Induced Abortions in Minnesota
January - December 2021

07/01/2022

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July 2022

The 2022 Minnesota Legislature repealed the requirement that this report must be submitted to the legislature. [Laws of Minnesota 2022, chapter 98, article 14, section 8]

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

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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 twentieth such report and covers the period from January 1 through December 31, 2021. Applicable updated tables for 2020 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 2021 data to MDH by April 1, 2022. 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. There were no significant changes applicable in 2021.

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, 2021

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Women's Health Center	41	32	44	42	27	39	25	44	41	44	35	44	458
Robbinsdale Clinic	68	32	54	67	55	52	49	62	74	73	94	76	756
Planned Parenthood of Minnesota[1]	647	630	702	671	594	597	608	611	482	541	514	547	7,144
Whole Woman's Health, LLC	115	71	93	93	74	67	166	98	67	73	36	73	1,026
Independent Physicians[2]	57	102	91	51	17	17	24	18	34	95	131	115	752
Total Minnesota Occurrence	**928**	**867**	**984**	**924**	**767**	**772**	**872**	**833**	**698**	**826**	**810**	**855**	**10,136**

[1]Counts includes St. Paul, Minneapolis, Brooklyn Park and Rochester locations in 2021.

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

Table 1.2 Abortions by Month and Provider, 2021

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician A				1		1		1		1		1	**5**
Physician B	15		18	43	20	22	15	20	6	21	23	38	**241**
Physician C	54	40	61	54	45	62	65	37	28	57	65	55	**623**
Physician D	69	77	48	68	94	79	62	15	41	83	100	142	**878**
Physician E	2		3	1		3	4	1					**14**
Physician F	1	1						1					**3**
Physician G					1								**1**
Physician H	1	2	2		2	1			1		1		**10**
Physician I	2	2		1		3	1	1	1				**11**
Physician J	39	80	75	34					14	69	114	104	**529**
Physician K		1		1					1				**3**
Physician L	78	95	57	69	40	20	77	79	72	60	51	48	**746**
Physician M		1						1	1		1		**4**
Physician N			1				1						**2**
Physician O	9	12	20	15	33	30	7		18	15		8	**167**
Physician P		1		1			1						**3**
Physician Q		7	7	12	9	12	5	10	10	11	8	13	**104**
Physician R	29	33	41	41	27	36	25	28	34	22	33	9	**358**
Physician S							1			1			**2**
Physician T										1			**1**
Physician U	1	1		1	1	1				1	1		**7**
Physician V		2			1								**3**
Physician W									9	9	28	14	**60**
Physician X				1	1							1	**3**
Physician Y	31	16	16		44	14	11				11	17	**160**
Physician Z								1					**1**
Physician AA							1						**1**
Physician BB		9	9	7	6	4		14		10			**59**
Physician CC	41	16	28	22	12	23	20	19	31	23	27	31	**293**
Physician DD	1								2	1			**4**
Physician EE	1			1			3	1		1	1		**8**
Physician FF				1								1	**2**
Physician GG										1			**1**

Table 1.2 Abortions by Month and Provider, 2021

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician HH							1						**1**
Physician II											1		**1**
Physician JJ				1	1								**2**
Physician KK		3	2				1		2	2			**10**
Physician LL					2	3	4	4	8	5	5		**31**
Physician MM		1									1		**2**
Physician NN	54	47	53	54	27	27	35	42	15	23	31	25	**433**
Physician OO										1			**1**
Physician PP	55	47	70	34	27	31	33	30	21	37	13	18	**416**
Physician QQ		1	1	2	1	2	1	3			2	1	**14**
Physician RR										1			**1**
Physician SS		2		1				1					**4**
Physician TT	19	5	26	30	28	23	88	23	40	26	14	16	**338**
Physician UU	115	121	102	139	72	110	114	185	141	87	71	65	**1,322**
Physician VV	16	21	40	32	27	23	13	13	21				**206**
Physician WW										1			**1**
Physician XX	22	38	63	29	66	51	63	89	38	62	37	37	**595**
Physician YY				1									**1**
Physician ZZ										1			**1**
Physician AB								1					**1**
Physician AC						1							**1**
Physician AD									1				**1**
Physician AE								1		1	1	1	**4**
Physician AF	15	24	43	31	28	23	22	20	17	23	29	27	**302**
Physician AG											1		**1**
Physician AH							2						**2**
Physician AI	5	1	5	3	4	1	3	2	3	2		3	**32**
Physician AJ				1									**1**
Physician AK		2			2					2			**6**
Physician AL	1		2			1				2	2	3	**11**
Physician AM	56	28	29	35	26	36	29	31	21	15	10	36	**352**
Physician AN		1											**1**
Physician AO										1			**1**
Physician AP	68	32	54	67	55	52	49	62	74	73	94	76	**756**

Table 1.2 Abortions by Month and Provider, 2021

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician AQ					1								**1**
Physician AR	29	31	41	27	18	33	37	22		27	12	8	**285**
Physician AS	3												**3**
Physician AT	37	24	15	9	19	16	11	11		6	9	11	**168**
Physician AU	3		4	13	6	1							**27**
Physician AV	7	3	11	8	3	9	21	36	18	22	7	16	**161**
Physician AW								13				6	**19**
Physician AX	21	19	16	8	1	7	2	4	6	5		12	**101**
Physician AY	18	15	9	5	7	3	18	11	3	12	6	12	**119**
Physician AZ	10	5	12	20	10	8	26			2			**93**
Total MN	**928**	**867**	**984**	**924**	**767**	**772**	**872**	**833**	**698**	**826**	**810**	**855**	**10,136**

Table 2. Medical Specialty of Physician, 2021

Obstetrics & Gynecology	6,024
Emergency Medicine	212
General/Family Practice	3,896
Other/Unspecified	4
Total	10,136

Table 3. Type of Admission, 2021

Clinic	9,412
Outpatient Hospital	127
Inpatient Hospital	29
Ambulatory Surgery	8
Doctor's	0
Other/Unspecified	560
Total Minnesota Occurrence	10,136

Table 4. Age of Woman, 2021

	Occurring in Minnesota	Minnesota Residents
< 15 Years	20	18
15 - 17 Years	189	163
18 - 19 Years	665	588
20 - 24 Years	2,767	2,478
25 - 29 Years	2,802	2,517
30 - 34 Years	2,078	1,905
35 - 39 Years	1,212	1,087
40 Years & Over	388	358
Not Reported	15	13
Total	10,136	9,127

Table 5. Marital Status, 2021

	Occurring in Minnesota	Minnesota Residents
Married	1,486	1,314
Not Married	8,206	7,415
Not Reported	444	398
Total	10,136	9,127

Tables 6. Country/State of Residence, 2021

Minnesota	9127
Other States	
Iowa	56
Michigan	20
North Dakota	84
South Dakota	158
Wisconsin	634
Other States	57
Canada	0
Other Foreign Countries	0
Not Reported	0
Total MN Occurrence	10,136

Table 7. County of Residence for Women Residing in Minnesota, 2021

State Total	**9,127**		
Aitkin	11	Marshall	--
Anoka	622	Martin	9
Becker	--	Meeker	9
Beltrami	40	Mille Lacs	33
Benton	37	Morrison	23
Big Stone	--	Mower	38
Blue Earth	126	Murray	--
Brown	18	Nicollet	36
Carlton	41	Nobles	13
Carver	102	Norman	--
Cass	30	Olmsted	231
Chippewa	7	Otter Tail	14
Chisago	59	Pennington	--
Clay	19	Pine	34
Clearwater	--	Pipestone	7
Cook	--	Polk	10
Cottonwood	10	Pope	8
Crow Wing	49	Ramsey	1516
Dakota	754	Red Lake	--
Dodge	37	Redwood	9
Douglas	16	Renville	15
Faribault	9	Rice	66
Fillmore	20	Rock	--
Freeborn	27	Roseau	8
Goodhue	39	Saint Louis	274
Grant	--	Scott	185
Hennepin	3,244	Sherburne	124
Houston	9	Sibley	--
Hubbard	--	Stearns	205
Isanti	38	Steele	36
Itasca	47	Stevens	--
Jackson	6	Swift	11
Kanabec	11	Todd	13
Kandiyohi	49	Traverse	--
Kittson	--	Wabasha	11
Koochiching	7	Wadena	--
Lac Qui Parle	--	Waseca	16
Lake	--	Washington	376
Lake of the Woods	6	Watonwan	16
Le Sueur	19	Wilkin	--
Lincoln	--	Winona	33
Lyon	16	Wright	125
McLeod	31	Yellow Medicine	--
Mahnomen	--	Unknown County	2

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

Table 8a. Hispanic Origin of Woman, 2021

	Occurring in Minnesota	Minnesota Residents
Non-Hispanic	8,304	7,443
Hispanic	1,026	957
Not Reported	806	727
Total	10,136	9,127

Table 8b. Race of Woman, 2021

	Occurring in Minnesota	Minnesota Residents
White	4,603	3,863
Black	2,783	2,707
American Indian	276	233
Asian	677	635
Other	1,148	1,082
Not Reported	649	607
Total	10,136	9,127

Table 9a. Race and Hispanic Ethnicity of Woman, MN Occurrence, 2021

	Hispanic	Not Hispanic	Unknown Hispanic	Total
White	279	4,158	166	4,603
Black	47	2,626	110	2,783
American Indian	52	201	23	276
Asian	15	634	28	677
Other	538	541	69	1,148
Not Reported	95	144	410	649
Total	1,026	8,304	806	10,136

Table 9b. Race and Hispanic Ethnicity of Woman, MN Residents, 2021

	Hispanic	Not Hispanic	Unknown Hispanic	Total
White	256	3,480	127	3,863
Black	46	2,553	108	2,707
American Indian	48	166	19	233
Asian	15	594	26	635
Other	502	512	68	1,082
Not Reported	90	138	379	607
Total	957	7,443	727	9,127

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, 2021

	Occurring in Minnesota	Minnesota Residents
8th Grade or Less	83	75
Some High School	930	849
High School Graduate	2,535	2,256
Some College	2,577	2,321
College Graduate	2,149	1,895
Graduate Level	338	311
Not Reported	1,524	1,420
Total	10,136	9,127

Table 11. Clinical Estimate of Fetal Gestational Age, 2021

	Occurring in Minnesota	Minnesota Residents
< 9 weeks	6,975	6,327
9 - 10 weeks	1,433	1,283
11 - 12 weeks	526	466
13 - 15 weeks	560	493
16 - 20 weeks	364	317
21 - 24 weeks	159	127
25 - 30 weeks	1	1
31 - 36 weeks	0	0
37 weeks & over	0	0
Not Reported	118	113
Total	10,136	9,127

Table 11a. Clinical Estimate of Fetal Gestational Age by Trimester, 2021

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	7	7	14	191	161	28	0	1
3	17	16	15	158	142	29	0	0
4	310	284	16	99	90	30	0	0
5	1543	1401	17	77	64	31	0	0
6	2157	1965	18	52	50	32	0	0
7	1651	1490	19	75	62	33	0	0
8	1290	1163	20	61	51	34	0	0
9	890	795	21	56	50	35	0	0
10	543	488	22	56	42	36	0	0
11	303	268	23	44	32	37	0	0
12	223	198	24	3	3	38	0	0
13	211	190	25	1	1	39	0	0
			26	0	0	40+	0	0
			27	0	0			
Trimester Total	9,145	8,265		873	748		0	1

Total Induced Abortions: **Occurring in Minnesota[1]:** 10,018 **Minnesota Residents[2]:** 9,014

[1] Total for Occuring in MN is missing 118 with gestional age not reported.

[2] Total for MN residents is missing 113 with gestional age not reported.

Table 12. Prior Pregnancies, 2021

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	4,067	3,555	None	8,075	7,255	None	6,015	5,299
One	2,339	2,155	One	1,539	1,403	One	2,335	2,134
Two	1,950	1,776	Two	347	312	Two	1,006	942
Three	1,002	921	Three	103	93	Three	422	404
Four	462	424	Four	28	25	Four	166	163
Five	175	163	Five	17	15	Five	88	84
Six	75	71	Six	4	3	Six	35	35
Seven	38	37	Seven	4	4	Seven	24	23
Eight	12	11	Eight	1	1	Eight	11	11
Nine or more	10	9	Nine or more	6	5	Nine or more	21	20
Not Reported	6	5	Not Reported	12	11	Not Reported	13	12

Table 13. Abortion Procedure, 2021

	Occurring in Minnesota	Minnesota Residents
Surgical		
Dilation and Curettage (D & C)	3,365	3,038
Dilation & Evacuation (D&E)	611	522
Hysterectomy/otomy	0	0
Other surgical	1	1
Medical		
Mifipristone	5,894	5,313
Misoprostol	260	248
Methotrexate	0	0
Other medication (includes labor induction)	3	3
Intra-Uterine Instillation	1	1
Unknown	1	1
Total	10,136	9,127

Table 14. Method of Disposal of Fetal Remains, 2020

	Occurring in Minnesota	Minnesota Residents
Cremation	2,257	1,982
Burial	46	35
No fetal remains	7,833	7,110
Unknown	0	0
Total	10,136	9,127

* '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, 2021

Occurring in Minnesota

	Fee for Service	Capitated		Other/Unknown and No Response	Total
Private Coverage	211	13		2,022	2,246
Public Assistance	823	4	**	3,806	4,633
Self Pay	490	2		2,754	3,246
Unknown	2	4		5	11
Total	1,526	23		8,587	10,136

Minnesota Residents

	Fee for Service	Capitated		Other/Unknown and No Response	Total
Private Coverage	190	12		1,838	2,040
Public Assistance	814	4	**	3,784	4,602
Self Pay	342	2		2,130	2,474
Unknown	2	4		5	11
Total	1,348	22		7,757	9,127

**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*, 2021

	Occurring in Minnesota	Minnesota Residents
Pregnancy was a result of rape	44	35
Pregnancy was a result of incest	11	6
Economic reasons	1,346	1,172
Does not want children at this time	5,499	4,942
Emotional health is at stake	955	825
Physical Health is at stake	543	478
Continued pregnancy will cause impairment of major bodily function	28	26
Pregnancy resulted in fetal anomalies	183	150
Unknown or the woman refused to answer	3,579	3,246
Other stated reason	274 **	243

*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, 2021

Physical or mental health issues and concerns	63
Education, career, and employment issues	20
Not ready or prepared for a child or more children at this time or family already completed	125
Relationship issues, including abuse, separation, divorce, or extra-marital affairs	15
COVID-19/Pandemic	1
Other miscellaneous responses	21
"Other Reason" was indicated, but not specified	29
Total**	274

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

Table 17. Intraoperative Complications*, 2020

	Occurring in Minnesota	Minnesota Residents
No Complications	10,017	9,020
Cervical laceration requiring suture or repair	7	7
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	12	10
Uterine perforation	0	0
Other complication	99	89

*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*, 2021

Cervical laceration requiring suture or repair	2
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	4
Uterine perforation	0
Infection requiring inpatient treatment	1
Heavy bleeding/anemia requiring transfusion	2
Failed termination of pregnancy (continued viable pregnancy)	43
Incomplete termination of pregnancy (retained products of conception requiring re-evacuation)	27
Other complication	8

Reported on *Report of Complication from Induced Abortion* form

[1] 81 '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], 2020

< 9 weeks	0
9 - 10 weeks	0
11 - 12 weeks	0
13 - 15 weeks	0
16 - 20 weeks	0
21 - 24 weeks	0
25 - 30 weeks	0
31 - 36 weeks	0
37 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 - 2021

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	10,136	9,127	90.0	8.5 [3]

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

[3]2021 population estimate was not available at time of publication. 2020 population was used.

Informed Consent

Table 21. Medical Risks Information, Report of Informed Consent for Induced Abortion, 2021

Contact Method	Referring Physician	Physician Performing Abortion	Total
Telephone	8,681	1,064	9,745
In Person	122	13	135
Total Contacts	8,803	1,077	9,880
Information not provided:			
- immediate abortion necessary to avert death			1
- delay would create serious risk of substantial impairment			1
- fetal anomaly: patient chose perinatal hospice services			2
Total reports received			9,884

Table 22. Medical Assistance and Printed Materials Information, Report of Informed Consent for Induced Abortion, 2021

Contact Method	Referring Physician	Agent of Referring Physician	Physician Performing Abortion	Agent of Physician Performing Abortion	Total
Telephone	8,208	2	246	1,283	9,739
In Person	88	31	9	4	132
Total Contacts	8,296	33	255	1,287	9,871

Information not provided:	
- immediate abortion necessary to avert death	1
- delay would create serious risk of substantial impairment	1
- fetal anomaly incompatible with life	11
Total reports received	9,884

Table 23. Patient Access to Printed Materials, Report of Informed Consent for Induced Abortion, 2021

	Obtained Abortion	Did Not Obtain Abortion	Do Not Know	Total
Patient obtained printed copies	271	1	49	321
Patient did not obtain printed copies	8,163	13	1,387	9,563
Total	8,434	14	1,436	9,884
Total reports received				9,884

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, 2021 through December 31, 2021, 5 abortion procedures resulting in a born-alive infant were reported.

- In one instance, fetal anomalies were reported resulting in death shortly after delivery. No measures taken to preserve life were reported and the infant did not survive.
- In two instance, comfort care measures were provided as planned and the infant did not survive.
- In two instances, the infant was previable. No measures taken to preserve life were reported and the infant did not survive.

Appendix

Updates to 2020 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 2020 in July of 2021, 1231 additional ***Report of Induced Abortion*** forms were received. These should have been included in the 2020 report but the reporting clinic was short-staffed due to the COVID-19 pandemic.

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, 2020

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Women's Health Center	44	37	41	42	41	23	41	38	38	43	26	46	460
Robbinsdale Clinic	71	75	83	101	82	58	52	63	55	57	39	59	795
Planned Parenthood of Minnesota[1]	629	638	605	741	632	645	611	564	628	575	553	670	7,491
Whole Woman's Health, LLC	206	118	172	15	61	107	138	122	96	125	82	126	1,368
Independent Physicians[2]	21	17	16	9	9	17	13	10	18	25	27	43	225
Total Minnesota Occurrence	**971**	**885**	**917**	**908**	**825**	**850**	**855**	**797**	**835**	**825**	**727**	**944**	**10,339**

[1]Counts includes St. Paul, Minneapolis, Brooklyn Park and Rochester locations in 2020.

