Occurring in Minnesota	Minnesota Residents
< 15 Years	26	19
15 - 17 Years	280	237
18 - 19 Years	837	686
20 - 24 Years	3,431	2,838
25 - 29 Years	3,277	2,755
30 - 34 Years	2,523	2,136
35 - 39 Years	1,338	1,100
40 Years & Over	441	377
Not Reported	22	18
Total	12,175	10,166

Table 5. Marital Status, 2021

	Occurring in Minnesota	Minnesota Residents
Married	1,617	1,291
Not Married	9,697	8,183
Not Reported	861	692
Total	12,175	10,166

Tables 6. Country/State of Residence, 2021 and 2022

	2022	2021
Minnesota	10,166	9129
Contiguous States		
Iowa	174	56
Michigan	12	20
North Dakota	383	84
South Dakota	271	158
Wisconsin	874	634
Non-Contiguous States (n>10)		
Florida	11	n/a*
Missouri	13	n/a*
Nebraska	24	n/a*
Texas	150	18
Other States	92	26
Canada	0	0
Other Foreign Countries	5	0
Not Reported	0	0
Total MN Occurrence	12,175	10,138

*Occurences for these states fell below 10 in the reporting year

Table 7. County of Residence for Women Residing in Minnesota, 2022

State Total	10,166		
Aitkin	8	Marshall	7
Anoka	620	Martin	18
Becker	21	Meeker	11
Beltrami	60	Mille Lacs	30
Benton	53	Morrison	24
Big Stone	--	Mower	58
Blue Earth	138	Murray	--
Brown	13	Nicollet	30
Carlton	41	Nobles	21
Carver	84	Norman	--
Cass	38	Olmsted	253
Chippewa	14	Otter Tail	22
Chisago	76	Pennington	10
Clay	77	Pine	31
Clearwater	6	Pipestone	6
Cook	--	Polk	22
Cottonwood	7	Pope	--
Crow Wing	65	Ramsey	1628
Dakota	861	Red Lake	--
Dodge	23	Redwood	8
Douglas	26	Renville	14
Faribault	10	Rice	73
Fillmore	22	Rock	8
Freeborn	32	Roseau	11
Goodhue	51	Saint Louis	306
Grant	--	Scott	201
Hennepin	3,525	Sherburne	158
Houston	17	Sibley	16
Hubbard	17	Stearns	247
Isanti	44	Steele	47
Itasca	42	Stevens	6
Jackson	9	Swift	8
Kanabec	15	Todd	21
Kandiyohi	41	Traverse	--
Kittson	--	Wabasha	10
Koochiching	11	Wadena	8
Lac Qui Parle	--	Waseca	14
Lake	13	Washington	388
Lake of the Woods	--	Watonwan	12
Le Sueur	26	Wilkin	--
Lincoln	6	Winona	54
Lyon	28	Wright	170
McLeod	29	Yellow Medicine	9
Mahnomen	7	Unknown County	1

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

Table 8a. Hispanic Origin of Woman, 2022

	Occurring in Minnesota	Minnesota Residents
Non-Hispanic	9,793	8,110
Hispanic	1,377	1,199
Not Reported	1,005	857
Total	12,175	10,166

Table 8b. Race of Woman, 2022

	Occurring in Minnesota	Minnesota Residents
White	5,827	4,485
Black	3,036	2,809
American Indian	398	289
Asian	690	611
Other	1,413	1,264
Not Reported	811	708
Total	12,175	10,166

Table 9a. Race and Hispanic Ethnicity of Woman, MN Occurrence, 2022

	Hispanic	Not Hispanic	Unknown Hispanic	Total
White	414	5,198	215	5,827
Black	61	2,848	127	3,036
American Indian	50	324	24	398
Asian	16	651	23	690
Other	690	655	68	1,413
Not Reported	146	117	548	811
Total	1,377	9,793	1,005	12,175

