DEPARTMENT OF HEALTH

Induced Abortions in Minnesota January - December 2020: Report to the Legislature

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Induced Abortions in Minnesota
January – December 2020
Report to the Legislature

July 2021

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

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Introduction

Introduction

This report is issued in compliance with Minnesota Statutes, section 145.4134 which requires a yearly public report of induced abortion statistics for the previous calendar year and statistics for prior years adjusted to reflect any additional information from late and/or corrected report forms, beginning with October 1, 1998 data. This is the twentieth such report and covers the period from January 1 through December 31, 2020. Applicable updated tables for 2019 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 2020 data to MDH by April 1, 2021. 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 2020.

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, 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	53	0	84	0	0	0	0	0	0	0	0	0	137
Independent Physicians[2]	21	17	16	9	9	17	13	10	18	25	27	43	225
Total Minnesota Occurrence	**818**	**767**	**829**	**893**	**764**	**743**	**717**	**675**	**739**	**700**	**645**	**818**	**9,108**

[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												1	**1**
Physician C	52	16	33	40	17	39	14	23	35	25	24	34	**352**
Physician D									1				**1**
Physician E	55	80	48	59	49	47	49		10	8	14	35	**454**
Physician F	4			1		1		1	1	2	1	2	**13**
Physician G	2	1		1		1	4	1		1			**11**
Physician H						1							**1**
Physician I			1										**1**
Physician J				2									**2**
Physician K					1								**1**
Physician L									1			2	**3**
Physician M	71	75	83	101	82	58	52	63	55	57	39	59	**795**
Physician N										9	18	26	**53**
Physician O	28	35	37	58	40	31	31	28	54	27	27	29	**425**
Physician P	1												**1**
Physician Q	1												**1**
Physician R					1								**1**
Physician S												1	**1**
Physician T								1	1				**2**
Physician U	2	1	1									2	**6**
Physician V						1	1					1	**3**
Physician W	11	11		101	47	60	61	54	60	43	58	48	**554**
Physician X								1		1			**2**
Physician Y	1												**1**
Physician Z	65		115	55	69	39	42	30	60	41	69	34	**619**
Physician AA											1		**1**
Physician BB	20	24	22	24	25	13	31	23	26	24	9	27	**268**
Physician CC	3	1	6	2	2	2	2	1	3	2	1	1	**26**
Physician DD								1				1	**2**
Physician EE		28	37	40	16	17	8	23	16	15	19	33	**252**
Physician FF	11	5	8	10	6	9		9		10	9	11	**88**
Physician GG							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 HH								1					**1**
Physician II	125	141	126	157	116	154	93	56	112	117	87	84	**1,368**
Physician JJ	33	50	31	32	17	36	51	27	57	30	42	49	**455**
Physician KK	62	41	47	52	69	51	68	39	37	72	32	35	**605**
Physician LL	9		13										**22**
Physician MM						1							**1**
Physician NN	38	36	10						17	33	15	44	**193**
Physician OO	49	26	29	39	40	35	44	61	53	36	36	50	**498**
Physician PP								1	1				**2**
Physician QQ										6	6	30	**42**
Physician RR	14	17	19		19	16	12	37	21	8		20	**183**
Physician SS		3	1			1			1				**6**
Physician TT						1				2			**3**
Physician UU			1										**1**
Physician VV									1				**1**
Physician WW	13	8	11	8	10	1	10	5	12	8	8	8	**102**
Physician XX	2		2	1	1	1	1						**8**
Physician YY			1										**1**
Physician ZZ						2						1	**3**
Physician AB		1							1				**2**
Physician AC												1	**1**
Physician AD	1	4				1			1			1	**8**
Physician AE									1	3			**4**
Physician AF	77	109	54	59	80	92	83	157	71	86	104	93	**1,065**
Physician AG										1			**1**
Physician AH	1	1	1			1				1	2		**7**
Physician AI		2	1									1	**4**
Physician AJ		1			2				1	1	1		**6**
Physician AK	12		6										**18**
Physician AL	1												**1**
Physician AM			13										**13**
Physician AN					1				1			1	**3**
Physician AO	11		23										**34**