[2]This represents 13 reporting physicians, small clinics, or hospitals

Table 1.2 Abortions by Month and Provider, 2020

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician A		1											**1**
Physician B	20		28										**48**
Physician C	3	1	2	2	1	3	4	3	3	3	2	1	**28**
Physician D	20	48	19	49	53	28	55	29	25	28	20	52	**426**
Physician E	11		23										**34**
Physician F					1				1			1	**3**
Physician G			13										**13**
Physician H	1												**1**
Physician I	12		6										**18**
Physician J		1			2				1	1	1		**6**
Physician K		2	1									1	**4**
Physician L	1	1	1			1				1	2		**7**
Physician M	11	2	1		6	1	2		1	15	9		**48**
Physician N										1			**1**
Physician O	11	24	7	3	2	11	14	11	17	23	11	21	**155**
Physician P	77	109	54	59	80	92	83	157	71	86	104	93	**1,065**
Physician Q	17	12	12		1	16	10	16	11	14	3	13	**125**
Physician R									1	3			**4**
Physician S	39	25	27	2	26	17	20	24	11	27	16	17	**251**
Physician T	1	4				1			1			1	**8**
Physician U	11	12	11	1	2	6	15	13	20	13	13	15	**132**
Physician V												1	**1**
Physician W	31	17	18	3	18	32	39	24	12	6	20	37	**257**
Physician X		1							1				**2**
Physician Y	33	26	12	6	6	24	39	34	24	27	10	23	**264**
Physician Z						2						1	**3**
Physician AA			1										**1**
Physician BB	2		2	1	1	1	1						**8**
Physician CC	13	8	11	8	10	1	10	5	12	8	8	8	**102**
Physician DD									1				**1**
Physician EE			1										**1**
Physician FF						1				2			**3**
Physician GG		3	1			1			1				**6**

Table 1.2 Abortions by Month and Provider, 2020

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician HH	14	17	19		19	16	12	37	21	8		20	**183**
Physician II										6	6	30	**42**
Physician JJ								1	1				**2**
Physician KK	49	26	29	39	40	35	44	61	53	36	36	50	**498**
Physician LL	38	36	10						17	33	15	44	**193**
Physician MM						1							**1**
Physician NN	9		13										**22**
Physician OO	62	41	47	52	69	51	68	39	37	72	32	35	**605**
Physician PP	33	50	31	32	17	36	51	27	57	30	42	49	**455**
Physician QQ	125	141	126	157	116	154	93	56	112	117	87	84	**1,368**
Physician RR								1					**1**
Physician SS							1						**1**
Physician TT	11	5	8	10	6	9		9		10	9	11	**88**
Physician UU		28	37	40	16	17	8	23	16	15	19	33	**252**
Physician VV								1				1	**2**
Physician WW	3	1	6	2	2	2	2	1	3	2	1	1	**26**
Physician XX	20	24	22	24	25	13	31	23	26	24	9	27	**268**
Physician YY											1		**1**
Physician ZZ	65		115	55	69	39	42	30	60	41	69	34	**619**
Physician AB	1												**1**
Physician AC								1		1			**2**
Physician AD	11	11		101	47	60	61	54	60	43	58	48	**554**
Physician AE						1	1					1	**3**
Physician AF	2	1	1									2	**6**
Physician AG								1	1				**2**
Physician AH												1	**1**
Physician AI					1								**1**
Physician AJ	1												**1**
Physician AK	1												**1**
Physician AL	28	35	37	58	40	31	31	28	54	27	27	29	**425**
Physician AM										9	18	26	**53**
Physician AN	71	75	83	101	82	58	52	63	55	57	39	59	**795**
Physician AO									1			2	**3**
Physician AP					1								**1**

Table 1.2 Abortions by Month and Provider, 2020

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician AQ				2									**2**
Physician AP			1										**1**
Physician AQ						1							**1**
Physician AP	2	1		1		1	4	1		1			**11**

Table 2. Medical Specialty of Physician, 2020

Obstetrics & Gynecology	6,531
Emergency Medicine	1
General/Family Practice	3,802
Other/Unspecified	5
Total	10,339

Table 3. Type of Admission, 2020

Clinic	10,132
Outpatient Hospital	126
Inpatient Hospital	18
Ambulatory Surgery	7
Doctor's	0
Other/Unspecified	56
Total Minnesota Occurrence	10,339

Table 4. Age of Woman, 2020

	Occurring in Minnesota	Minnesota Residents
< 15 Years	28	27
15 - 17 Years	236	214
18 - 19 Years	620	560
20 - 24 Years	2,762	2,460
25 - 29 Years	2,937	2,690
30 - 34 Years	1,851	1,701
35 - 39 Years	1,474	1,325
40 Years & Over	418	376
Not Reported	13	13
Total	10,339	9,366

Table 5. Marital Status, 2020

	Occurring in Minnesota	Minnesota Residents
Married	1,582	1,386
Not Married	8,364	7,609
Not Reported	393	371
Total	10,339	9,366

Tables 6. Country/State of Residence, 2020

Minnesota	9,366
Other States	
Iowa	59
Michigan	9
North Dakota	52
South Dakota	157
Wisconsin	637
Other States	56
Canada	1
Other Foreign Countries	2
Not Reported	0
Total MN Occurrence	10,339

Table 7. County of Residence for Women Residing in Minnesota, 2020

State Total	**9,366**		
Aitkin	86	Marshall	20
Anoka	553	Martin	32
Becker	--	Meeker	10
Beltrami	58	Mille Lacs	36
Benton	54	Morrison	25
Big Stone	--	Mower	38
Blue Earth	117	Murray	--
Brown	16	Nicollet	34
Carlton	33	Nobles	14
Carver	87	Norman	--
Cass	25	Olmsted	211
Chippewa	13	Otter Tail	9
Chisago	56	Pennington	--
Clay	6	Pine	27
Clearwater	--	Pipestone	--
Cook	9	Polk	8
Cottonwood	9	Pope	8
Crow Wing	59	Ramsey	1,610
Dakota	758	Red Lake	--
Dodge	16	Redwood	6
Douglas	22	Renville	8
Faribault	6	Rice	74
Fillmore	16	Rock	--
Freeborn	30	Roseau	--
Goodhue	51	Saint Louis	279
Grant	--	Scott	218
Hennepin	3,345	Sherburne	105
Houston	12	Sibley	6
Hubbard	6	Stearns	210
Isanti	46	Steele	39
Itasca	32	Stevens	--
Jackson	--	Swift	--
Kanabec	13	Todd	7
Kandiyohi	50	Traverse	--
Kittson	--	Wabasha	26
Koochiching	11	Wadena	9
Lac Qui Parle	--	Waseca	17
Lake	--	Washington	398
Lake of the Woods	--	Watonwan	16
Le Sueur	29	Wilkin	--
Lincoln	--	Winona	45
Lyon	22	Wright	113
McLeod	--	Yellow Medicine	8
Mahnomen	--	Unknown County	8

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

Table 8a. Hispanic Origin of Woman, 2019

	Occurring in Minnesota	Minnesota Residents
Non-Hispanic	8,473	7,631
Hispanic	963	900
Not Reported	903	835
Total	10,339	9,366

Table 8b. Race of Woman, 2019

	Occurring in Minnesota	Minnesota Residents
White	4,804	4,079
Black	2,889	2,819
American Indian	296	241
Asian	687	642
Other	1,095	1,042
Not Reported	568	543
Total	10,339	9,366

Table 9a. Race and Hispanic Ethnicity of Woman, MN Occurrence, 2020

	Hispanic	Not Hispanic	Unknown Hispanic	Total
White	269	4,299	236	4,804
Black	58	2,703	128	2,889
American Indian	39	237	20	296
Asian	19	641	27	687
Other	538	483	74	1,095
Not Reported	40	110	418	568
Total	963	8,473	903	10,339

Table 9b. Race and Hispanic Ethnicity of Woman, MN Residents, 2020

	Hispanic	Not Hispanic	Unknown Hispanic	Total
White	244	3,643	192	4,079
Black	56	2,637	126	2,819
American Indian	36	188	17	241
Asian	17	601	24	642
Other	511	459	72	1,042
Not Reported	36	103	404	543
Total	900	7,631	835	9,366

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, 2020

	Occurring in Minnesota	Minnesota Residents
8th Grade or Less	90	83
Some High School	1,043	963
High School Graduate	2,395	2,137
Some College	2,866	2,587
College Graduate	2,035	1,809
Graduate Level	323	297
Not Reported	1,587	1,490
Total	10,339	9,366

Table 11. Clinical Estimate of Fetal Gestational Age, 2020

	Occurring in Minnesota	Minnesota Residents
< 9 weeks	7,193	6,577
9 - 10 weeks	1,333	1,197
11 - 12 weeks	526	471
13 - 15 weeks	516	455
16 - 20 weeks	387	339
21 - 24 weeks	196	162
25 - 30 weeks	1	0
31 - 36 weeks	1	2
37 weeks & over	0	0
Not Reported	186	163
Total	10,339	9,366

Table 11a. Clinical Estimate of Fetal Gestational Age by Trimester, 2020

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	0	0	14	190	179	28	1	1
3	5	5	15	147	135	29	0	0
4	210	190	16	118	113	30	0	0
5	1610	1491	17	77	74	31	0	0
6	2344	2219	18	65	56	32	0	0
7	1700	1582	19	56	50	33	0	0
8	1255	1159	20	64	53	34	0	0
9	809	736	21	76	61	35	1	1
10	508	477	22	77	63	36	0	0
11	319	296	23	40	37	37	0	0
12	201	181	24	3	1	38	0	0
13	168	152	25	0	0	39	0	0
			26	0	0	40+	0	0
			27	0	0			
Trimester Total	9,129	8,488		913	822		2	2

Total Induced Abortions: **Occurring in Minnesota[1]:** 10,044 **Minnesota Residents[2]:** 9,312

[1] Total for Occuring in MN is missing 181 with gestional age not reported.

[2] Total for MN residents is missing 168 with gestional age not reported.

Table 12. Prior Pregnancies, 2020

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	3,979	3,554	None	8,263	7,463	None	5,984	5,330
One	2,432	2,224	One	1,494	1,374	One	2,484	2,261
Two	2,080	1,889	Two	384	353	Two	1,053	988
Three	1,067	975	Three	111	99	Three	421	407
Four	468	435	Four	36	32	Four	207	197
Five	154	146	Five	17	15	Five	95	90
Six	84	78	Six	8	7	Six	31	31
Seven	31	30	Seven	1	1	Seven	15	15
Eight	18	12	Eight	1	1	Eight	13	13
Nine or more	9	9	Nine or more	4	4	Nine or more	19	19
Not Reported	17	14	Not Reported	20	17	Not Reported	17	15

Table 13. Abortion Procedure, 2020

	Occurring in Minnesota	Minnesota Residents
Surgical		
Dilation and Curettage (D & C)	3,958	3,615
Dilation & Evacuation (D&E)	687	589
Hysterectomy/otomy	0	0
Other surgical	4	3
Medical		
Mifipristone	5,210	4,707
Misoprostol	457	431
Methotrexate	0	0
Other medication (includes labor induction)	23	21
Intra-Uterine Instillation	0	0
Unknown	0	0
Total	10,339	9,366

Table 14. Method of Disposal of Fetal Remains, 2020

	Occurring in Minnesota	Minnesota Residents
Cremation	2,402	2,124
Burial	104	93
No fetal remains	7,833	7,149
Unknown	0	0
Total	10,339	9,366

* '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, 2020

Occurring in Minnesota

	Fee for Service	Capitated		Other/Unknown and No Response	Total
Private Coverage	331	5		2,292	2,628
Public Assistance	971	1	**	3,685	4,657
Self Pay	609	2		2,443	3,054
Unknown	0	0		0	0
Total	1,911	8		8,420	10,339

Minnesota Residents

	Fee for Service	Capitated		Other/Unknown and No Response	Total
Private Coverage	306	5		2,090	2,401
Public Assistance	963	1	**	3,669	4,633
Self Pay	447	2		1,883	2,332
Unknown	0	0		0	0
Total	1,716	8		7,642	9,366

**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*, 2020

	Occurring in Minnesota	Minnesota Residents
Pregnancy was a result of rape	49	39
Pregnancy was a result of incest	7	7
Economic reasons	1,715	1,511
Does not want children at this time	5,429	4,941
Emotional health is at stake	1,003	872
Physical Health is at stake	588	501
Continued pregnancy will cause impairment of major bodily function	35	29
Pregnancy resulted in fetal anomalies	183	150
Unknown or the woman refused to answer	3,732	3,404
Other stated reason	264 **	238

*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, 2020

Physical or mental health issues and concerns	25
Education, career, and employment issues	13
Not ready or prepared for a child or more children at this time or family already completed	40
Relationship issues, including abuse, separation, divorce, or extra-marital affairs	46
COVID-19/Pandemic	11
Other miscellaneous responses	74
"Other Reason" was indicated, but not specified	37
Total**	246

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

Table 17. Intraoperative Complications*, 2020

	Occurring in Minnesota	Minnesota Residents
No Complications	9,000	8,147
Cervical laceration requiring suture or repair	6	6
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	3	3
Uterine perforation	4	3
Other complication	96	91

*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*, 2020

Cervical laceration requiring suture or repair	1
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	3
Uterine perforation	3
Infection requiring inpatient treatment	2
Heavy bleeding/anemia requiring transfusion	1
Failed termination of pregnancy (continued viable pregnancy)	27
Incomplete termination of pregnancy (retained products of conception requiring re-evacuation)	45
Other complication	7

Reported on *Report of Complication from Induced Abortion* form

[1] 81 '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], 2019

< 9 weeks	66
9 - 10 weeks	22
11 - 12 weeks	14
13 - 15 weeks	14
16 - 20 weeks	0
21 - 24 weeks	0
25 - 30 weeks	0
31 - 36 weeks	0
37 weeks & over	0
Unknown	4
Total Occurrence	120

Total state funds used to pay for out of state abortion procedures, including incidental expenses	$24,690.69

[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 - 2020

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
2020	10,339	9,366	90.6	7.6 [2]

[2]2020 rate was updated using 2020 population.

Table 21. Medical Risks Information, Report of Informed Consent for Induced Abortion, 2020

Contact Method	Referring Physician	Physician Performing Abortion	Total
Telephone	10,080	1,146	11,226
In Person	103	60	163
Total Contacts	10,183	1,206	11,389
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			8
Total reports received			11,398

Table 22. Medical Assistance and Printed Materials Information, Report of Informed Consent for Induced Abortion, 2020

Contact Method	Referring Physician	Agent of Referring Physician	Physician Performing Abortion	Agent of Physician Performing Abortion	Total
Telephone	23	9,895	10	1,355	11,283
In Person	54	19	13	8	94
Total Contacts	77	9,914	23	1,363	11,377

Information not provided:	
- immediate abortion necessary to avert death	0
- delay would create serious risk of substantial impairment	1
- fetal anomaly incompatible with life	20
Total reports received	11,398

Table 23. Patient Access to Printed Materials, Report of Informed Consent for Induced Abortion, 2020

	Obtained Abortion	Did Not Obtain Abortion	Do Not Know	Total
Patient obtained printed copies	129	0	36	165
Patient did not obtain printed copies	9,059	18	2,156	11,233
Total	9,188	18	2,192	11,398
Total reports received				11,398

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

DEPARTMENT OF HEALTH

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

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

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

Induced Abortions in Minnesota January - December 2019: Report to the Legislature

07/01/2020

Induced Abortions in Minnesota
January – December 2019
Report to the Legislature

July 2020

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

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 nineteenth such report and covers the period from January 1 through December 31, 2019. Applicable updated tables for 2018 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 2018 data to MDH by April 1, 2019. 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. There were no significant changes applicable in 2019.

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, 2019

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Women's Health Center	39	38	44	32	53	40	28	48	32	26	38	32	450
Robbinsdale Clinic	90	76	97	77	94	72	61	50	54	53	51	48	823
Planned Parenthood of Minnesota[1]	612	433	472	398	502	559	608	619	541	596	552	559	6,451
Whole Woman's Health, LLC	236	233	261	232	255	210	203	150	144	46	98	46	2,114
Independent Physicians[2]	5	6	7	8	6	9	12	8	8	9	2	4	84
Total Minnesota Occurrence	**982**	**786**	**881**	**747**	**910**	**890**	**912**	**875**	**779**	**730**	**741**	**689**	**9,922**

[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, 2019

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician A	1								1				**2**
Physician B					1								**1**
Physician C												1	**1**
Physician D				3		1							**4**
Physician E							4	1					**5**
Physician F	24	24	25	24	16	20	21	9	10	6	11		**190**
Physician G						1							**1**
Physician H				1									**1**
Physician I	58	29	25	16	43	32	39	66	16	33	61	33	**451**
Physician J			1										**1**
Physician K	141	97	80	89	118	97	75	108	108	108	108	94	**1,223**
Physician L	9	11											**20**
Physician M							2	2					**4**
Physician N					1								**1**
Physician O	2	1								1			**4**
Physician P	35	34	12	31	33	23	22	17	12	4	5		**228**
Physician Q				1						1			**2**
Physician R	34	36	46	29	33	22	12	13			3		**228**
Physician S			1										**1**
Physician T		17	31	23	26	33	71	18	28	18		3	**268**
Physician U	90	76	97	77	94	72	61	50	54	53	51	48	**823**
Physician V	1		1							1			**3**
Physician W	29	15	16	8	12	36	34	39	12	44		28	**273**
Physician X		9	16	13	25	18		12	12	6	1		**112**
Physician Y	14	15			13		6	11			17	6	**82**
Physician Z						1							**1**
Physician AA												1	**1**
Physician BB	1	1	2	1		1	1		2	5	1		**15**
Physician CC					1						1		**2**
Physician DD	16	16	24	10	28	61	33	34	48	15	29	25	**339**
Physician EE	38	41	22	38	21	34	33	24	25	39	28	50	**393**
Physician FF	42	32	48	47	51	52	38	75	24	32	58	59	**558**
Physician GG			12	15	14		11	11	8		4		**75**

Table 1.2 Abortions by Month and Provider, 2019

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician HH	40	71	38	24	35	24	73	75	16	120	52	85	**653**
Physician II	19	16	12	9	30	9				11	28		**134**
Physician JJ							1						**1**
Physician KK						1	1						**2**
Physician LL			1										**1**
Physician MM		1			1				1	1		1	**5**
Physician NN	64	70	71	46	65	45	65	26	39	12	35	10	**548**
Physician OO								1	1				**2**
Physician PP									36	8	24	21	**89**
Physician QQ		25	27	20	24	37	18	22	13	4		14	**204**
Physician RR							1						**1**
Physician SS		1							1				**2**
Physician TT	48	35	39	28	34	21	63	41	43	44	41	39	**476**
Physician UU		1						1					**2**
Physician VV		1		1		1	1	1	2			1	**8**
Physician WW	69	25	51	33	31	120	41	89	101	71	68	84	**783**
Physician XX	63	33	67	66	63	63	46	46	20	5	16	1	**489**
Physician YY								1					**1**
Physician ZZ					1								**1**
Physician AB	65	24	44	56	26	15	45	36	41	27	34	44	**457**
Physician AC	47	15	27	8	33	11	48	14	42	19	28	15	**307**
Physician AD						1							**1**
Physician AE	16		8	12		8	10		11	8		14	**87**
Physician AF				1		1							**2**
Physician AG	9	14	20	7	14	14	12	25	9	12	20	12	**168**
Physician AH			1		1	1							**3**
Physician AI					1								**1**
Physician AJ			1	1	1		1						**4**
Physician AK							1	1					**2**
Physician AL	7				6		7	6	6	7			**39**
Physician AM			15	9	14	14	15		37	15	17		**136**
Total MN	**982**	**786**	**881**	**747**	**910**	**890**	**912**	**875**	**779**	**730**	**741**	**689**	**9,922**

Table 2. Medical Specialty of Physician, 2019

Obstetrics & Gynecology	6,767
Emergency Medicine	1
General/Family Practice	3,153
Other/Unspecified	1
Total	9,922

Table 3. Type of Admission, 2019

Clinic	9,862
Outpatient Hospital	11
Inpatient Hospital	26
Ambulatory Surgery	22
Doctor's	1
Other/Unspecified	0
Total Minnesota Occurrence	9,922

Table 4. Age of Woman, 2019

	Occurring in Minnesota	Minnesota Residents
< 15 Years	26	24
15 - 17 Years	233	211
18 - 19 Years	590	525
20 - 24 Years	2,691	2,429
25 - 29 Years	2,832	2,589
30 - 34 Years	1,690	1,573
35 - 39 Years	1,520	1,385
40 Years & Over	335	293
Not Reported	5	5
Total	9,922	9,034