Table 9b. Race and Hispanic Ethnicity of Woman, MN Residents, 2022

	Hispanic	Not Hispanic	Unknown Hispanic	Total
White	347	3,981	157	4,485
Black	56	2,639	114	2,809
American Indian	45	229	15	289
Asian	15	577	19	611
Other	620	580	64	1,264
Not Reported	116	104	488	708
Total	1,199	8,110	857	10,166

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, 2022

	Occurring in Minnesota	Minnesota Residents
8th Grade or Less	80	62
Some High School	1,017	861
High School Graduate	3,160	2,606
Some College	2,580	2,131
College Graduate	2,626	2,131
Graduate Level	429	344
Not Reported	2,283	2,031
Total	12,175	10,166

Table 11. Clinical Estimate of Fetal Gestational Age, 2022

	Occurring in Minnesota	Minnesota Residents
< 9 weeks	8,055	6,712
9 - 10 weeks	2,004	1,719
11 - 12 weeks	689	578
13 - 15 weeks	644	540
16 - 20 weeks	471	394
21 - 24 weeks	225	152
25 - 30 weeks	2	2
31 - 36 weeks	0	0
37 weeks & over	0	0
Not Reported	85	69
Total	12,175	10,166

Table 11a. Clinical Estimate of Fetal Gestational Age by Trimester, 2022

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	27	20	14	185	155	28	0	0
3	40	33	15	228	193	29	0	0
4	433	351	16	163	141	30	0	0
5	1607	1322	17	113	99	31	0	0
6	2331	1951	18	50	43	32	1	1
7	1885	1552	19	78	63	33	0	0
8	1732	1483	20	67	48	34	0	0
9	1222	1053	21	79	58	35	0	0
10	782	666	22	77	49	36	0	0
11	413	345	23	66	43	37	0	0
12	276	233	24	3	2	38	0	0
13	231	192	25	1	1	39	0	0
			26	0	0	40+	0	0
			27	0	0			
Trimester Total	10,979	9,201		1,110	895		1	1

Total Induced Abortions: **Occurring in Minnesota[1]:** 12,090 **Minnesota Residents[2]:** 10,097

[1] Total for Occuring in MN is missing 69 with gestional age not reported.

[2] Total for MN residents is missing 85 with gestional age not reported.

Table 12. Prior Pregnancies, 2022

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	5,168	4,206	None	9,692	8,095	None	7,500	6,085
One	2,700	2,311	One	1,807	1,508	One	2,731	2,324
Two	2,293	1,936	Two	463	391	Two	1,028	905
Three	1,190	1,015	Three	134	109	Three	461	426
Four	519	430	Four	31	25	Four	208	197
Five	183	160	Five	13	9	Five	118	108
Six	73	67	Six	4	4	Six	42	40
Seven	27	21	Seven	4	3	Seven	27	26
Eight	11	10	Eight	2	1	Eight	12	11
Nine or more	8	7	Nine or more	3	3	Nine or more	26	23
Not Reported	3	3	Not Reported	22	18	Not Reported	22	21

Table 13. Abortion Procedure, 2022

	Occurring in Minnesota	Minnesota Residents
Surgical		
Dilation and Curettage (D & C)	3,950	3,190
Dilation & Evacuation (D&E)	831	654
Hysterectomy/otomy	1	1
Other surgical	1	1
Medical		
Mifipristone	7,153	6,089
Misoprostol	238	230
Methotrexate	0	0
Other medication (includes labor induction)	1	1
Intra-Uterine Instillation	0	0
Unknown	0	0
Total	12,175	10,166

Table 14. Method of Disposal of Fetal Remains, 2022

	Occurring in Minnesota	Minnesota Residents
Cremation	3,043	2,409
Burial	24	20
No fetal remains	9,108	7,737
Unknown	0	0
Total	12,175	10,166

* '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, 2022

Occurring in Minnesota

	Fee for Service	Capitated		Other/Unknown and No Response	Total
Private Coverage	181	4		1,909	2,094
Public Assistance	953	0	**	3,984	4,937
Self Pay	550	0		4,594	5,144
Unknown	0	0		0	0
Total	1,684	4		10,487	12,175