Table 5. Marital Status, 2019

	Occurring in Minnesota	Minnesota Residents
Married	1,528	1,363
Not Married	7,948	7,247
Not Reported	446	424
Total	9,922	9,034

Tables 6. Country/State of Residence, 2019

Minnesota	9,034
Other States	
Iowa	66
Michigan	14
North Dakota	51
South Dakota	99
Wisconsin	616
Other States	41
Canada	0
Other Foreign Countries	1
Not Reported	0
Total MN Occurrence	9,922

Table 7. County of Residence for Women Residing in Minnesota, 2019

State Total	**9,034**		
Aitkin	7	Marshall	--
Anoka	621	Martin	12
Becker	10	Meeker	15
Beltrami	39	Mille Lacs	29
Benton	55	Morrison	25
Big Stone	--	Mower	41
Blue Earth	81	Murray	--
Brown	17	Nicollet	27
Carlton	32	Nobles	6
Carver	98	Norman	--
Cass	15	Olmsted	223
Chippewa	9	Otter Tail	6
Chisago	43	Pennington	--
Clay	8	Pine	19
Clearwater	--	Pipestone	--
Cook	7	Polk	--
Cottonwood	9	Pope	7
Crow Wing	60	Ramsey	1,633
Dakota	758	Red Lake	--
Dodge	17	Redwood	10
Douglas	13	Renville	13
Faribault	--	Rice	58
Fillmore	13	Rock	--
Freeborn	37	Roseau	--
Goodhue	57	Saint Louis	278
Grant	--	Scott	163
Hennepin	3,205	Sherburne	120
Houston	6	Sibley	--
Hubbard	--	Stearns	229
Isanti	51	Steele	43
Itasca	24	Stevens	--
Jackson	6	Swift	9
Kanabec	9	Todd	8
Kandiyohi	40	Traverse	--
Kittson	--	Wabasha	18
Koochiching	10	Wadena	--
Lac Qui Parle	--	Waseca	17
Lake	16	Washington	381
Lake of the Woods	--	Watonwan	12
Le Sueur	20	Wilkin	--
Lincoln	--	Winona	46
Lyon	17	Wright	95
McLeod	22	Yellow Medicine	8
Mahnomen	--	Unknown County	--

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

Table 8a. Hispanic Origin of Woman, 2019

	Occurring in Minnesota	Minnesota Residents
Non-Hispanic	8,301	7,539
Hispanic	937	868
Not Reported	684	627
Total	9,922	9,034

Table 8b. Race of Woman, 2019

	Occurring in Minnesota	Minnesota Residents
White	4,861	4,179
Black	2,762	2,700
American Indian	254	220
Asian	733	693
Other	969	921
Not Reported	343	321
Total	9,922	9,034

Table 9a. Race and Hispanic Ethnicity of Woman, MN Occurrence, 2019

	Hispanic	Not Hispanic	Unknown Hispanic	Total
White	354	4,309	198	4,861
Black	50	2,569	143	2,762
American Indian	39	201	14	254
Asian	12	700	21	733
Other	432	491	46	969
Not Reported	50	31	262	343
Total	937	8,301	684	9,922

Table 9b. Race and Hispanic Ethnicity of Woman, MN Residents, 2019

	Hispanic	Not Hispanic	Unknown Hispanic	Total
White	320	3,696	163	4,179
Black	48	2,512	140	2,700
American Indian	37	172	11	220
Asian	11	663	19	693
Other	407	469	45	921
Not Reported	45	27	249	321
Total	868	7,539	627	9,034

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, 2019

	Occurring in Minnesota	Minnesota Residents
8th Grade or Less	73	67
Some High School	1,504	1,398
High School Graduate	1,907	1,707
Some College	3,153	2,875
College Graduate	1,860	1,648
Graduate Level	362	339
Not Reported	1,063	1,000
Total	9,922	9,034

Table 11. Clinical Estimate of Fetal Gestational Age, 2019

	Occurring in Minnesota	Minnesota Residents
< 9 weeks	6,532	5,993
9 - 10 weeks	1,425	1,282
11 - 12 weeks	648	588
13 - 15 weeks	592	540
16 - 20 weeks	405	352
21 - 24 weeks	177	145
25 - 30 weeks	2	1
31 - 36 weeks	0	0
37 weeks & over	0	0
Not Reported	141	133
Total	9,922	9,034

Table 11a. Clinical Estimate of Fetal Gestational Age by Trimester, 2019

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	0	0	14	219	202	28	0	0
3	0	0	15	158	138	29	0	0
4	213	197	16	123	112	30	1	0
5	1457	1345	17	69	64	31	0	0
6	1927	1775	18	73	62	32	0	0
7	1535	1401	19	75	62	33	0	0
8	1400	1275	20	65	52	34	0	0
9	908	810	21	72	57	35	0	0
10	517	472	22	71	59	36	0	0
11	375	345	23	34	29	37	0	0
12	273	243	24	0	0	38	0	0
13	215	200	25	1	1	39	0	0
			26	0	0	40+	0	0
			27	0	0			
Trimester Total	8,820	8,063		960	838		1	0

Total Induced Abortions:	**Occurring in Minnesota[1]:**	9,781	**Minnesota Residents[2]:** 8,901

[1] Total for Occuring in MN is missing 141 with gestional age not reported.

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

Table 12. Prior Pregnancies, 2019

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	3,948	3,543	None	7,766	7,068	None	6,022	5,390
One	2,262	2,082	One	1,523	1,386	One	2,195	2,033
Two	1,942	1,765	Two	375	342	Two	933	874
Three	962	887	Three	110	101	Three	396	375
Four	452	421	Four	36	34	Four	158	152
Five	153	144	Five	14	13	Five	63	61
Six	69	66	Six	9	8	Six	34	34
Seven	30	29	Seven	2	2	Seven	25	25
Eight	11	11	Eight	1	1	Eight	6	6
Nine or more	10	10	Nine or more	4	4	Nine or more	22	22
Not Reported	83	76	Not Reported	82	75	Not Reported	68	62

Table 13. Abortion Procedure, 2019

	Occurring in Minnesota	Minnesota Residents
Surgical		
Dilation and Curettage (D & C)	5,508	5,036
Dilation & Evacuation (D&E)	671	577
Hysterectomy/otomy	1	1
Other surgical	2	1
Medical		
Mifipristone	3,592	3,276
Misoprostol	119	115
Methotrexate	0	0
Other medication (includes labor induction)	26	25
Intra-Uterine Instillation	3	3
Unknown	0	0
Total	9,922	9,034

Table 14. Method of Disposal of Fetal Remains, 2019

	Occurring in Minnesota	Minnesota Residents
Cremation	2,858	2,540
Burial	26	21
No fetal remains	7,038	6,473
Unknown	0	0
Total	9,922	9,034

* '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, 2019

Occurring in Minnesota

	Fee for Service	Capitated		Other/Unknown and No Response	Total
Private Coverage	192	0		2,258	2,450
Public Assistance	591	0	**	3,746	4,337
Self Pay	238	0		2,897	3,135
Unknown	0	0		0	0
Total	1,021	0		8,901	9,922

Minnesota Residents

	Fee for Service	Capitated		Other/Unknown and No Response	Total
Private Coverage	180	0		2,080	2,260
Public Assistance	591	0	**	3,730	4,321
Self Pay	125	0		2,328	2,453
Unknown	0	0		0	0
Total	896	0		8,138	9,034

**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*, 2019

	Occurring in Minnesota	Minnesota Residents
Pregnancy was a result of rape	84	75
Pregnancy was a result of incest	12	12
Economic reasons	2,120	1,885
Does not want children at this time	6,744	6,158
Emotional health is at stake	1,099	979
Physical Health is at stake	679	619
Continued pregnancy will cause impairment of major bodily function	34	29
Pregnancy resulted in fetal anomalies	183	150
Unknown or the woman refused to answer	2,001	1,837
Other stated reason	224 **	193

*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, 2019

Physical or mental health issues and concerns	23
Education, career, and employment issues	13
Not ready or prepared for a child or more children at this time or family already completed	38
Relationship issues, including abuse, separation, divorce, or extra-marital affairs	45
Other miscellaneous responses	74
"Other Reason" was indicated, but not specified	36
Total**	229

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

Table 17. Intraoperative Complications*, 2019

	Occurring in Minnesota	Minnesota Residents
No Complications	9,813	8,933
Cervical laceration requiring suture or repair	8	8
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	11	9
Uterine perforation	6	6
Other complication	89	83

*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*, 2019

Cervical laceration requiring suture or repair	1
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	3
Uterine perforation	1
Infection requiring inpatient treatment	2
Heavy bleeding/anemia requiring transfusion	1
Failed termination of pregnancy (continued viable pregnancy)	1
Incomplete termination of pregnancy (retained products of conception requiring re-evacuation)	25
Other complication	4

Reported on *Report of Complication from Induced Abortion* form

[1] 31 '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. Data not available at time of Report. Will be updated once data is published.

Table 19. Induced Abortions by Gestational Age Performed Out of State and Paid for with State Funds[1], 2018

< 9 weeks	
9 - 10 weeks	
11 - 12 weeks	
13 - 15 weeks	
16 - 20 weeks	
21 - 24 weeks	
25 - 30 weeks	
31 - 36 weeks	
37 weeks & over	
Unknown	
Total Occurrence	
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 2018

Table 20. Total and Resident Induced Abortions, 1980 - 2019

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 [2]
2019	9,922	9,034	91.1	8.4 [3]

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

[2]2018 rate was updated using 2018 population.

[3]2019 population estimate was not available at time of publication. 2018 population was used.

Informed Consent

Table 21. Medical Risks Information, Report of Informed Consent for Induced Abortion, 2019

Contact Method	Referring Physician	Physician Performing Abortion	Total
Telephone	11,651	1,119	12,770
In Person	138	17	155
Total Contacts	11,789	1,136	12,925
Information not provided:			
- immediate abortion necessary to avert death			0
- delay would create serious risk of substantial impairment			0
- fetal anomaly: patient chose perinatal hospice services			1
Total reports received			12,926

Table 22. Medical Assistance and Printed Materials Information, Report of Informed Consent for Induced Abortion, 2019

Contact Method	Referring Physician	Agent of Referring Physician	Physician Performing Abortion	Agent of Physician Performing Abortion	Total
Telephone	29	11,456	8	1,307	12,800
In Person	55	33	10	11	109
Total Contacts	84	11,489	18	1,318	12,909
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					12,926

Table 23. Patient Access to Printed Materials, Report of Informed Consent for Induced Abortion, 2019

	Obtained Abortion	Did Not Obtain Abortion	Do Not Know	Total
Patient obtained printed copies	229	0	81	310
Patient did not obtain printed copies	9,901	63	2,652	12,616
Total	10,130	63	2,733	12,926
Total reports received				12,926

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, 2019 through December 31, 2019, three (3) abortion procedures resulting in a born-alive infant were reported.

- In one instance, fetal anomalies were reported but residual cardiac activity was present at 2 minutes. Care of fetus was transferred to the second medical doctor. 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 2018 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, 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]	12	6	14	12	15	4	6	7	7	17	12	12	124
Total Minnesota Occurrence	**860**	**795**	**984**	**757**	**930**	**874**	**829**	**905**	**685**	**832**	**792**	**668**	**9,911**

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

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

NOTE: This table was updated to include 1 additional record that was not received in time for the original report.

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	1	2			1		1			1			**6**
Total MN	**860**	**795**	**984**	**757**	**930**	**874**	**829**	**905**	**685**	**832**	**792**	**668**	**9,911**

Table 2. Medical Specialty of Physician, 2018

Obstetrics & Gynecology	6,824
Emergency Medicine	1
General/Family Practice	3,084
Other/Unspecified	2
Total	9,911

Table 3. Type of Admission, 2018

Clinic	9,484
Outpatient Hospital	77
Inpatient Hospital	31
Ambulatory Surgery	8
Doctor's	311
Other/Unspecified	0
Total Minnesota Occurrence	9,911

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	2,776	2,504
30 - 34 Years	1,712	1,552
35 - 39 Years	1,518	1,377
40 Years & Over	383	351
Not Reported	0	0
Total	9,911	8,897

Table 5. Marital Status, 2018

	Occurring in Minnesota	Minnesota Residents
Married	1,561	1,410
Not Married	7,936	7,110
Not Reported	414	377
Total	9,911	8,897

Tables 6. Country/State of Residence, 2018

Minnesota	8,897
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	9,911

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

State Total	**8,897**		
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	41	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	8,348	7,463
Hispanic	774	709
Not Reported	789	725
Total	9,911	8,897

Table 8b. Race of Woman, 2018

	Occurring in Minnesota	Minnesota Residents
White	4,990	4,191
Black	2,625	2,564
American Indian	232	187
Asian	795	755
Other	888	841
Not Reported	381	359
Total	9,911	8,897

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

	Hispanic	Not Hispanic	Unknown Hispanic	Total
White	278	4,489	223	4,990
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	8,348	789	9,911

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

	Hispanic	Not Hispanic	Unknown Hispanic	Total
White	241	3,765	185	4,191
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	7,463	725	8,897

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	1,739	1,537
Graduate Level	317	295
Not Reported	1,222	1,146
Total	9,911	8,897

Table 11. Clinical Estimate of Fetal Gestational Age, 2018

	Occurring in Minnesota	Minnesota Residents
< 9 weeks	6,853	6,247
9 - 10 weeks	1,175	1,044
11 - 12 weeks	626	548
13 - 15 weeks	527	452
16 - 20 weeks	413	345
21 - 24 weeks	161	124
25 - 30 weeks	3	3
31 - 36 weeks	1	1
37 weeks & over	152	133
Not Reported	0	0
Total	9,911	8,897

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	1903	1760	17	80	69	31	2	2
6	2011	1825	18	57	49	32	0	0
7	1500	1346	19	73	59	33	0	0
8	1218	1105	20	80	66	34	0	0
9	746	662	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	8,845	8,001		910	759		4	4

Total Induced Abortions: **Occurring in Minnesota[1]:** 9,759 **Minnesota Residents[2]:** 8,764

[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	5,972	5,251
One	2,243	2,017	One	1,554	1,418	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)	5,547	4,995
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	9,911	8,897

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	2,598	2,215
Burial	51	47
No fetal remains	7,262	6,635
Unknown	0	0
Total	9,911	8,897

* '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	158	2		2,108	2,268
Public Assistance	582	0	**	3,825	4,407
Self Pay	200	2		3,034	3,236
Unknown	0	0		0	0
Total	940	4		8,967	9,911

Minnesota Residents

	Fee for Service	Capitated		Other/Unknown and No Response	Total
Private Coverage	137	2		1,956	2,095
Public Assistance	581	0	**	3,797	4,378
Self Pay	99	1		2,324	2,424
Unknown	0	0		0	0
Total	817	3		8,077	8,897

**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	6,520
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

Table 17. Intraoperative Complications*, 2018

	Occurring in Minnesota	Minnesota Residents
No Complications	9,836	8,829
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)	8
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] 44 '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 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	9,911	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 estimate was not available at time of publication. 2018 has been updated.

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

Contact Method	Referring Physician	Physician Performing Abortion	Total
Telephone	10,747	1,572	12,319
In Person	109	19	128
Total Contacts	10,856	1,591	12,447
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			12,453

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	10,624	414	1,280	12,349
In Person	43	19	12	13	87
Total Contacts	74	10,643	426	1,293	12,436
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					12,453

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	2,390	12,160
Total	9,920	51	2,482	12,453
Total reports received				12,453

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

DEPARTMENT OF HEALTH

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

07/01/2019

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

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

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

Induced Abortions in Minnesota January - December 2017: Report to the Legislature

07/01/2018

Induced Abortions in Minnesota
January – December 2017
Report to the Legislature

July 2018

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.

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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, 2017. Applicable updated tables for 2016 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 Provider, 2017

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Women's Health Center	24	27	60	27	36	36	24	37	28	31	27	49	406
Robbinsdale Clinic	79	74	72	83	74	64	57	76	82	59	54	80	854
Dr. Mildred Hansen Clinic	50	42	48	51	47	38	62	60	48	41	35	43	565
Planned Parenthood of Minnesota*	535	489	596	511	535	514	479	552	461	509	499	554	6,234
Whole Woman's Health, LLC	195	169	205	153	151	152	176	178	166	160	141	166	2,012
Independent Physicians[1]	5	16	16	5	8	8	11	5	4	8	7	13	106
Total Minnesota Occurrence	888	817	997	830	851	812	809	908	789	808	763	905	10,177

[1]This represents 10 reporting physicians, small clinics and hospitals

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

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	6	14			24	10		10	7	11	11	**100**
Physician B	12	15	10	15	13			10	9	10	6	11	**111**
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	25	18	58		32	12	13	**285**
Physician G	11	14	10	8	28		8	10	11	10	7	10	**127**
Physician H	27	29	32	27	14	31	25	29	25	32	24	23	**318**
Physician I	43	10	36	32	37	27	29	13	16	31	24	16	**314**
Physician J			1										**1**
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	26	25	15	23	27	23	57	23	45	14	10	31	**319**
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	32	30	32	34	19	38	35	22	25	27	20	**343**
Physician EE	18	14	14	21	12	9	15	10	9	18	15	19	**174**
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		2	2		4	2	2	2		2	3	1	**20**
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	23	57	57	25	**445**
Physician OO				1			2					2	**5**
Physician PP	65	80	72	94	80	63	47	62	64	59	45	104	**835**
Physician QQ	79	74	72	83	74	64	57	76	82	59	54	80	**854**
Physician RR							2						**2**
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	36	9	8		6	20	7	14	9	15	**137**
Physician YY				29	9		30			26			**94**
Physician ZZ		1											**1**
Physician AB	1						1			1	1	2	**6**
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	33	30	35	29	45	50	39	23	20	24	**388**
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	73	42	39	46	7	50	32	49	44	36	**488**
Physician AL			1			1				1			**3**
Physician AM	38	53	29	0	58	40	58	13	34	25	58	82	**488**
Physician AN								1			1	1	**3**
Total MN	**888**	**817**	**997**	**830**	**851**	**812**	**809**	**908**	**789**	**808**	**761**	**907**	**10,177**

Table 2. Medical Specialty of Physician, 2017

Obstetrics & Gynecology	6,941
Emergency Medicine	12
General/Family Practice	3,224
Other/Unspecified	
Total	10,177

Table 3. Type of Admission, 2017

Clinic	9,508
Outpatient Hospital	74
Inpatient Hospital	30
Ambulatory Surgery	1
Other/Not Specified	564
Total Minnesota Occurrence	10,177

Table 4. Age of Woman, 2017

	Occurring in Minnesota	Minnesota Residents
< 15 Years	12	12
15 - 17 Years	236	223
18 - 19 Years	593	517
20 - 24 Years	2,937	2,640
25 - 29 Years	2,875	2,630
30 - 34 Years	1,958	1,786
35 - 39 Years	1,183	1,080
40 Years & Over	359	328
Not Reported	24	2
Total	10,177	9,218

Table 5. Marital Status, 2017

	Occurring in Minnesota	Minnesota Residents
Married	1,560	1,404
Not Married	8,082	7,330
Not Reported	535	484
Total	10,177	9,218

Tables 6. Country/State of Residence, 2017

Minnesota	9,218
Other States	
Iowa	51
Michigan	32
North Dakota	89
South Dakota	71
Wisconsin	635
Other States	57
Canada	1
Other Foreign Countries	1
Not Reported	22
Total MN Occurrence	10,177

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

State Total	**9,218**		
Aitkin	9	Marshall	*
Anoka	619	Martin	19
Becker	8	Meeker	18
Beltrami	27	Mille Lacs	26
Benton	89	Morrison	14
Big Stone	*	Mower	38
Blue Earth	114	Murray	*
Brown	13	Nicollet	39
Carlton	38	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	1,572
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	275
Grant	*	Scott	192
Hennepin	3,416	Sherburne	90
Houston	12	Sibley	9
Hubbard	*	Stearns	210
Isanti	39	Steele	31
Itasca	34	Stevens	*
Jackson	*	Swift	10
Kanabec	11	Todd	10
Kandiyohi	34	Traverse	7
Kittson	*	Wabasha	14
Koochiching	12	Wadena	*
Lac Qui Parle	*	Waseca	21
Lake	7	Washington	346
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	0

*Counts of 0 to 5 are indicated by an asterisk.

Table 8. Hispanic Origin of Woman, 2017

	Occurring in Minnesota	Minnesota Residents
Non-Hispanic	8,636	7,793
Hispanic	771	697
Not Reported	770	728
Total	10,177	9,218

Table 9. Race of Woman, 2017

	Occurring in Minnesota	Minnesota Residents
White	5,195	4,434
Black	2,653	2,601
American Indian	248	213
Asian	739	714
Other	935	867
Not Reported	407	389
Total	10,177	9,218

Table 10. Education Level of Woman, 2017

	Occurring in Minnesota	Minnesota Residents
8th Grade or Less	89	89
Some High School	1,142	1,061
High School Graduate	2,124	1,910
Some College	2,742	2,460
College Graduate	2,088	1,868
Graduate Level	234	210
Not Reported	1,758	1,620
Total	10,177	9,218

Table 11. Clinical Estimate of Fetal Gestational Age, 2017

	Occurring in Minnesota	Minnesota Residents
<9 weeks	7,043	6,452
9 - 10 weeks	1,241	1,123
11 - 12 weeks	654	588
13 - 15 weeks	557	492
16 - 20 weeks	450	386
21 - 24 weeks	150	122
25 - 30 weeks	2	2
31 - 36 weeks	0	0
37 weeks & over	0	0
Not Reported	80	53
Total	10,177	9,218

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	147	122	29	0	0
4	230	212	16	134	115	30	0	0
5	1,769	1,641	17	102	88	31	0	0
6	2,206	2,010	18	73	65	32	0	0
7	1,541	1,421	19	70	64	33	0	0
8	1,290	1,161	20	71	54	34	0	0
9	796	734	21	67	57	35	0	0
10	445	389	22	44	31	36	0	0
11	383	349	23	34	30	37	0	0
12	271	239	24	5	4	38	0	0
13	217	198	25	1	1	39	0	0
			26	1	1	40+	0	0
			27	0	0			
Trimester Total	9,155	8,361		942	804		0	0

Total Induced Abortions: **Occurring in Minnesota[1]:** 10,097 **Minnesota Residents[2]:** 9,165

[1] Total for Occuring in MN is missing 80 with gestional age not reported.

[2] Total for MN residents is missing 53 with gestional 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	4,143	3,674	None	8,081	7,308	None	6,015	5,367
One	2,312	2,148	One	1,517	1,396	One	2,373	2,170
Two	2,062	1,869	Two	358	334	Two	1,008	952
Three	938	864	Three	121	112	Three	389	370
Four	433	406	Four	42	38	Four	190	182
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	22	0	Not Reported	24	2	Not Reported	23	1

Table 13. Abortion Procedure, 2017

	Occurring in Minnesota	Minnesota Residents
Surgical		
Dilation and Curettage (D & C)	5,427	4,939
Dilation & Evacuation (D&E)	696	593
Hysterectomy/otomy	0	0
Other surgical	2	0
Medical		
Mifipristone	3,997	3,657
Miscoprostol	24	22
Methotrexate	0	0
Other medication (includes labor induction)	1	0
Intra-Uterine Instillation	1	0
Unknown	29	7
Total	10,177	9,218

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

Table 14. Method of Disposal of Fetal Remains, 2017

	Occurring in Minnesota	Minnesota Residents
Cremation	2,634	2,315
Burial	49	39
No fetal remains	7,447	6,840
Unknown	47	24
Total	10,177	9,218

* '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 and No Response	Total
Private Coverage	170	3		2,231	2,404
Public Assistance	606	2	**	3,861	4,469
Self Pay	212	-		3,045	3,257
Unknown	-	-		-	47
Total	988	5		9,137	10,177

Minnesota Residents

	Fee for Service	Capitated		Other/Unknown and No Response	Total
Private Coverage	151	3		2,062	2,216
Public Assistance	602	2	**	3,849	4,453
Self Pay	110	-		2,415	2,525
Unknown	-	-		-	24
Total	863	5		8,326	9,218

**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	2,403	2,158
Does not want children at this time	7,174	6,533
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	178	138
Unknown or the woman refused to answer	1,627	1,470
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	10,059	9,127
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
Unknown type of complication	47	24

*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	5
Uterine perforation	1
Infection requiring inpatient treatment	4
Heavy bleeding/anemia requiring transfusion	0
Failed termination of pregnancy (continued viable pregnancy)	16
Incomplete termination of pregnancy (retained products of conception requiring re-evacuation)	15
Other complication	12
Complication not specified	2
Total Reported Complications	57

Reported on *Report of Complication from Induced Abortion* form

[1]49 '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.

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

<9 weeks	0
9 - 10 weeks	0
11 - 12 weeks	0
13 - 15 weeks	0
16 - 20 weeks	0
21 - 24 weeks	0
25 - 30 weeks	0
31 - 36 weeks	0
37 weeks & over	0
Unknown	115
Total Occurrence	115
Total state funds used to pay for out of state abortion procedures, including incidental expenses	$17,855.53

[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, 2016[2]

[2]Gestation weeks not reported on claims data received by DHS for 2016.

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	10,117	9,114	90.1	8.6
2017	10,177	9,218	90.6	8.7

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

[2]2017 population estimates not available at time of publication. 2016 count was used.

Informed Consent

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

Contact Method	Referring Physician	Physician Performing Abortion	Total
Telephone	9,684	1,455	11,139
In Person	140	59	199
Total Contacts	9,824	1,514	11,338
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			11,341

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	9,300	140	1,371	10,856
In Person	31	11	425	14	481
Total Contacts	76	9,311	565	1,385	11,337
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					11,341

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	40	216
Patient did not obtain printed copies	9,931	90	1,104	11,125
Total	10,107	90	1,144	11,341
Total reports received				11,341

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, 2017 through December 31, 2017, three (3) abortion procedures resulting in a born-alive infant were reported.

- In one instance, APGAR score was 1/1. No measures were taken 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, no specific steps taken to preserve life were reported and the infant did not survive.

Appendix

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*

Updates to 2016 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 2016 in July of 2017. Tables for which the data did not change have not been republished here.

Table 1.1
Abortions by Month and Provider, 2016

	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Total 2016
Women's Health Center	35	23	36	36	30	20	27	28	33	37	27	30	362
Robbinsdale Clinic	89	81	107	80	67	64	76	56	78	65	75	91	929
Dr. Mildred Hansen Clinic	65	58	83	56	38	36	46	40	45	33	47	63	610
Planned Parenthood of Minnesota*	470	439	470	479	495	497	477	524	442	439	432	465	5,629
Whole Woman's Health, LLC	211	200	248	222	182	192	191	213	198	150	168	190	2,365
Independent Physicians[1]	9	15	7	15	14	10	8	8	9	10	9	8	122
Total Minnesota Occurrence	879	816	951	888	826	819	825	869	805	734	758	847	10,017

[1]This represents 12 reporting physicians, small clinics and hospitals

*Counts include only St. Paul location. No abortions were performed at the Rochester location in 2016.

Table 1.2 Abortions by Provider and Month, 2016

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician A	32	0	0	0	0	0	0	0	0	0	0	0	32
Physician B	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician C	11	25	42	24	10	11	34	24	28	24	28	35	296
Physician D	89	81	107	78	67	64	76	56	78	65	75	91	927
Physician E	23	14	36	24	8	7	9	13	0	15	0	8	157
Physician F	16	6	0	22	31	28	36	38	29	35	47	32	320
Physician G	44	28	35	23	40	0	52	17	24	32	35	34	364
Physician H	12	0	0	12	13	8	7	0	11	10	12	10	95
Physician I	0	0	0	0	0	4	11	14	12	12	6	12	71
Physician J	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician K	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician L	0	0	0	1	0	0	0	0	1	0	0	0	2
Physician M	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician N	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician O	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician P	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician Q	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician R	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician S	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician T	0	1	0	0	0	1	0	0	0	0	0	0	2
Physician U	0	0	1	0	1	0	0	0	0	1	0	0	3
Physician V	0	2	0	0	0	0	0	0	1	0	0	1	4
Physician W	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician X	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician Y	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician Z	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician AA	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician BB	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician CC	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician DD	0	0	0	0	0	1	1	0	0	0	0	0	2
Physician EE	1	1	0	0	0	1	0	0	1	1	0	0	5
Physician FF	0	0	1	0	1	1	1	1	0	0	0	0	5
Physician GG	0	1	0	0	0	0	1	0	0	1	0	1	4
Physician HH	0	0	1	0	0	0	0	0	0	1	0	0	2
Physician II	1	0	0	0	1	0	0	0	0	0	0	0	2
Physician JJ	0	0	1	0	0	0	0	1	0	0	0	0	2
Physician KK	0	13	0	0	0	0	0	0	0	0	0	0	13
Physician LL	92	82	96	122	95	143	67	115	86	67	84	119	1,168
Physician MM	0	0	0	0	0	0	0	2	0	0	0	0	2
Physician NN	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician OO	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician PP	3	1	0	1	2	0	2	2	3	1	2	2	19
Physician QQ	0	1	0	0	0	0	0	0	0	0	1	0	2
Physician RR	1	0	0	0	0	0	0	0	0	0	0	0	1

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician SS	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician TT	26	40	30	13	14	14	16	25	10	41	19	0	248
Physician UU	31	25	16	33	14	38	17	18	14	0	30	29	265
Physician VV	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician WW	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician XX	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician YY	52	8	53	35	46	51	47	71	58	58	81	41	601
Physician ZZ	0	2	0	1	0	0	0	1	0	0	1	0	5
Physician AB	0	0	1	0	1	0	1	0	0	0	1	0	4
Physician AC	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician AD	0	2	1	0	0	0	0	0	0	0	0	0	3
Physician AE	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician AF	0	0	0	0	1	0	0	0	0	0	1	2	4
Physician AG	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician AH	0	0	2	0	0	0	0	0	0	0	0	0	2
Physician AI	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician AJ	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician AK	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician AL	0	9	0	0	9	0	0	0	10	0	0	0	28
Physician AM	26	35	4	19	26	22	15	18	22	9	0	9	205
Physician AN	14	25	20	15	15	13	1	8	13	0	0	0	124
Physician AO	41	59	111	99	59	71	55	14	35	46	33	33	656
Physician AP	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician AQ	0	0	3	0	0	0	0	0	0	0	0	1	4
Physician AR	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician AS	85	45	16	37	65	39	61	45	63	49	36	58	599
Physician AT	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician AU	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician AV	0	0	1	0	0	0	0	1	0	0	0	0	2
Physician AW	1	0	0	0	0	0	0	0	0	0	0	1	2
Physician AX	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician AY	1	0	1	0	0	0	0	0	0	0	0	0	2
Physician AZ	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician BC	27	37	45	35	34	31	11	68	22	24	36	22	392
Physician BD	12	0	0	12	11	14	7	3	0	0	10	13	82
Physician BE	0	0	28	14	30	15	21	33	17	32	31	16	237
Physician BF	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician BG	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician BH	49	39	35	31	30	28	40	30	49	18	16	27	392
Physician BI	40	8	20	17	12	12	11	8	4	9	19	28	188
Physician BJ	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician BK	0	1	0	0	0	0	0	1	0	0	1	0	3
Physician BL	29	28	32	26	27	24	30	25	18	25	39	22	325
Physician BM	1	0	0	0	0	0	0	1	0	0	0	0	2
Physician BN	10	18	19	17	21	18	24	40	36	22	15	36	276

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician BO	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician BP	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician BQ	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician BR	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician BS	13	22	42	69	29	51	46	36	23	34	11	11	387
Physician BT	0	11	0	0	0	18	0	24	12	12	0	0	77
Physician BU	53	93	81	69	79	74	68	57	58	28	10	73	743
Physician BV	26	35	37	15	25	0	15	18	28	25	12	17	253
Physician BW	12	11	27	8	0	9	37	36	25	29	58	45	297
Physician BX	1	0	0	0	0	0	0	2	8	1	1	4	17
Physician BY	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician BZ	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician CA	1	2	0	2	4	3	1	0	1	2	0	0	16
Physician CB	0	0	1	1	0	0	0	1	0	2	0	0	5
Physician CC	0	0	0	0	0	0	0	0	0	0	0	11	11
Physician CD	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician CE	0	0	1	0	0	0	0	0	1	0	0	0	2
Physician CF	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician CG	0	0	0	0	0	2	0	0	0	0	0	0	2
Physician CH	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician CI	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician CJ	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician CK	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician CL	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician CM	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician CN	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician CO	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician CP	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician CQ	0	0	0	1	0	0	0	0	0	0	0	0	1
TOTAL	**879**	**816**	**951**	**888**	**826**	**819**	**825**	**869**	**805**	**734**	**758**	**847**	**10,017**

Table 2
Medical Specialty of Physician, 2016

Specialty	Count
Obstetrics & Gynecology	6,905
Emergency Medicine	11
General/Family Practice	3,086
Other/Unspecified	15
Total	10,017

Table 3
Type of Admission, 2016

Admission type	Count
Clinic	9,289
Outpatient Hospital	80
Inpatient Hospital	31
Ambulatory Surgery	7
Other/Not Specified	610
Total Minnesota Occurrence	10,017

Table 4
Age of Woman, 2016

	Occurring in Minnesota	Minnesota Residents
< 15 Years	29	26
15 - 17 Years	263	238
18 - 19 Years	607	550
20 - 24 Years	2,849	2,566
25 - 29 Years	2,816	2,574
30 - 34 Years	1,990	1,830
35 - 39 Years	1,108	1,018
40 Years & Over	355	312
Not Reported	0	0
Total	10,017	9,114

Table 5
Marital Status, 2016

	Occurring in Minnesota	Minnesota Residents
Married	1,432	1,288
Not Married	8,012	7,294
Not Reported	573	532
Total	10,017	9,114

Table 6
Country/State of Residence, 2016

Place of Residence	Count
Minnesota	9,114
Other States	
Iowa	39
Michigan	17
North Dakota	67
South Dakota	78
Wisconsin	639
Other States	61
Canada	1
Other Foreign Countries	0
Not Reported	1
Total MN Occurrence	10,017

Table 7
County of Residence for Women Residing in Minnesota, 2016

State Total	**10,017**		
Aitkin	11	Marshall	*
Anoka	557	Martin	15
Becker	*	Meeker	9
Beltrami	36	Mille Lacs	36
Benton	68	Morrison	27
Big Stone	*	Mower	50
Blue Earth	102	Murray	*
Brown	17	Nicollet	45
Carlton	36	Nobles	7
Carver	93	Norman	*
Cass	21	Olmsted	218
Chippewa	9	Otter Tail	14
Chisago	46	Pennington	*
Clay	10	Pine	27
Clearwater	*	Pipestone	*
Cook	7	Polk	*
Cottonwood	*	Pope	*
Crow Wing	71	Ramsey	1,629
Dakota	727	Red Lake	*
Dodge	18	Redwood	9
Douglas	19	Renville	10
Faribault	12	Rice	67
Fillmore	20	Rock	*
Freeborn	29	Roseau	*
Goodhue	42	Saint Louis	259
Grant	*	Scott	165
Hennepin	3,375	Sherburne	94
Houston	10	Sibley	14
Hubbard	6	Stearns	200
Isanti	48	Steele	36
Itasca	29	Stevens	*
Jackson	8	Swift	*
Kanabec	10	Todd	9
Kandiyohi	37	Traverse	*
Kittson	*	Wabasha	20
Koochiching	8	Wadena	*
Lac Qui Parle	*	Waseca	18
Lake	11	Washington	332
Lake of the Woods	*	Watonwan	6
Le Sueur	23	Wilkin	*
Lincoln	*	Winona	46
Lyon	18	Wright	124
McLeod	31	Yellow Medicine	5
Mahnomen	*	Unknown County	0

*Counts of 0 to 5 are indicated by an asterisk.

Table 8
Hispanic Origin of Woman, 2016

	Occurring in Minnesota	Minnesota Residents
Non-Hispanic	8,948	8,105
Hispanic	703	668
Not Reported	366	341
Total	10,017	9,114

Table 9
Race of Woman, 2016

	Occurring in Minnesota	Minnesota Residents
White	5,094	4,368
Black	2,631	2,589
American Indian	214	188
Asian	738	698
Other	1,165	1,105
Not Reported	175	166
Total	10,017	9,114

Table 10
Education Level of Woman, 2016

	Occurring in Minnesota	Minnesota Residents
8th Grade or Less	113	103
Some High School	569	531
High School Graduate	2,419	2,191
Some College	2,898	2,617
College Graduate	1,450	1,286
Graduate Level	498	440
Not Reported	2,070	1,946
Total	10,017	9,114

Table 11
Clinical Estimate of Fetal Gestational Age, 2016

	Occurring in Minnesota	Minnesota Residents
<9 weeks	6,707	6,157
9 - 10 weeks	1,422	1,303
11 - 12 weeks	635	565
13 - 15 weeks	600	533
16 - 20 weeks	501	437
21 - 24 weeks	151	118
25 - 30 weeks	1	1
31 - 36 weeks	0	0
37 weeks & over	0	0
Not Reported	0	0
Total	10,017	9,114

Table 11a
Clinical Estimate of Fetal Gestational Age, 2016

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	4	3	**14**	206	183	**28**	0	0
3	6	5	**15**	173	158	**29**	0	0
4	175	159	**16**	135	122	**30**	0	0
5	1,461	1,349	**17**	96	87	**31**	0	0
6	2,210	2,013	**18**	98	86	**32**	0	0
7	1,592	1,456	**19**	83	67	**33**	0	0
8	1,259	1,172	**20**	89	75	**34**	0	0
9	870	801	**21**	84	68	**35**	0	0
10	552	502	**22**	43	34	**36**	0	0
11	361	329	**23**	23	16	**37**	0	0
12	274	236	**24**	1	0	**38**	0	0
13	221	192	**25**	0	0	**39**	0	0
			26	1	1	**40+**	0	0
			27	0	0			
Trimester Total	8,985	8,217		1,032	897		0	0

Total Induced Abortions Occurring in Minnesota: 10,017 **Minnesota Residents:** 9,114

Table 12
Prior Pregnancies, 2016

	Occurring in Minnesota	Minnesota Residents
Number of Previous Live Births		
None	4,155	3,706
One	2,327	2,125
Two	1,891	1,743
Three	926	866
Four	428	402
Five	156	148
Six	62	56
Seven	38	36
Eight	13	11
Nine or more	16	16
Not Reported	5	5
Number of Previous Spontaneous Abortions (Miscarriages)		
None	7,938	7,208
One	1,523	1,398
Two	379	348
Three	112	98
Four	38	37
Five	9	7
Six	7	7
Seven	1	1
Eight	4	4
Nine or more	5	5
Not Reported	1	1
Number of Previous Induced Abortions		
None	6,006	5,362
One	2,355	2,178
Two	937	875
Three	395	379
Four	162	159
Five	66	66
Six	43	43
Seven	14	14
Eight	7	7
Nine or more	30	29
Not Reported	2	2

Table 13
Contraceptive Use and Method*, 2016

	Occurring in Minnesota	Minnesota Residents
Woman did not provide information	1,926	1,749
Woman did not know whether she used contraception	202	184
Woman has never used contraceptives	653	611
Woman has used contraceptives, but not at the time of conception	5,606	5,116
Woman used contraceptives at the time of conception	1,630	1,454
Method Used		
Condoms	523	464
Condoms & Spermicide	9	9
Spermicide Alone	11	10
Sterilization - Male	11	11
Sterilization - Female	4	4
Injectable (Depo-Provera)	51	47
IUD	65	59
Mini Pills	85	67
Combination Pills	488	440
Diaphragm & Spermicide	3	3
Diaphragm Alone	1	1
Cervical Cap	0	0
Rhythm/Natural Family Planning	15	11
Fertility Awareness	11	10
Withdrawal	53	50
Other	289	257
Method Not Reported	11	11

*The accuracy of reporting 'Use of Contraceptives at the Time of Conception' is dependent uponself-reporting by the woman. Thus, these data should not be interpreted as an indication of the effectiveness of any particular method of birth control.