Minnesota Residents

	Fee for Service	Capitated		Other/Unknown and No Response	Total
Private Coverage	169	3		1,714	1,886
Public Assistance	921	0	**	3,954	4,875
Self Pay	164	0		3,241	3,405
Unknown	0	0		0	0
Total	1,254	3		8,909	10,166

**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*, 2022

	Occurring in Minnesota		Minnesota Residents
Pregnancy was a result of rape	52		35
Pregnancy was a result of incest	9		6
Economic reasons	1,476		1,202
Does not want children at this time	7,335		6,179
Emotional health is at stake	1,097		872
Physical Health is at stake	598		482
Continued pregnancy will cause impairment of major bodily function	35		28
Pregnancy resulted in fetal anomalies	192		141
Unknown or the woman refused to answer	3,781		3,120
Other stated reason	193	**	169

*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, 2022

Reason	Count
Physical or mental health issues and concerns	41
Education, career, and employment issues	7
Not ready or prepared for a child or more children at this time or family already completed	42
Relationship issues, including abuse, separation, divorce, or extra-marital affairs	22
Other miscellaneous responses	52
"Other Reason" was indicated, but not specified	29
Total**	193

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

Table 17. Intraoperative Complications*, 2022

	Occurring in Minnesota	Minnesota Residents
No Complications	12,073	10,080
Cervical laceration requiring suture or repair	5	5
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	5	5
Uterine perforation	1	1
Other complication	93	87

*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*, 2022

Complication	Count
Cervical laceration requiring suture or repair	3
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	2
Uterine perforation	0
Infection requiring inpatient treatment	2
Heavy bleeding/anemia requiring transfusion	0
Failed termination of pregnancy (continued viable pregnancy)	19
Incomplete termination of pregnancy (retained products of conception requiring re-evacuation)	13
Other complication	0

Reported on *Report of Complication from Induced Abortion* form

[1] 36 '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], 2022

< 9 weeks	0
9 - 10 weeks 11	0
- 12 weeks 13 -	0
15 weeks 16 -	0
20 weeks 21 -	0
24 weeks 25 -	0
30 weeks 31 -	0
36 weeks 37	0
weeks & over	0
Unknown	0
Total Occurrence	0
Total state funds used to pay for out of state abortion procedures, including incidental expenses	

[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 2019

Table 20. Total and Resident Induced Abortions, 1980 - 2022

Year	Occurring in Minnesota	Minnesota Residents	Resident Percent	Resident Rate[1]
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
2018	9,910	8,896	89.8	8.3
2019	9,922	9,034	91.1	8.3 [2]
2020	10,339	9,366	90.6	7.6 [2]
2021	10,138	9,129	90.0	8.5 [3]
2022	12,175	10,166	83.5	9.5 [3]

[2] 2019 and 2020 rates were updated using their population data.

[3] 2022 population estimate was not available at time of publication. 2020 population was used.

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, 2022 through December 31, 2022, no abortion procedures resulting in a born-alive infant were reported.

Appendix

Updates to 2021 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 2021 in July of 2022, 2 additional ***Report of Induced Abortion*** forms were received. Due to the low number of additional reports, the full 2021 report will not be updated as such small numbers would allow a person with reasonable epidemiological skills to identify these individuals with the data provided.

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;

Copyright © 2018 by the Revisor of Statutes, State of Minnesota. All Rights Reserved.

(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*

Copyright © 2018 by the Revisor of Statutes, State of Minnesota. All Rights Reserved.

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

Copyright © 2018 by the Revisor of Statutes, State of Minnesota. All Rights Reserved.

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*

Copyright © 2018 by the Revisor of Statutes, State of Minnesota. All Rights Reserved.

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

<u>Dilation & Curettage (D & C):</u> 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**.

<u>Dilation & Evacuation:</u> 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.

<u>Hysterectomy/otomy:</u> 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.

<u>Intra-Uterine Instillation:</u> 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

DEPARTMENT OF HEALTH

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 (https://www.health.state.mn.us/data/mchs/pubs/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 (https://www.health.state.mn.us/data/mchs/pubs/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.