Table 14
Abortion Procedure, 2016

	Occurring in Minnesota	Minnesota Residents
Suction Currettage	5,572	5,115
Medical (non-surgical)	3,531	3,207
Dilation & Evacuation (D&E)	861	745
Intra-Uterine Instillation	4	4
Hysterectomy/otomy	2	2
Sharp Curettage (D&C)	36	32
Induction of Labor (Pitocin, etc.)	10	8
Intact Dilation & Extraction (D&X)	0	0
Other Dilation & Extraction (D&X)	0	0
Other Method	1	1
Total	10,017	9,114

Table 15
Method of Disposal of Fetal Remains, 2016

	Occurring in Minnesota	Minnesota Residents
Cremation	4,352	3,930
Burial	39	26
Not Reported*	5,626	5,148
Total	10,017	9,104

* '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 16
Payment Type and Health Insurance Coverage, 2016

	Occurring in Minnesota			
	Fee for Service	Capitated	Other/Unknown and No Response	Total
Private Coverage	177	3	1,963	2,143
Public Assistance	625	1 **	3,818	4,444
Self Pay	-	-	3,428	3,428
Unknown	1	-	1	2
Total	803	4	9,210	10,017

	Minnesota Residents			
	Fee for Service	Capitated	Other/Unknown and No Response	Total
Private Coverage	167	3	1,821	1,991
Public Assistance	616	1 **	3,803	4,420
Self Pay	-	-	2,701	2,701
Unknown	1	-	1	2
Total	784	4	8,326	9,114

**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 17
Reason for Abortion*, 2016

	Occurring in Minnesota	Minnesota Residents
Pregnancy was a result of rape	77	64
Pregnancy was a result of incest	8	7
Economic reasons	2,865	2,572
Does not want children at this time	6,933	6,306
Emotional health is at stake	1,014	910
Physical Health is at stake	666	610
Continued pregnancy will cause impairment of major bodily function	36	32
Pregnancy resulted in fetal anomalies	174	136
Unknown or the woman refused to answer	1,596	1,466
Other stated reason	364	335

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

Table 18
Intraoperative Complications*, 2016

	Occurring in Minnesota	Minnesota Residents
No Complications	9,948	9,050
Cervical laceration requiring suture or repair	22	19
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	5	5
Uterine perforation	5	4
Other complication	35	34
Not Reported**	2	2
Total	10,017	9,114

*Complication occurring at the time of the abortion procedure

Table 19
Postoperative Complications*, 2016

reported on **Report of Complication from Induced Abortion** form

Complication	Count
Cervical laceration requiring suture or repair	0
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	0
Uterine perforation	3
Infection requiring inpatient treatment	4
Heavy bleeding/anemia requiring transfusion	1
Failed termination of pregnancy (continued viable pregnancy)	18
Incomplete termination of pregnancy (retained products of conception requiring re-evacuation)	54
Other complication	7
Complication not specified	2
Total Reported Complications	89 [1]

[1] 83 'Report of Complication(s) from Induced Abortion' forms were received. Forms may include more than one complication.

*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.

Table 20
Induced Abortions by Gestational Age
Performed Out of State and Paid for with State Funds[1]
reported by the Minnesota Department of Human Services, 2015[2]

Gestational Age	Count
<9 weeks	0
9 - 10 weeks	0
11 - 12 weeks	0
13 - 15 weeks	0
16 - 20 weeks	0
21 - 24 weeks	0
25 - 30 weeks	0
31 - 36 weeks	0
37 weeks & over	0
Unknown	124
Total Occurrence	124
Total state funds used to pay for out of state abortion procedures, including incidental expenses.	$22,824.59

[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."

[2]Gestation weeks were not reported on claims data received by DHS for 2015.

Table 21
Total and Resident Induced Abortions
1975, 1980 - 2016

	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	10,117	9,114	90.1	8.6

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

Table 22
Abortions per 100 Live Births by Selected Patient Characteristics
Minnesota Residents; 1980, 1990, 2000, 2010, 2013-2016

	1980	1990	2000	2010	2013	2014	2015	2016
Total Resident Abortions	24.3	22.5	19.6	15.5	14.2	13.1	12.7	13.0
Age Group*								
<15	231.1	68.1	71.3	89.4	80.6	130.4	72.7	173.3
15-17 Years	80.2 [1]	69.2	40.2	37.3	31.8	33.2	34.5	46.5
18-19 Years		57.5	39.5	30.5	30.3	29.9	30.6	32.6
20-24 Years	26.9	35.6	31.8	28.0	24.6	24.4	24.1	24.9
25-29 Years	11.7	14.1	15.6	12.0	11.0	11.7	11.4	12.1
30-34 Years	10.8	11.2	10.5	8.7	7.5	7.3	7.4	7.8
35-39 Years	19.8	18.3	13.7	11.5	9.7	10.3	10.4	9.8
40 Years & Over	41.9	35.9	28.2	20.1	18.2	19.6	16.4	16.2
Race of Patient*								
White	22.5	20.9	14.5	11.8	8.8	8.7	8.7	8.4
African American	n/a [2]	n/a [2]	60.3	40.1	29.8	28.7	29.1	30.6
American Indian	n/a [2]	n/a [2]	26.3	20.6	12.8	17.5	15.2	13.9
Asian	n/a [2]	n/a [2]	34.8	16.8	12.1	12.5	13.0	12.5
All Other	45.1	33.4	--	--	--	--	--	--
Hispanic	n/a	n/a	18.4	12.9	10.9	12.4	12.4	13.7
Marital Status*								
Married	3.5	4.2	4.0	3.4	2.6	2.7	2.8	2.7
Not Married	159.3	48.4	56.9	38.9	30.8	31.5	30.8	32.5

[1]Ratio is for age 15-19. Separate data for 15-17 and 18-19 is not available for 1980.

[2]Race/Ethnicity data was collected differently prior to 1999, thus ratios are not available for individual categories other than 'White'.

[3]Figures have been updated from those published in the 2016 table with finalized 2016 birth data.

Table 23
Selected Statistics by Age Group, 2016
Minnesota Residents

	Total	<15 Years	15 - 17 Years	18 - 19 Years	20 - 24 Years	25 - 29 Years	30 - 34 Years	35 - 39 Years	40+ Years	Unknown Age
Total Abortions	9,114	26	238	550	2,566	2,574	1,830	1,018	312	0
Marital Status:										
Married	1,288	0	1	6	99	284	452	323	123	0
Not Married	7,294	25	224	509	2,326	2,142	1,250	643	175	0
Unknown	532	1	13	35	141	148	128	52	14	0
Race/Ethnicity:										
White	4,368	8	112	253	1,185	1,185	888	564	173	0
African American	2,589	9	59	152	794	815	494	207	59	0
American Indian	188	1	7	10	60	56	33	16	5	0
Asian	698	1	17	29	137	158	204	104	48	0
Other/Unknown	1,271	7	43	106	390	360	211	127	27	0
Hispanic*	668	4	29	58	239	146	100	74	18	0
Gestation Estimate: **										
First Trimester	8,217	19	200	477	2,342	2,315	1,667	917	280	0
Second Trimester	897	7	38	73	224	259	163	101	32	0
Third Trimester	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0

*Persons of Hispanic origin are included in the race counts above.

**1st Trimester: 0-13 weeks, 2nd Trimester: 14-27 weeks, 3rd Trimester: 28-40+ weeks

Table 24
Contraceptive Use by Age Group and Marital Status, 2016
Minnesota Residents

	All Induced Abortions					Women with at Least One Prior Induced Abortion				
	Total	Never Used	Past Use, Not Now	Was Using	Unknown	Total	Never Used	Past Use, Not Now	Was Using	Unknown
Total Abortions	9,114	611	5,116	1,454	1,933	3,752	160	2,231	620	741
Age Group:										
<15 Years	26	11	5	3	7	1	1	0	0	0
15-17 Years	238	51	104	31	52	16	2	10	2	2
18-19 Years	550	75	292	77	106	91	10	46	15	20
20-24 Years	2,566	187	1,448	398	533	800	36	474	140	150
25-29 Years	2,574	129	1,473	426	546	1,216	43	735	190	248
30-34 Years	1,830	95	1,056	296	383	906	39	551	151	165
35-39 Years	1,018	48	576	163	231	552	20	325	87	120
40+ Years	312	15	162	60	75	170	9	90	35	36
Unknown Age	0	0	0	0	0	0	0	0	0	0
Marital Status:										
Married	1,288	93	660	215	320	464	20	259	86	99
Not Married	7,294	473	4,212	1,161	1,448	3,090	125	1,885	502	578
Unknown	532	45	244	78	165	198	15	87	32	64

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

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)

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, 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.

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

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

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

DEPARTMENT OF HEALTH

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.

Induced Abortions in Minnesota

January - December 2016:

Report to the Legislature

July 2017

DEPARTMENT OF HEALTH
CENTER FOR HEALTH STATISTICS

Induced Abortions in Minnesota
January – December 2016
Report to the Legislature

July 2017

Minnesota Department of Health
Center for Health Statistics
PO Box 64882
St. Paul, MN 55164-0882
651-201-5945
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.

Table of Contents

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, 2016. Additional *Report of Informed Consent Related to Induced Abortion* forms for 2015 were submitted after publication of the 2015 data in July of 2016. Applicable updated tables 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 2016 data to MDH by April 1, 2017. 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. The ***Report of Induced Abortion*** (see Appendix, 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. These items include: medical specialty of the physician performing the abortion, patient age, date of the abortion, clinical estimate of gestation, number of previous spontaneous and induced abortions, type of abortion procedure, intra-operative complications (post-operative complications are collected using the *Report of Complication(s) from Induced Abortion*), method of disposal of fetal remains, type of payment, health coverage type, and reason for the abortion. The items: type of admission, patient residence, date of last menses, and contraceptive use and method were 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.

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 record in question and in other instances due to a patient's refusal to provide the data. Continuing efforts are being made to further improve reporting compliance, completeness, and timeliness.

Due to the sensitivity of abortion data, there are concerns about revealing an individual's identity, whether patient or provider, 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 are be 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 simply identified as Physician A, Physician B, etc. to protect confidentiality. Please note that 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 individual as Physician X in this report. Data presented in frequency tables for the state as a whole have no small-number data suppressed. Likewise, Table 6, Country/State Residence of Woman, contains sufficiently large groups to confound identification of an individual. Table 7, County of Residence for Women Residing in Minnesota, is the only table for which 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 Provider, 2016

	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Total 2016
Women's Health Center	35	23	36	36	30	20	27	28	33	37	27	30	362
Robbinsdale Clinic	89	81	107	80	67	64	76	56	78	65	75	91	929
Dr. Mildred Hansen Clinic	65	58	83	56	38	36	46	40	45	33	47	63	610
Planned Parenthood of Minnesota*	470	439	470	479	495	497	477	524	442	439	432	465	5,629
Whole Woman's Health, LLC	211	200	248	222	182	192	191	213	198	150	168	190	2,365
Independent Physicians[1]	4	8	6	9	5	4	3	3	5	5	3	3	58
Total Minnesota Occurrence	874	809	950	882	817	813	820	864	801	729	752	842	9,953

[1]This represents 10 reporting physicians, small clinics and hospitals

*Counts include only St. Paul location. No abortions were performed at the Rochester location in 2016.

Table 1.2
Abortions by Month and Provider, 2016

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician A	32	0	0	0	0	0	0	0	0	0	0	0	32
Physician B	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician C	11	25	42	24	10	11	34	24	28	24	28	35	296
Physician D	89	81	107	78	67	64	76	56	78	65	75	91	927
Physician E	23	14	36	24	8	7	9	13	0	15	0	8	157
Physician F	16	6	0	22	31	28	36	38	29	35	47	32	320
Physician G	44	28	35	23	40	0	52	17	24	32	35	34	364
Physician H	12	0	0	12	13	8	7	0	11	10	12	10	95
Physician I	0	0	0	0	0	4	11	14	12	12	6	12	71
Physician J	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician K	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician L	0	0	0	1	0	0	0	0	1	0	0	0	2
Physician M	0	0	0	1		0	0	0	0	0	0	0	1
Physician N	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician O	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician P	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician Q	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician R	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician S	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician T	0	1	0	0	0	1	0	0	0	0	0	0	2
Physician U	0	0	1	0	1	0	0	0	0	1	0	0	3
Physician V	0	2	0	0	0	0	0	0	1	0	0	1	4
Physician W	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician X	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician Y	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician Z	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician AA	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician BB	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician CC	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician DD	0	0	0	0	0	1	1	0	0	0	0	0	2
Physician EE	1	1	0	0	0	1	0	0	1	1	0	0	5
Physician FF	0	0	1	0	1	1	1	1	0	0	0	0	5
Physician GG	0	0	1	0	0	0	0	0	0	1	0	0	2
Physician HH	0	13	0	0	0	0	0	0	0	0	0	0	13
Physician II	92	82	96	122	95	143	67	115	86	67	84	119	1,168
Physician JJ	0	0	0	0	0	0	0	2	0	0	0	0	2
Physician KK	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician LL	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician MM	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician NN	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician OO	26	40	30	13	14	14	16	25	10	41	19	0	248
Physician PP	31	25	16	33	14	38	17	18	14	0	30	29	265
Physician QQ	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician RR	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician SS	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician TT	52	8	53	35	46	51	47	71	58	58	81	41	601
Physician UU	0	2	0	1	0	0	0	1	0	0	1	0	5
Physician VV	0	0	1	0	1	0	1	0	0	0	1	0	4
Physician WW	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician XX	0	2	1	0	0	0	0	0	0	0	0	0	3
Physician YY	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician ZZ	0	0	2	0	0	0	0	0	0	0	0	0	2
Physician AB	0	0	0	0	0	0	1	0	0	0	0	0	1

Table 1.2
Abortions by Month and Provider, 2016

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician AC	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician AD	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician AE	0	9	0	0	9	0	0	0	10	0	0	0	28
Physician AF	26	35	4	19	26	22	15	18	22	9	0	9	205
Physician AG	14	25	20	15	15	13	1	8	13	0	0	0	124
Physician AH	41	59	111	99	59	71	55	14	35	46	33	33	656
Physician AI	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician AJ	0	0	3	0	0	0	0	0	0	0	0	1	4
Physician AK	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician AL	85	45	16	37	65	39	61	45	63	49	36	58	599
Physician AM	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician AN	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician AO	0	0	1	0	0	0	0	1	0	0	0	0	2
Physician AP	1	0	0	0	0	0	0	0	0	0	0	1	2
Physician AQ	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician AR	1	0	1	0	0	0	0	0	0	0	0	0	2
Physician AS	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician AT	27	37	45	35	34	31	11	68	22	24	36	22	392
Physician AU	12	0	0	12	11	14	7	3	0	0	10	13	82
Physician AV	0	0	28	14	30	15	21	33	17	32	31	16	237
Physician AW	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician AX	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician AY	49	39	35	31	30	28	40	30	49	18	16	27	392
Physician AZ	40	8	20	17	12	12	11	8	4	9	19	28	188
Physician BC	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician BD	29	28	32	26	27	24	30	25	18	25	39	22	325
Physician BE	1	0	0	0	0	0	0	1	0	0	0	0	2
Physician BF	10	18	19	17	21	18	24	40	36	22	15	36	276
Physician BG	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician BH	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician BI	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician BJ	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician BK	13	22	42	69	29	51	46	36	23	34	11	11	387
Physician BL	0	11	0	0	0	18	0	24	12	12	0	0	77
Physician BM	53	93	81	69	79	74	68	57	58	28	10	73	743
Physician BN	26	35	37	15	25	0	15	18	28	25	12	17	253
Physician BO	12	11	27	8	0	9	37	36	25	29	58	45	297
Physician BP	1	0	0	0	0	0	0	2	8	1	1	4	17
Physician BQ	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician BR	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician BS	0	0	1	1	0	0	0	0	0	1	0	0	3
Physician BT	0	0	0	0	0	0	0	0	0	0	0	11	11
Physician BU	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician BV	0	0	1	0	0	0	0	0	1	0	0	0	2
Physician BW	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician BX	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician BY	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician BZ	0	0	0	1	0	0	0	0	0	0	0	0	1
Total MN	874	809	950	882	817	813	820	864	801	729	752	842	9,953

Table 2
Medical Specialty of Physician, 2016

Obstetrics & Gynecology	6,841
Emergency Medicine	11
General/Family Practice	3,086
Other/Unspecified	15
Total	9,953

Table 3
Type of Admission, 2016

Clinic	9,289
Outpatient Hospital	31
Inpatient Hospital	16
Ambulatory Surgery	7
Other/Not Specified	610
Total Minnesota Occurrence	9,953

Table 4
Age of Woman, 2016

	Occurring in Minnesota	Minnesota Residents
< 15 Years	28	26
15 - 17 Years	263	238
18 - 19 Years	607	550
20 - 24 Years	2,845	2,562
25 - 29 Years	2,800	2,559
30 - 34 Years	1,974	1,814
35 - 39 Years	1,090	1,001
40 Years & Over	346	303
Not Reported	0	0
Total	9,953	9,053

Table 5
Marital Status, 2016

	Occurring in Minnesota	Minnesota Residents
Married	1,386	1,243
Not Married	7,996	7,280
Not Reported	571	530
Total	9,953	9,053

Table 6
Country/State of Residence, 2016

Minnesota	9,053
Other States	
Iowa	39
Michigan	17
North Dakota	67
South Dakota	76
Wisconsin	638
Other States	61
Canada	1
Other Foreign Countries	0
Not Reported	1
Total MN Occurrence	9,953

Table 7
County of Residence for Women Residing in Minnesota, 2016

State Total	9,053		
Aitkin	11	Marshall	*
Anoka	553	Martin	15
Becker	*	Meeker	9
Beltrami	36	Mille Lacs	36
Benton	68	Morrison	27
Big Stone	*	Mower	50
Blue Earth	101	Murray	*
Brown	17	Nicollet	45
Carlton	36	Nobles	7
Carver	91	Norman	*
Cass	21	Olmsted	217
Chippewa	9	Otter Tail	12
Chisago	45	Pennington	*
Clay	10	Pine	27
Clearwater	*	Pipestone	*
Cook	7	Polk	*
Cottonwood	*	Pope	*
Crow Wing	71	Ramsey	1,624
Dakota	719	Red Lake	*
Dodge	18	Redwood	9
Douglas	19	Renville	10
Faribault	12	Rice	67
Fillmore	20	Rock	*
Freeborn	29	Roseau	*
Goodhue	42	Saint Louis	259
Grant	*	Scott	165
Hennepin	3,350	Sherburne	91
Houston	10	Sibley	14
Hubbard	6	Stearns	197
Isanti	47	Steele	36
Itasca	29	Stevens	*
Jackson	8	Swift	*
Kanabec	10	Todd	9
Kandiyohi	36	Traverse	*
Kittson	*	Wabasha	20
Koochiching	8	Wadena	*
Lac Qui Parle	*	Waseca	18
Lake	11	Washington	331
Lake of the Woods	*	Watonwan	6
Le Sueur	22	Wilkin	*
Lincoln	*	Winona	46
Lyon	18	Wright	122
McLeod	31	Yellow Medicine	5
Mahnomen	*	Unknown County	0

*Counts of 0 to 5 are indicated by an asterisk.

Table 8
Hispanic Origin of Woman, 2016

	Occurring in Minnesota	Minnesota Residents
Non-Hispanic	8,887	8,047
Hispanic	700	665
Not Reported	366	341
Total	9,953	9,053

Table 9
Race of Woman, 2016

	Occurring in Minnesota	Minnesota Residents
White	5,063	4,339
Black	2,623	2,581
American Indian	212	186
Asian	735	695
Other	1,162	1,102
Not Reported	158	150
Total	9,953	9,053

Table 10
Education Level of Woman, 2016

	Occurring in Minnesota	Minnesota Residents
8th Grade or Less	113	103
Some High School	569	531
High School Graduate	2,418	2,191
Some College	2,898	2,617
College Graduate	1,450	1,286
Graduate Level	496	438
Not Reported	2,009	1,887
Total	9,953	9,053

Table 11
Clinical Estimate of Fetal Gestational Age, 2016

	Occurring in Minnesota	Minnesota Residents
<9 weeks	6,703	6,153
9 - 10 weeks	1,418	1,299
11 - 12 weeks	630	560
13 - 15 weeks	584	519
16 - 20 weeks	478	415
21 - 24 weeks	139	106
25 - 30 weeks	1	1
31 - 36 weeks	0	0
37 weeks & over	0	0
Not Reported	0	0
Total	9,953	9,053

Table 11a
Clinical Estimate of Fetal Gestational Age, 2016

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	4	3	14	202	180	28	0	0
3	6	5	15	169	154	29	0	0
4	175	159	16	133	120	30	0	0
5	1,461	1,349	17	94	85	31	0	0
6	2,208	2,011	18	87	76	32	0	0
7	1,591	1,455	19	80	64	33	0	0
8	1,258	1,171	20	84	70	34	0	0
9	868	799	21	77	61	35	0	0
10	550	500	22	39	30	36	0	0
11	359	327	23	22	15	37	0	0
12	271	233	24	1	0	38	0	0
13	213	185	25	0	0	39	0	0
			26	1	1	40+	0	0
			27	0	0			
Trimester Total	8,964	8,197		989	856		0	0

Total Induced Abortions: Occurring in Minnesota: 9,953 Minnesota Residents: 9,053

Table 12
Prior Pregnancies, 2016

Number of Previous Live Births

	Occurring in Minnesota	Minnesota Residents
None	4,140	3,693
One	2,299	2,098
Two	1,877	1,730
Three	925	865
Four	425	399
Five	155	147
Six	61	55
Seven	37	35
Eight	13	11
Nine or more	16	16
Not Reported	5	4

Number of Previous Spontaneous Abortions (Miscarriages)

	Occurring in Minnesota	Minnesota Residents
None	7,899	7,171
One	1,510	1,386
Two	373	342
Three	108	94
Four	38	37
Five	9	7
Six	6	6
Seven	1	1
Eight	4	4
Nine or more	5	5
Not Reported	0	0

Number of Previous Induced Abortions

	Occurring in Minnesota	Minnesota Residents
None	5,946	5,305
One	2,355	2,178
Two	935	873
Three	394	378
Four	162	159
Five	66	66
Six	43	43
Seven	14	14
Eight	7	7
Nine or more	30	29
Not Reported	1	1

Table 13
Contraceptive Use and Method*, 2016

	Occurring in Minnesota	Minnesota Residents
Woman did not provide information	1,863	1,689
Woman did not know whether she used contraception	202	184
Woman has never used contraceptives	653	611
Woman has used contraceptives, but not at the time of conception	5,606	5,116
Woman used contraceptives at the time of conception	1,629	1,453
Method Used		
Condoms	523	464
Condoms & Spermicide	9	9
Spermicide Alone	11	10
Sterilization - Male	11	11
Sterilization - Female	4	4
Injectable (Depo-Provera)	51	47
IUD	65	59
Mini Pills	84	66
Combination Pills	488	440
Diaphragm & Spermicide	3	3
Diaphragm Alone	1	1
Cervical Cap	0	0
Rhythm/Natural Family Planning	15	11
Fertility Awareness	11	10
Withdrawal	53	50
Other	289	257
Method Not Reported	11	11

*The accuracy of reporting 'Use of Contraceptives at the Time of Conception' is dependent upon self-reporting by the woman. Thus, ***these data should not be interpreted as an indication of the effectiveness of any particular method of birth control.***

Table 14
Abortion Procedure, 2016

	Occurring in Minnesota	Minnesota Residents
Suction Currettage	5,571	5,114
Medical (non-surgical)	3,522	3,198
Dilation & Evacuation (D&E)	825	711
Intra-Uterine Instillation	4	4
Hysterectomy/otomy	2	2
Sharp Curettage (D&C)	18	15
Induction of Labor (Pitocin, etc.)	10	8
Intact Dilation & Extraction (D&X)	0	0
Other Dilation & Extraction (D&X)	0	0
Other Method	1	1
Total	9,953	9,053

Table 15
Method of Disposal of Fetal Remains, 2016

	Occurring in Minnesota	Minnesota Residents
Cremation	4,315	3,894
Burial	13	12
Not Reported*	5,625	5,147
Total	9,953	9,053

* '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 16
Payment Type and Health Insurance Coverage, 2016

Occurring in Minnesota

	Fee for Service	Capitated	Other/Unknown and No Response	Total
Private Coverage	177	3	1,910	2,090
Public Assistance	625	1 **	3,808	4,434
Self Pay	-	-	3,427	3,427
Unknown	1	-	1	2
Total	803	4	9,146	9,953

Minnesota Residents

	Fee for Service	Capitated	Other/Unknown and No Response	Total
Private Coverage	167	3	1,770	1,940
Public Assistance	616	1 **	3,794	4,411
Self Pay	-	-	2,700	2,700
Unknown	1	-	1	2
Total	784	4	8,265	9,053

**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 17
Reason for Abortion*, 2016

	Occurring in Minnesota	Minnesota Residents
Pregnancy was a result of rape	77	64
Pregnancy was a result of incest	8	7
Economic reasons	2,865	2,572
Does not want children at this time	6,933	6,306
Emotional health is at stake	1,014	910
Physical Health is at stake	666	610
Continued pregnancy will cause impairment of major bodily function	36	32
Pregnancy resulted in fetal anomalies	174	136
Unknown or the woman refused to answer	1,596	1,466
Other stated reason	364 **	335

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

**See Table 17a

Table 17a
Other Stated Reason for Abortion, 2016

Physical or mental health issues and concerns	63
Education, career and employment issues	10
Not ready or prepared for a child or more children at this time or family already completed	84
Relationship issues, including abuse, separation, divorce and extra-marital affairs	36
Other miscellaneous responses	66
"Other Reason" was indicated, but not specified	116
Total**	375

*Note that these categories were changed from those of previous years beginning with the 2015 data year. The categories previously used were no longer representative of the typical responses given.

**Total is greater than 'Other Stated Reason' total on Table 17 because some women stated more than one other reason.

Table 18
Intraoperative Complications*, 2016

	Occurring in Minnesota	Minnesota Residents
No Complications	9,889	8,994
Cervical laceration requiring suture or repair	20	17
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	2	2
Uterine perforation	5	4
Other complication	35	34
Not Reported**	2	2
Total	9,953	9,053

*Complication occurring at the time of the abortion procedure

Table 19
Postoperative Complications*, 2016
reported on **Report of Complication from Induced Abortion** form

Cervical laceration requiring suture or repair	0
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	0
Uterine perforation	3
Infection requiring inpatient treatment	4
Heavy bleeding/anemia requiring transfusion	1
Failed termination of pregnancy (continued viable pregnancy)	18
Incomplete termination of pregnancy (retained products of conception requiring re-evacuation)	54
Other complication	7
Complication not specified	2
Total Reported Complications	89 [1]

[1] 83 '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.

Table 20
Induced Abortions by Gestational Age
Performed Out of State and Paid for with State Funds[1]

reported by the Minnesota Department of Human Services, 2015[2]

<9 weeks	0
9 - 10 weeks	0
11 - 12 weeks	0
13 - 15 weeks	0
16 - 20 weeks	0
21 - 24 weeks	0
25 - 30 weeks	0
31 - 36 weeks	0
37 weeks & over	0
Unknown	124
Total Occurrence	124
Total state funds used to pay for out of state abortion procedures, including incidental expenses	$22,824.59

[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."

[2]Gestation weeks were not reported on claims data received by DHS for 2015.

Table 21
Total and Resident Induced Abortions
1975, 1980 - 2016

	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	9,953	9,053	91.0	8.6 [2]

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

[2]2016 population estimates not available at time of publication. 2015 count was used.

Table 22
Abortions per 100 Live Births by Selected Patient Characteristics
Minnesota Residents; 1980, 1990, 2000, 2010, 2013-2016

	1980	1990	2000	2010	2013	2014	2015 [3]	2016
Total Resident Abortions	24.3	22.5	19.6	15.5	14.2	13.1	12.7	13.0
Age Group*								
<15	231.1	68.1	71.3	89.4	80.6	130.4	72.7	173.3
15-17 Years	80.2 [1]	69.2	40.2	37.3	31.8	33.2	34.5	47.5
18-19 Years		57.5	39.5	30.5	30.3	29.9	30.6	32.7
20-24 Years	26.9	35.6	31.8	28.0	24.6	24.4	24.1	24.9
25-29 Years	11.7	14.1	15.6	12.0	11.0	11.7	11.4	12.0
30-34 Years	10.8	11.2	10.5	8.7	7.5	7.3	7.4	7.7
35-39 Years	19.8	18.3	13.7	11.5	9.7	10.3	10.4	9.7
40 Years & Over	41.9	35.9	28.2	20.1	18.2	19.6	16.4	15.7
Race of Patient*								
White	22.5	20.9	14.5	11.8	8.8	8.7	8.7	8.8
African American	n/a [2]	n/a [2]	60.3	40.1	29.8	28.7	29.1	31.1
American Indian	n/a [2]	n/a [2]	26.3	20.6	12.8	17.5	15.2	15.0
Asian	n/a [2]	n/a [2]	34.8	16.8	12.1	12.5	13.0	12.5
All Other	45.1	33.4	--	--	--	--	--	--
Hispanic	n/a	n/a	18.4	12.9	10.9	12.4	12.4	13.7
Marital Status*								
Married	3.5	4.2	4.0	3.4	2.6	2.7	2.8	2.6
Not Married	159.3	48.4	56.9	38.9	30.8	31.5	30.8	32.6

*Unknowns are not included in ratios

[1]Ratio is for age 15-19. Separate data for 15-17 and 18-19 is not available for 1980.

[2]Race/Ethnicity data was collected differently prior to 1999, thus ratios are not available for individual categories other than 'White'.

[3]Figures have been updated from those published in the 2015 table with finalized 2015 birth data.

Table 23
Selected Statistics by Age Group, 2016
Minnesota Residents

	Total	<15 Years	15 - 17 Years	18 - 19 Years	20 - 24 Years	25 - 29 Years	30 - 34 Years	35 - 39 Years	40+ Years	Unkwn Age
Total Abortions	9,053	26	238	550	2,562	2,559	1,814	1,001	303	0
Marital Status:										
Married	1,243	0	1	6	99	274	439	310	114	0
Not Married	7,280	25	224	509	2,322	2,139	1,247	639	175	0
Unknown	530	1	13	35	141	146	128	52	14	0
Race/Ethnicity:										
White	4,339	8	112	253	1,184	1,178	881	557	166	0
African American	2,581	9	59	152	792	811	492	207	59	0
American Indian	186	1	7	10	60	56	32	15	5	0
Asian	695	1	17	29	137	158	203	103	47	0
Hispanic*	665	4	29	58	239	146	100	72	17	0
Gestation Estimate: **										
First Trimester	8,197	19	200	477	2,341	2,313	1,662	906	279	0
Second Trimester	856	7	38	73	221	246	152	95	24	0
Third Trimester	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0

*Persons of Hispanic origin are included in the race counts above.

**1st Trimester: 0-13 weeks, 2nd Trimester: 14-27 weeks, 3rd Trimester: 28-40+ weeks

Table 24
Contraceptive Use by Age Group and Marital Status, 2016
Minnesota Residents

	All Induced Abortions					Women with at Least One Prior Induced Abortion				
	Total	Never Used	Past Use, Not Now	Was Using	Unknown	Total	Never Used	Past Use, Not Now	Was Using	Unknown
Total Abortions	9,053	611	5,116	1,453	1,873	3,748	160	2,231	620	737
Age Group:										
<15 Years	26	11	5	3	7	1	1	0	0	0
15-17 Years	238	51	104	31	52	16	2	10	2	2
18-19 Years	550	75	292	77	106	91	10	46	15	20
20-24 Years	2,562	187	1,448	398	529	800	36	474	140	150
25-29 Years	2,559	129	1,473	426	531	1,214	43	735	190	246
30-34 Years	1,814	95	1,056	296	367	905	39	551	151	164
35-39 Years	1,001	48	576	163	214	551	20	325	87	119
40+ Years	303	15	162	59	67	170	9	90	35	36
Unknown Age	0	0	0	0	0	0	0	0	0	0
Marital Status:										
Married	1,243	93	660	214	276	463	20	259	86	98
Not Married	7,280	473	4,212	1,161	1,434	3,088	125	1,885	502	576
Unknown	530	45	244	78	163	197	15	87	32	63

Informed Consent

Table 25
Medical Risks Information
Report of Informed Consent for Induced Abortion, 2016

Contact Method	Referring Physician	Physician Performing Abortion	Total
Telephone	9,933	1,465	11,398
In Person	113	28	141
Total Contacts	10,046	1,493	11,539

Information not provided:	
immediate abortion necessary to avert death	0
delay would create serious risk of substantial impairment	0
fetal anomaly: patient chose perinatal hospice services	1
Medical Risks Information section was left blank	45
Total reports received	11,585

Table 26
Medical Assistance and Printed Materials Information
Report of Informed Consent for Induced Abortion, 2016

Contact Method	Referring Physician	Agent of Referring Physician	Physician Performing Abortion	Agent of Physician Performing Abortion	Total
Telephone	31	9,408	36	1,361	10,836
In Person	43	32	615	17	707
Total Contacts	74	9,440	651	1,378	11,543

Information not provided:	
immediate abortion necessary to avert death	0
delay would create serious risk of substantial impairment	0
fetal anomaly incompatible with life	10
Medical Assistance & Printed Materials Information section was left blank	32
Total reports received	11,585

Table 27
Patient Access to Printed Materials
Report of Informed Consent for Induced Abortion, 2016

	Obtained Abortion	Did Not Obtain Abortion	Do Not Know	Total
Patient obtained printed copies	276	25	17	318
Patient did not obtain printed copies	8,955	747	882	10,584
Total	9,231	772	899	10,902
Patient Access to Printed Materials section was left blank				683
Total reports received				11,585

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, 2016 through December 31, 2016 five abortion procedures resulting in a born-alive infant were reported.

- In one instance residual, transient cardiac contractions were briefly present. No measures were taken to prolong these transient contractions and the infant did not survive.
- In two instances the infants had been diagnosed with lethal fetal anomalies. No efforts were made to preserve the lives of these infants and neither survived.
- In two instances comfort care measures were provided as planned and neither infant survived.

Appendix

Minnesota Statutes 2014, section 145.4131, subdivision 1, is amended to read:

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.

(a) 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) 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

Sec. 44. Minnesota Statutes 2014, section 145.423, is amended to read:

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 twentieth 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 ofcare.

(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 act may be cited as the "Born Alive Infants Protection Act."

Updates to 2015 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 2015 in July of 2016, additional ***Report of Informed Consent Related to Induced Abortion*** forms were received. Tables 25, 26 and 27, on which these data are tabulated, are included in this section of the Appendix and reflect the updated counts. Tables for which the data did not change have not been republished here.

Table 25
Medical Risks Information
Report of Informed Consent for Induced Abortion, 2015

Contact Method	Referring Physician	Physician Performing Abortion	Total
Telephone	10,145	1,738	11,883
In Person	119	69	188
Total Contacts	10,264	1,807	12,071

Information not provided:	
immediate abortion necessary to avert death	0
delay would create serious risk of substantial impairment	0
fetal anomaly: patient chose perinatal hospice services	3
Medical Risks Information section was left blank	55
Total reports received	12,129

Table 26
Medical Assistance and Printed Materials Information
Report of Informed Consent for Induced Abortion, 2015

Contact Method	Referring Physician	Agent of Referring Physician	Physician Performing Abortion	Agent of Physician Performing Abortion	Total
Telephone	69	9,102	851	1,704	11,726
In Person	32	54	191	16	293
Total Contacts	101	9,156	1,042	1,720	12,019

Information not provided:	
immediate abortion necessary to avert death	0
delay would create serious risk of substantial impairment	1
fetal anomaly incompatible with life	10
Medical Assistance & Printed Materials Information section was left blank	99
Total reports received	12,129

Table 27
Patient Access to Printed Materials
Report of Informed Consent for Induced Abortion, 2015

	Obtained Abortion	Did Not Obtain Abortion	Do Not Know	Total
Patient obtained printed copies	139	4	94	237
Patient did not obtain printed copies	8,665	107	2,036	10,808
Total	8,804	111	2,130	11,045
Patient Access to Printed Materials section was left blank				1084
Total reports received				12,129

Definitions

Definitions

Induced Abortion:

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 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:

Suction Curettage: Mechanical dilation of the cervix with removal of the uterine contents by low pressure suction created by an electric suction pump.
Medical: Administration of medication to induce abortion. This does not include administration of morning-after pills or post-coidal IUD insertion.
Dilation & Evacuation: Dilation of the cervix by insertion of laminaria several hours before removal of uterine contents by suction and/or sharp curettage.
Intra-Uterine Instillation: Induction of labor by injection of a sterile saline or prostaglandin (a naturally occurring hormone) solution into the amniotic sac. Laminaria are often inserted in the cervix several hours before the injection to aid dilation.
Hysterectomy/otomy: Removal of the fetus by means of a surgical incision made in the uterine wall. In the case of a hysterectomy, the entire uterus is removed.
Sharp Curettage: Mechanical dilation of the cervix with removal of uterine contents by scraping the uterine wall with a surgical curette.
Induction of Labor: Induction of labor by means of Pitocin and/or related medications which causes uterine contractions and expulsion of uterine contents.
Dilation & Extraction: Dilation of the cervix and removal of fetal tissues

Data Collection Instruments

REPORT OF INDUCED ABORTION

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

1. Facility Reporting Code ☐☐☐☐

2. Physician Reporting Code ☐☐☐☐

3. Medical Specialty of the Physician Performing the Induced Abortion
☐ Obstetrics & Gynecology ☐ General/Family Practice
☐ Emergency Medicine
☐ Other *(Specify)* _____

4. Type of Admission
☐ Clinic ☐ Outpatient hospital ☐ Inpatient hospital ☐ Ambulatory surgery ☐ Other *(Specify)* _____

5. Patient Age at Last Birthday ☐☐ **6. Married** ☐ Yes ☐ No

7. Date of Pregnancy Termination _____/_____/_____
Month, Day, Year

8. Patient Residence
City:_____ County: _____
State: _____ Zip Code: ☐☐☐☐☐

9. Of Hispanic Origin
Specify No or Yes. If yes, specify, Cuban, Mexican, Puerto Rican, etc.
☐ No
☐ Yes
(Specify):_____

10. Race
☐ American Indian
☐ Asian
☐ Black
☐ White
☐ Other
(Specify): _____

11. Education
(Specify only highest grade completed)
☐☐ *Elementary/Secondary (0-12)*
☐☐ *College (1-4 or 5+)*

12. Date Last Normal Menses Began
☐☐ *Month,* ☐☐ *Day,* ☐☐ *Year*

13. Clinical Estimate of Gestation
☐☐ *(LMP Weeks)*

14. Previous Pregnancies *(Complete each section)*

Live Births		***Other Terminations***	
14a. Now Living Number	14b. Now Dead Number	14c. Spontaneous Number	14d. Induced *(Do not include this abortion)* Number
None	None	None	None

15. Contraceptive Use at Time of Conception

A. Use Status: *(Check only one)*
☐ Unknown - patient did not know if they used a method. ***(Do not fill out Part B.)***
☐ Never used any contraceptive method ***(Do not fill out Part B.)***
☐ Has used contraception, but not at the estimated time of conception. ***(Do not fill out Part B.)***
☐ Method used at time of conception. ***(Fill out PART B, METHOD USED.)***
☐ Patient did not provide information.

B. Method Used:
☐ Condoms
☐ Condoms & Spermicide
☐ Spermicide alone
☐ Sterilization (M)
☐ Sterilization (F)
☐ Injectable (Depo-Provera)
☐ IUD
☐ Mini Pills
☐ Combination Pills
☐ Diaphragm & Spermicide
☐ Diaphragm alone
☐ Cervical cap
☐ Rhythm/Natural Fam. Planning
☐ Fertility Awareness
☐ Withdrawal
☐ Other *(Specify)*_____

16. Type of Abortion Procedure *(Check only one)*

☐ Suction Curettage
☐ Medical *(Nonsurgical)*,
*Specify Medication(s)*_____ *Does not include administration of morning after pills or post coital IUD insertion.*
☐ Dilation and Evacuation (D&E)
☐ Intra-Uterine Instillation (Saline or Prostaglandin)
☐ Hysterectomy/otomy
☐ Sharp Curretage (D&C)
☐ Induction of Labor (Pitocin, etc.)
☐ Intact Dilation and Extraction (D&X)
☐ Other Dilation and Extraction (D&X)
☐ Other *(Specify)* _____

17. 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 complication(s)
☐ 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 COMPLICATION(S) FROM INDUCED ABORTION

18. Method of Disposal for Fetal Remains *(Check only one)*

☐ Cremation ☐ Interment by burial

19. Type of Payment *(Check only one)*

☐ Private coverage ☐ Public assistance health coverage ☐ Self pay

20. Type of Health Coverage *(Check only one)*

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

21. 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 the pregnancy continues
☐ Pregnancy resulted in fetal anomalies
☐ Unknown or the woman refused to answer
☐ Other _____

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 and are not maintained permanently in the files of the State office of vital statistics. However, 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 out-of-wedlock births. Because these abortion data provide information necessary to promote and monitor health, it is important that the reports be completed carefully.

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. Service cannot be contingent upon a patient=s 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 reporting codes and physician reporting codes (See instructions #2-3).
- Assign physician reporting codes to physicians and maintain a list of these assignments.
- Develop efficient procedures for prompt preparation and filing of the reports.
- Collect and record the information required by the report.
- Prepare a correct and legible report for each abortion performed.
- 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 on the Minnesota Center for Health Statistics for advice and assistance when necessary.

If a facility decides not to report on behalf of their physicians, or 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. For facilities that have been reporting to MDH prior to October 1, 1998, already have a facility reporting code and may continue to use the same code for future 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 keying the reporting code, 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 for the physician address.

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. “Reason for abortion” question
MDH recommends that Item #21 on the report be reviewed with each patient. All responses can be reviewed with the 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.”

7. 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.

8. 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 year (e.g., all reports for procedures done in 1998 are due by April 1, 1999). (MN Statutes 1998, §145.411)

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**: ____ ____ ____ ____
Last *First*

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:**

___ ___ Day ___ ___ Month ___ ___Year *(Please indicate numeric day, month, and year. If only month and/or year is known, please indicate in the spaces provided.)*

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

☐ 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 (M*ay 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.)*

INSTRUCTIONS

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 items A-G. 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 keying the reporting code, 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 for the physician address. **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 are clinical opinions and data that suggest that there may be more complications associated with induced abortion, the “Other” category is provided to capture those types of 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.

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IC# 140-0595
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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.

Induced Abortions in Minnesota

January - December 2015:

Report to the Legislature

July 2016

MDH Minnesota Department *of* Health
MINNESOTA CENTER FOR HEALTH STATISTICS

Induced Abortions in Minnesota
January – December 2015
Report to the Legislature

July 2016

Minnesota Department of Health
Center for Health Statistics
PO Box 64882
St. Paul, MN 55164-0882
651-201-5945
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

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 seventeenth such report and covers the period from January 1 through December 31, 2015. No additional late or corrected *Report of Induced Abortion* forms, *Report of Complication(s) from Induced Abortion* forms or *Report of Informed Consent Related to Induced Abortion* forms were received since publication of the 2014 data in July of 2015.

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 2015 data to MDH by April 1, 2016. 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. The ***Report of Induced Abortion*** (see Appendix, 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. These items include: medical specialty of the physician performing the abortion, patient age, date of the abortion, clinical estimate of gestation, number of previous spontaneous and induced abortions, type of abortion procedure, intra-operative complications (post-operative complications are collected using the *Report of Complication(s) from Induced Abortion*), method of disposal of fetal remains, type of payment, health coverage type, and reason for the abortion. The items: type of admission, patient residence, date of last menses, and contraceptive use and method were 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.

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 record in question and in other instances due to a patient's refusal to provide the data. Continuing efforts are being made to further improve reporting compliance, completeness, and timeliness.

Due to the sensitivity of abortion data, there are concerns about revealing an individual's identity, whether patient or provider, 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 are be 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 simply identified as Physician A, Physician B, etc. to protect confidentiality. Please note that 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 individual as Physician X in this report. Data presented in frequency tables for the state as a whole have no small-number data suppressed. Likewise, Table 6, Country/State Residence of Woman, contains sufficiently large groups to confound identification of an individual. Table 7, County of Residence for Women Residing in Minnesota, is the only table for which 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 Provider, 2015

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Total 2015
Women's Health Center	37	27	44	44	35	24	35	30	34	31	26	31	398
Robbinsdale Clinic	96	90	88	67	90	87	89	90	109	91	69	73	1,039
Dr. Mildred Hansen Clinic	91	79	99	72	66	82	84	90	92	79	57	63	954
Planned Parenthood of Minnesota*	485	442	458	451	444	385	423	282	333	429	444	472	5,048
Whole Woman's Health, LLC	260	212	186	181	186	174	199	214	198	194	137	187	2,328
Independent Physicians[1]	7	14	8	4	8	11	10	6	10	6	5	5	94
Total Minnesota Occurrence	976	864	883	819	829	763	840	712	776	830	738	831	9,861

[1]This represents 7 reporting physicians, small clinics and hospitals
*Counts include both St. Paul and Rochester locations.

Table 1.2
Abortions by Month and Provider, 2015

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician A	37	12	31	29	21	6	75	60	13	21	10	18	333
Physician B	96	90	88	67	90	87	89	90	109	91	69	73	1,039
Physician C	22	9	41	28	23	37	1	2	46	31	23	21	284
Physician D	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician E	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician F	51	39	40	21	20	7	25	16	26	27	8	52	332
Physician G	36	70	82	22	38	46	33	21	37	39	21	49	494
Physician H	0	0	0	0	2	1	0	0	0	0	0	0	3
Physician I	0	2	1	0	0	1	0	2	1	0	0	0	7
Physician J	73	28	32	52	34	0	17	12	18	32	26	28	352
Physician K	0	15	14	14	14	11	10	12	21	10	12	12	145
Physician L	0	2	0	0	0	0	0	0	0	0	0	0	2
Physician M	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician N	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician O	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician P	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician Q	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician R	0	0	1	0	1	0	0	0	0	0	0	0	2
Physician S	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician T	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician U	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician V	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician W	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician X	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician Y	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician Z	1	1	1	1	1	0	2	0	1	0	0	0	8
Physician AA	0	1	1	0	0	1	2	0	1	0	0	0	6
Physician BB	0	0	0	0	0	0	1	0	1	0	0	1	3
Physician CC	1	0	0	0	1	1	0	0	0	0	0	0	3
Physician DD	0	2	1	0	0	0	1	0	0	1	0	0	5
Physician EE	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician FF	0	0	0	1	0	0	0	0	1	0	0	0	2
Physician GG	9	10	19	15	20	5	6	0	6	0	0	0	90
Physician HH	140	127	157	113	70	106	83	62	61	77	98	82	1,176
Physician II	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician JJ	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician KK	0	1	0	0	1	0	0	0	0	0	0	0	2
Physician LL	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician MM	1	0	0	0	0	1	0	0	0	1	0	0	3
Physician NN	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician OO	1	3	1	0	0	1	0	0	1	2	3	0	12
Physician PP	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician QQ	35	34	31	34	16	36	32	21	37	14	21	27	338
Physician RR	12	10	15	22	15	19	33	31	25	28	27	20	257
Physician SS	0	29	0	0	0	8	0	6	0	0	4	0	47
Physician TT	0	2	0	0	0	0	0	0	0	0	0	0	2
Physician UU	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician VV	2	0	0	0	0	0	0	0	0	0	0	0	2
Physician WW	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician XX	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician YY	0	1	1	0	0	1	1	0	0	0	0	1	5
Physician ZZ	0	0	1	1	0	0	0	1	0	1	0	0	4
Physician AB	0	0	2	1	0	0	0	0	1	0	0	0	4

Table 1.2
Abortions by Month and Provider, 2015

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician AC	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician AD	0	0	0	0	0	0	0	0	1	1	0	0	2
Physician AE	38	17	0	56	59	59	28	40	33	42	53	71	496
Physician AF	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician AG	0	0	0	30	15	26	45	21	12	29	34	16	228
Physician AH	26	35	33	24	24	25	5	30	21	25	13	28	289
Physician AI	60	58	31	64	58	61	48	60	50	59	37	43	629
Physician AJ	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician AK	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician AL	46	69	43	31	77	8	36	29	45	51	51	50	536
Physician AM	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician AN	0	1	0	0	0	1	0	1	0	0	0	0	3
Physician AO	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician AP	0	0	0	0	0	0	0	0	0	0	1	1	2
Physician AQ	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician AR	1	0	0	0	0	0	0	0	1	0	0	0	2
Physician AS	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician AT	0	0	1	0	0	0	1	0	1	0	0	0	3
Physician AU	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician AV	34	14	21	25	22	27	41	36	44	38	23	18	343
Physician AW	0	10	7	0	13	1	10	12	14	7	9	12	95
Physician AX	17	16	0	14	18	33	65	9	15	20	16	16	239
Physician AY	0	2	0	0	0	0	0	0	0	0	0	0	2
Physician AZ	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician BC	30	25	20	18	21	32	22	12	39	18	26	33	296
Physician BD	40	32	24	20	19	19	28	16	24	23	21	14	280
Physician BE	2	0	0	0	0	0	0	0	0	0	0	0	2
Physician BF	0	1	0	1	0	0	2	1	0	1	0	1	7
Physician BG	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician BH	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician BI	12	0	0	6	0	0	0	0	0	0	0	0	18
Physician BJ	86	39	57	43	63	46	60	31	4	0	0	40	469
Physician BK	55	54	44	22	36	22	21	41	0	2	0	10	307
Physician BL	4	0	4	0	0	0	0	0	0	0	0	0	8
Physician BM	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician BN	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician BO	0	0	15	22	18	15	0	9	0	0	0	0	79
Physician BP	0	0	20	16	13	0	14	0	15	13	33	34	158
Physician BQ	2	0	0	0	1	0	0	18	0	11	11	0	43
Physician BR	0	0	0	0	0	0	0	1	38	86	64	45	234
Physician BS	0	0	0	0	0	0	0	0	10	14	15	12	51
Physician BT	0	0	0	0	0	7	0	7	0	13	7	0	34
Physician BU	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician BV	0	0	0	0	0	1	1	1	0	0	0	0	3
Physician BW	0	0	0	0	0	0	0	0	1	0	0	1	2
Physician BX	0	0	0	0	1	0	0	0	0	0	0	0	1
Total MN	976	864	883	819	829	763	840	712	776	830	738	831	9,861

Table 2
Medical Specialty of Physician, 2015

Obstetrics & Gynecology	6,734
Emergency Medicine	3
General/Family Practice	3,118
Other/Unspecified	6
Total	9,861

Table 3
Type of Admission, 2015

Clinic	8,801
Outpatient Hospital	38
Inpatient Hospital	18
Ambulatory Surgery	40
Other/Not Specified	964
Total Minnesota Occurrence	9,861

Table 4
Age of Woman, 2015

	Occurring in Minnesota	Minnesota Residents
< 15 Years	18	16
15 - 17 Years	228	205
18 - 19 Years	626	547
20 - 24 Years	2,939	2,615
25 - 29 Years	2,690	2,455
30 - 34 Years	1,912	1,747
35 - 39 Years	1,107	1,009
40 Years & Over	341	304
Not Reported	0	0
Total	9,861	8,898

Table 5
Marital Status, 2015

	Occurring in Minnesota	Minnesota Residents
Married	1,472	1,302
Not Married	7,640	6,912
Not Reported	749	684
Total	9,861	8,898

Table 6
Country/State of Residence, 2015

Minnesota	8,898
Other States	
Iowa	61
Michigan	35
North Dakota	89
South Dakota	74
Wisconsin	665
Other States	31
Canada	2
Other Foreign Countries	5
Not Reported	1
Total MN Occurrence	9,861

Table 7
County of Residence for Women Residing in Minnesota, 2015

State Total	8,898		
Aitkin	6	Marshall	*
Anoka	541	Martin	14
Becker	*	Meeker	20
Beltrami	39	Mille Lacs	23
Benton	63	Morrison	19
Big Stone	*	Mower	47
Blue Earth	134	Murray	6
Brown	18	Nicollet	37
Carlton	40	Nobles	8
Carver	87	Norman	*
Cass	26	Olmsted	185
Chippewa	9	Otter Tail	*
Chisago	53	Pennington	*
Clay	17	Pine	29
Clearwater	*	Pipestone	*
Cook	8	Polk	*
Cottonwood	8	Pope	*
Crow Wing	57	Ramsey	1,627
Dakota	757	Red Lake	*
Dodge	12	Redwood	8
Douglas	19	Renville	9
Faribault	9	Rice	51
Fillmore	12	Rock	*
Freeborn	23	Roseau	*
Goodhue	45	Saint Louis	265
Grant	*	Scott	167
Hennepin	3,312	Sherburne	82
Houston	12	Sibley	7
Hubbard	6	Stearns	181
Isanti	41	Steele	31
Itasca	29	Stevens	6
Jackson	7	Swift	*
Kanabec	10	Todd	6
Kandiyohi	41	Traverse	*
Kittson	*	Wabasha	14
Koochiching	7	Wadena	*
Lac Qui Parle	*	Waseca	9
Lake	10	Washington	314
Lake of the Woods	*	Watonwan	13
Le Sueur	27	Wilkin	*
Lincoln	*	Winona	41
Lyon	10	Wright	112
McLeod	23	Yellow Medicine	6
Mahnomen	*	Unknown County	0

*Counts of 0 to 5 are indicated by an asterisk.

Table 8
Hispanic Origin of Woman, 2015

	Occurring in Minnesota	Minnesota Residents
Non-Hispanic	8,597	7,719
Hispanic	628	600
Not Reported	636	579
Total	9,861	8,898

Table 9
Race of Woman, 2015

	Occurring in Minnesota	Minnesota Residents
White	5,283	4,514
Black	2,413	2,360
American Indian	234	202
Asian	762	716
Other	887	849
Not Reported	282	257
Total	9,861	8,898

Table 10
Education Level of Woman, 2015

	Occurring in Minnesota	Minnesota Residents
8th Grade or Less	120	115
Some High School	510	464
High School Graduate	2,240	1,986
Some College	2,752	2,426
College Graduate	1,158	1,036
Graduate Level	501	457
Not Reported	2,580	2,414
Total	9,861	8,898

Table 11
Clinical Estimate of Fetal Gestational Age, 2015

	Occurring in Minnesota	Minnesota Residents
<9 weeks	6,542	5,947
9 - 10 weeks	1,446	1,296
11 - 12 weeks	716	635
13 - 15 weeks	577	521
16 - 20 weeks	458	397
21 - 24 weeks	121	101
25 - 30 weeks	1	1
31 - 36 weeks	0	0
37 weeks & over	0	0
Not Reported	0	0
Total	9,861	8,898

Table 11a
Clinical Estimate of Fetal Gestational Age, 2015

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	4	3	14	210	190	28	0	0
3	12	11	15	148	138	29	1	1
4	87	80	16	143	123	30	0	0
5	1,131	1,049	17	90	77	31	0	0
6	2,144	1,948	18	89	77	32	0	0
7	1,792	1,629	19	74	68	33	0	0
8	1,372	1,227	20	62	52	34	0	0
9	935	847	21	71	59	35	0	0
10	511	449	22	32	27	36	0	0
11	428	378	23	13	11	37	0	0
12	288	257	24	5	4	38	0	0
13	219	193	25	0	0	39	0	0
			26	0	0	40+	0	0
			27	0	0			
Trimester Total	8,923	8,071		937	826		1	1

Total Induced Abortions: Occurring in Minnesota: 9,861 Minnesota Residents: 8,898

Table 12
Prior Pregnancies, 2015

Number of Previous Live Births

	Occurring in Minnesota	Minnesota Residents
None	3,942	3,471
One	2,305	2,102
Two	2,035	1,842
Three	901	835
Four	433	412
Five	144	140
Six	60	56
Seven	21	20
Eight	11	11
Nine or more	9	9
Not Reported	0	0

Number of Previous Spontaneous Abortions (Miscarriages)

	Occurring in Minnesota	Minnesota Residents
None	7,787	7,022
One	1,482	1,337
Two	406	370
Three	107	95
Four	43	41
Five	19	19
Six	6	6
Seven	4	1
Eight	3	3
Nine or more	3	3
Not Reported	1	1

Number of Previous Induced Abortions

	Occurring in Minnesota	Minnesota Residents
None	5,902	5,185
One	2,308	2,120
Two	948	907
Three	390	379
Four	150	148
Five	75	72
Six	35	35
Seven	19	18
Eight	15	15
Nine or more	19	19
Not Reported	0	0

Table 13
Contraceptive Use and Method*, 2015

	Occurring in Minnesota	Minnesota Residents
Woman did not provide information	927	847
Woman did not know whether she used contraception	135	120
Woman has never used contraceptives	861	783
Woman has used contraceptives, but not at the time of conception	5,543	4,983
Woman used contraceptives at the time of conception	2,395	2,165
Method Used		
Condoms	890	807
Condoms & Spermicide	12	9
Spermicide Alone	3	2
Sterilization - Male	12	12
Sterilization - Female	5	4
Injectable (Depo-Provera)	63	59
IUD	77	70
Mini Pills	93	84
Combination Pills	418	372
Diaphragm & Spermicide	4	3
Diaphragm Alone	1	1
Cervical Cap	0	0
Rhythm/Natural Family Planning	21	18
Fertility Awareness	4	4
Withdrawal	57	51
Other	731	665
Method Not Reported	4	4

*The accuracy of reporting 'Use of Contraceptives at the Time of Conception' is dependent upon self-reporting by the woman. Thus, ***these data should not be interpreted as an indication of the effectiveness of any particular method of birth control.***

Table 14
Abortion Procedure, 2015

	Occurring in Minnesota	Minnesota Residents
Suction Currettage	5,870	5,331
Medical (non-surgical)	3,149	2,830
Dilation & Evacuation (D&E)	816	716
Intra-Uterine Instillation	7	7
Hysterectomy/otomy	1	1
Sharp Curettage (D&C)	7	6
Induction of Labor (Pitocin, etc.)	7	4
Intact Dilation & Extraction (D&X)	0	0
Other Dilation & Extraction (D&X)	0	0
Other Method	4	3
Total	9,861	8,898

Table 15
Method of Disposal of Fetal Remains, 2015

	Occurring in Minnesota	Minnesota Residents
Cremation	4,040	3,586
Burial	13	10
Not Reported*	5,808	5,302
Total	9,861	8,898

* '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 16
Payment Type and Health Insurance Coverage, 2015

	Occurring in Minnesota			
	Fee for Service	Capitated	Other/Unknown and No Response	Total
Private Coverage	253	0	1,990	2,243
Public Assistance	656	17 **	3,594	4,267
Self Pay	-	-	3,348	3,348
Unknown	-	-	3	3
Total	909	17	8,935	9,861

	Minnesota Residents			
	Fee for Service	Capitated	Other/Unknown and No Response	Total
Private Coverage	231	0	1,855	2,086
Public Assistance	653	17 **	3,571	4,241
Self Pay	-	-	2,568	2,568
Unknown	-	-	3	3
Total	884	17	7,997	8,898

**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 17
Reason for Abortion*, 2015

	Occurring in Minnesota	Minnesota Residents
Pregnancy was a result of rape	77	64
Pregnancy was a result of incest	17	16
Economic reasons	2,532	2,276
Does not want children at this time	6,897	6,253
Emotional health is at stake	790	697
Physical Health is at stake	552	490
Continued pregnancy will cause impairment of major bodily function	38	33
Pregnancy resulted in fetal anomalies	194	161
Unknown or the woman refused to answer	1,449	1,305
Other stated reason	449 **	395

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

**See Table 17a

Table 17a
Other Stated Reason for Abortion, 2015

Physical or mental health issues and concerns	76
Education, career and employment issues	21
Not ready or prepared for a child or more children at this time or family already completed	97
Relationship issues, including abuse, separation, divorce and extra-marital affairs	43
Other miscellaneous responses	80
"Other Reason" was indicated, but not specified	152
Total**	469

*Note that these categories have been changed from those of previous years. The categories previously used are no longer representative of the typical responses given for 'Other Reason".

**Total is greater than 'Other Stated Reason' total on Table 17 because some women stated more than one other reason.

Table 18
Intraoperative Complications*, 2015

	Occurring in Minnesota	Minnesota Residents
No Complications	9,846	8,885
Cervical laceration requiring suture or repair	4	3
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	3	3
Uterine perforation	1	1
Other complication	7	6
Not Reported**	0	0
Total	9,861	8,898

*Complication occurring at the time of the abortion procedure

Table 19
Postoperative Complications*, 2015
reported on **Report of Complication from Induced Abortion** form

Cervical laceration requiring suture or repair	1
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	5
Uterine perforation	2
Infection requiring inpatient treatment	5
Heavy bleeding/anemia requiring transfusion	2
Failed termination of pregnancy (continued viable pregnancy)	8
Incomplete termination of pregnancy (retained products of conception requiring re-evacuation)	44
Other complication	10
Complication not specified	0
Total Reported Complications	77 [1]

[1] 68 '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.

Table 20
Induced Abortions by Gestational Age
Performed Out of State and Paid for with State Funds[1]

reported by the Minnesota Department of Human Services, 2014[2]

<9 weeks	0
9 - 10 weeks	0
11 - 12 weeks	0
13 - 15 weeks	0
16 - 20 weeks	0
21 - 24 weeks	0
25 - 30 weeks	0
31 - 36 weeks	0
37 weeks & over	0
Unknown	128
Total Occurrence	128
Total state funds used to pay for out of state abortion procedures, including incidental expenses	$20,949.32

[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."

[2]Gestation weeks were not reported on claims data received by DHS for 2014.

Table 21
Total and Resident Induced Abortions
1975, 1980 - 2015

	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 [2]

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

[2]2015 population estimates not available at time of publication. 2014 count was used.

Table 22
Abortions per 100 Live Births by Selected Patient Characteristics
Minnesota Residents; 1980, 1990, 2000, 2011-2015

	1980	1990	2000	2011	2012	2013	2014 [3]	2015
Total Resident Abortions	24.3	22.5	19.6	14.8	14.2	13.1	13.1	12.7
Age Group*								
<15	231.1	68.1	71.3	71.4	79.1	80.6	130.4	72.7
15-17 Years	80.2 [1]	69.2	40.2	40.9	37.4	31.8	33.2	34.5
18-19 Years		57.5	39.5	34.4	30.8	30.3	29.9	30.6
20-24 Years	26.9	35.6	31.8	27.2	26.4	24.6	24.4	24.1
25-29 Years	11.7	14.1	15.6	11.8	11.7	11.0	11.7	11.4
30-34 Years	10.8	11.2	10.5	8.0	7.3	7.5	7.3	7.4
35-39 Years	19.8	18.3	13.7	10.7	11.4	9.7	10.3	10.4
40 Years & Over	41.9	35.9	28.2	21.6	19.3	18.2	19.6	16.4
Race of Patient*								
White	22.5	20.9	14.5	10.9	10.2	8.8	8.7	10.9
African American	n/a [2]	n/a [2]	60.3	38.7	35.0	29.8	28.7	31.3
American Indian	n/a [2]	n/a [2]	26.3	17.8	14.6	12.8	17.5	19.4
Asian	n/a [2]	n/a [2]	34.8	15.8	13.4	12.1	12.5	14.3
All Other	45.1	33.4	--	--	--	--	--	--
Hispanic	n/a	n/a	18.4	14.0	13.2	10.9	12.4	12.4
Marital Status*								
Married	3.5	4.2	4.0	3.2	3.0	2.6	2.7	2.8
Not Married	159.3	48.4	56.9	38.0	34.7	30.8	31.5	30.8

*Unknowns are not included in ratios

[1]Ratio is for age 15-19. Separate data for 15-17 and 18-19 is not available for 1980.

[2]Race/Ethnicity data was collected differently prior to 1999, thus ratios are not available for individual categories other than 'White'.

[3]Figures have been updated from those published in the 2014 table with finalized 2014 birth data.

Table 23
Selected Statistics by Age Group, 2015
Minnesota Residents

	Total	<15 Years	15 - 17 Years	18 - 19 Years	20 - 24 Years	25 - 29 Years	30 - 34 Years	35 - 39 Years	40+ Years	Unkwn Age
Total Abortions	8,898	16	205	547	2,615	2,455	1,747	1,009	304	0
Marital Status:										
Married	1,302	0	1	5	106	327	381	360	122	0
Not Married	6,912	14	180	469	2,311	1,969	1,231	583	155	0
Unknown	684	2	24	73	198	159	135	66	27	0
Race/Ethnicity:										
White	4,514	4	95	276	1,271	1,223	900	578	167	0
African American	2,360	7	55	134	739	705	452	211	57	0
American Indian	202	0	5	19	67	45	42	20	4	0
Asian	716	0	12	31	155	195	173	111	39	0
Hispanic*	600	3	24	47	228	146	86	48	18	0
Gestation Estimate: **										
First Trimester	8,071	10	172	484	2,336	2,278	1,603	911	277	0
Second Trimester	826	6	33	63	279	176	144	98	27	0
Third Trimester	1	0	0	0	0	1	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0

*Persons of Hispanic origin are included in the race counts above.

**1st Trimester: 0-13 weeks, 2nd Trimester: 14-27 weeks, 3rd Trimester: 28-40+ weeks

Table 24
Contraceptive Use by Age Group and Marital Status, 2015
Minnesota Residents

	All Induced Abortions					Women with at Least One Prior Induced Abortion				
	Total	Never Used	Past Use, Not Now	Was Using	Unknown	Total	Never Used	Past Use, Not Now	Was Using	Unknown
Total Abortions	8,898	783	4,983	2,165	967	3,713	241	2,161	937	374
Age Group:										
<15 Years	16	9	2	1	4	0	0	0	0	0
15-17 Years	205	53	81	41	30	9	1	5	3	0
18-19 Years	547	76	285	122	64	70	6	39	21	4
20-24 Years	2,615	217	1,506	622	270	833	61	498	200	74
25-29 Years	2,455	186	1,402	631	236	1,173	70	706	289	108
30-34 Years	1,747	139	949	445	214	945	60	516	259	110
35-39 Years	1,009	74	594	227	114	524	34	312	122	56
40+ Years	304	29	164	76	35	159	9	85	43	22
Unknown Age	0	0	0	0	0	0	0	0	0	0
Marital Status:										
Married	1,302	145	695	302	160	491	42	262	131	56
Not Married	6,912	560	3,981	1,681	690	2,981	171	1,780	754	276
Unknown	684	78	307	182	117	241	28	119	52	42

Informed Consent

Table 25
Medical Risks Information
Report of Informed Consent for Induced Abortion, 2015

Contact Method	Referring Physician	Physician Performing Abortion	Total
Telephone	9,681	1,738	11,419
In Person	117	69	186
Total Contacts	9,798	1,807	11,605

Information not provided:	
immediate abortion necessary to avert death	0
delay would create serious risk of substantial impairment	0
fetal anomaly: patient chose perinatal hospice services	3
Medical Risks Information section was left blank	54
Total reports received	11,662

Table 26
Medical Assistance and Printed Materials Information
Report of Informed Consent for Induced Abortion, 2015

Contact Method	Referring Physician	Agent of Referring Physician	Physician Performing Abortion	Agent of Physician Performing Abortion	Total
Telephone	65	8,640	851	1,704	11,260
In Person	32	54	191	16	293
Total Contacts	97	8,694	1,042	1,720	11,553

Information not provided:	
immediate abortion necessary to avert death	0
delay would create serious risk of substantial impairment	0
fetal anomaly incompatible with life	10
Medical Assistance & Printed Materials Information section was left blank	99
Total reports received	11,662

Table 27
Patient Access to Printed Materials
Report of Informed Consent for Induced Abortion, 2015

	Obtained Abortion	Did Not Obtain Abortion	Do Not Know	Total
Patient obtained printed copies	139	4	69	212
Patient did not obtain printed copies	8,665	107	1,595	10,367
Total	8,804	111	1,664	10,579
Patient Access to Printed Materials section was left blank				1083
Total reports received				11,662

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 six month period of July 1, 2015 through December 31, 2015 none of the five clinics specified in Table 1.1 of this report reported **any abortion procedure that resulted in a born alive infant**.

Two hospitals, included in Table 1.1 as ‘Independent Physicians’, reported a total of 5 abortion procedures resulting in a born alive infant. All of these infants were reported to have lethal fetal anomalies incompatible with life and thus no measures were taken to preserve the life of these infants. None survived.

Appendix

Minnesota Statutes 2014, section 145.4131, subdivision 1, is amended to read:

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.

(a) 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) 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

Sec. 44. Minnesota Statutes 2014, section 145.423, is amended to read:

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 twentieth 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 act may be cited as the "Born Alive Infants Protection Act."

Definitions

Definitions

Induced Abortion:

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 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:

Suction Curettage: Mechanical dilation of the cervix with removal of the uterine contents by low pressure suction created by an electric suction pump.
Medical: Administration of medication to induce abortion. This does not include administration of morning-after pills or post-coidal IUD insertion.
Dilation & Evacuation: Dilation of the cervix by insertion of laminaria several hours before removal of uterine contents by suction and/or sharp curettage.
Intra-Uterine Instillation: Induction of labor by injection of a sterile saline or prostaglandin (a naturally occurring hormone) solution into the amniotic sac. Laminaria are often inserted in the cervix several hours before the injection to aid dilation.
Hysterectomy/otomy: Removal of the fetus by means of a surgical incision made in the uterine wall. In the case of a hysterectomy, the entire uterus is removed.
Sharp Curettage: Mechanical dilation of the cervix with removal of uterine contents by scraping the uterine wall with a surgical curette.
Induction of Labor: Induction of labor by means of Pitocin and/or related medications which causes uterine contractions and expulsion of uterine contents.
Dilation & Extraction: Dilation of the cervix and removal of fetal tissues

Data Collection Instruments

REPORT OF INDUCED ABORTION

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

1. Facility Reporting Code ☐☐☐☐

2. Physician Reporting Code ☐☐☐☐

3. Medical Specialty of the Physician Performing the Induced Abortion
☐ Obstetrics & Gynecology ☐ General/Family Practice
☐ Emergency Medicine
☐ Other *(Specify)* _____

4. Type of Admission
☐ Clinic ☐ Outpatient hospital ☐ Inpatient hospital ☐ Ambulatory surgery ☐ Other *(Specify)* _____

5. Patient Age at Last Birthday ☐☐ **6. Married** ☐ Yes ☐ No

7. Date of Pregnancy Termination _____/_____/_____
Month, Day, Year

8. Patient Residence
City:_____ County: _____
State: _____ Zip Code: ☐☐☐☐☐

9. Of Hispanic Origin
Specify No or Yes. If yes, specify, Cuban, Mexican, Puerto Rican, etc.
☐ No
☐ Yes
(Specify):_____

10. Race
☐ American Indian
☐ Asian
☐ Black
☐ White
☐ Other
(Specify): _____

11. Education
(Specify only highest grade completed)
☐☐ *Elementary/Secondary (0-12)*
☐☐ *College (1-4 or 5+)*

12. Date Last Normal Menses Began
☐☐ *Month,* ☐☐ *Day,* ☐☐ *Year*

13. Clinical Estimate of Gestation
☐☐ *(LMP Weeks)*

14. Previous Pregnancies *(Complete each section)*

Live Births		***Other Terminations***	
14a. Now Living	14b. Now Dead	14c. Spontaneous	14d. Induced *(Do not include this abortion)*
Number ☐☐	Number ☐☐	Number ☐☐	Number ☐☐
☐ None	☐ None	☐ None	☐ None

15. Contraceptive Use at Time of Conception

A. Use Status: *(Check only one)*
☐ Unknown - patient did not know if they used a method. ***(Do not fill out Part B.)***
☐ Never used any contraceptive method ***(Do not fill out Part B.)***
☐ Has used contraception, but not at the estimated time of conception. ***(Do not fill out Part B.)***
☐ Method used at time of conception. ***(Fill out PART B, METHOD USED.)***
☐ Patient did not provide information.

B. Method Used:
☐ Condoms
☐ Condoms & Spermicide
☐ Spermicide alone
☐ Sterilization (M)
☐ Sterilization (F)
☐ Injectable (Depo-Provera)
☐ IUD
☐ Mini Pills
☐ Combination Pills
☐ Diaphragm & Spermicide
☐ Diaphragm alone
☐ Cervical cap
☐ Rhythm/Natural Fam. Planning
☐ Fertility Awareness
☐ Withdrawal
☐ Other *(Specify)*_____

16. Type of Abortion Procedure *(Check only one)*

☐ Suction Curettage
☐ Medical *(Nonsurgical)*,

*Specify Medication(s)*_____ → *Does not include administration of morning after pills or post coital IUD insertion.*

☐ Dilation and Evacuation (D&E)
☐ Intra-Uterine Instillation (Saline or Prostaglandin)
☐ Hysterectomy/otomy
☐ Sharp Curretage (D&C)
☐ Induction of Labor (Pitocin, etc.)
☐ Intact Dilation and Extraction (D&X)
☐ Other Dilation and Extraction (D&X)
☐ Other *(Specify)* _____

17. 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 complication(s)
☐ 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 COMPLICATION(S) FROM INDUCED ABORTION***

18. Method of Disposal for Fetal Remains *(Check only one)*

☐ Cremation ☐ Interment by burial

19. Type of Payment *(Check only one)*

☐ Private coverage ☐ Public assistance health coverage ☐ Self pay

20. Type of Health Coverage *(Check only one)*

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

21. 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 the pregnancy continues
☐ Pregnancy resulted in fetal anomalies
☐ Unknown or the woman refused to answer
☐ Other _____

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 and are not maintained permanently in the files of the State office of vital statistics. However, 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 out-of-wedlock births. Because these abortion data provide information necessary to promote and monitor health, it is important that the reports be completed carefully.

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. Service cannot be contingent upon a patient=s 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 reporting codes and physician reporting codes (See instructions #2-3).
- Assign physician reporting codes to physicians and maintain a list of these assignments.
- Develop efficient procedures for prompt preparation and filing of the reports.
- Collect and record the information required by the report.
- Prepare a correct and legible report for each abortion performed.
- 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 on the Minnesota Center for Health Statistics for advice and assistance when necessary.

If a facility decides not to report on behalf of their physicians, or 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. For facilities that have been reporting to MDH prior to October 1, 1998, already have a facility reporting code and may continue to use the same code for future 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 keying the reporting code, 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 for the physician address.

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. “Reason for abortion” question
MDH recommends that Item #21 on the report be reviewed with each patient. All responses can be reviewed with the 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.”

7. 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.

8. 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 year (e.g., all reports for procedures done in 1998 are due by April 1, 1999). (MN Statutes 1998, §145.411)

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**: ____ ____ ____ ____
Last *First*

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:**

___ ___ Day ___ ___ Month ___ ___Year *(Please indicate numeric day, month, and year. If only month and/or year is known, please indicate in the spaces provided.)*

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

☐ 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 (M*ay 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.)*

_____

_____

INSTRUCTIONS

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 items A-G. 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 keying the reporting code, 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 for the physician address. **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 are clinical opinions and data that suggest that there may be more complications associated with induced abortion, the “Other” category is provided to capture those types of 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.

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IC# 140-0595
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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.