Table 1.2 Abortions by Month and Provider, 2020

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician AP	20	48	19	49	53	28	55	29	25	28	20	52	**426**
Physician AQ	3	1	2	2	1	3	4	3	3	3	2	1	**28**
Physician AR	20		28										**48**
Physician AS		1											**1**
Total MN	**818**	**767**	**829**	**893**	**764**	**743**	**717**	**675**	**739**	**700**	**645**	**818**	**9,108**

Table 2. Medical Specialty of Physician, 2020

Obstetrics & Gynecology	5,580
Emergency Medicine	1
General/Family Practice	3,522
Other/Unspecified	5
Total	9,108

Table 3. Type of Admission, 2020

Clinic	8,901
Outpatient Hospital	126
Inpatient Hospital	18
Ambulatory Surgery	7
Doctor's	0
Other/Unspecified	56
Total Minnesota Occurrence	9,108

Table 4. Age of Woman, 2020

	Occurring in Minnesota	Minnesota Residents
< 15 Years	22	22
15 - 17 Years	195	179
18 - 19 Years	566	510
20 - 24 Years	2,506	2,237
25 - 29 Years	2,629	2,417
30 - 34 Years	1,556	1,426
35 - 39 Years	1,276	1,136
40 Years & Over	357	321
Not Reported	1	1
Total	9,108	8,249

Table 5. Marital Status, 2020

	Occurring in Minnesota	Minnesota Residents
Married	1,365	1,191
Not Married	7,434	6,766
Not Reported	309	292
Total	9,108	8,249

Tables 6. Country/State of Residence, 2020

Minnesota	8,249
Other States	
Iowa	55
Michigan	8
North Dakota	44
South Dakota	152
Wisconsin	548
Other States	51
Canada	0
Other Foreign Countries	1
Not Reported	0
Total MN Occurrence	9,108

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

State Total	**8,249**		
Aitkin	10	Marshall	18
Anoka	553	Martin	21
Becker	--	Meeker	8
Beltrami	53	Mille Lacs	32
Benton	47	Morrison	22
Big Stone	--	Mower	34
Blue Earth	99	Murray	--
Brown	15	Nicollet	31
Carlton	33	Nobles	14
Carver	66	Norman	--
Cass	17	Olmsted	203
Chippewa	10	Otter Tail	8
Chisago	46	Pennington	--
Clay	--	Pine	25
Clearwater	--	Pipestone	--
Cook	9	Polk	7
Cottonwood	8	Pope	7
Crow Wing	51	Ramsey	1,491
Dakota	676	Red Lake	--
Dodge	16	Redwood	6
Douglas	17	Renville	8
Faribault	6	Rice	65
Fillmore	16	Rock	--
Freeborn	29	Roseau	--
Goodhue	42	Saint Louis	276
Grant	--	Scott	185
Hennepin	2,839	Sherburne	90
Houston	10	Sibley	6
Hubbard	6	Stearns	188
Isanti	40	Steele	31
Itasca	32	Stevens	--
Jackson	--	Swift	--
Kanabec	10	Todd	7
Kandiyohi	40	Traverse	--
Kittson	--	Wabasha	25
Koochiching	11	Wadena	9
Lac Qui Parle	--	Waseca	15
Lake	--	Washington	366
Lake of the Woods	--	Watonwan	11
Le Sueur	23	Wilkin	--
Lincoln	--	Winona	40
Lyon	20	Wright	94
McLeod	--	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	7,630	6,874
Hispanic	872	814
Not Reported	606	561
Total	9,108	8,249

Table 8b. Race of Woman, 2019

	Occurring in Minnesota	Minnesota Residents
White	4,258	3,609
Black	2,584	2,529
American Indian	269	217
Asian	619	580
Other	977	931
Not Reported	401	383
Total	9,108	8,249

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

	Hispanic	Not Hispanic	Unknown Hispanic	Total
White	257	3,858	143	4,258
Black	56	2,456	72	2,584
American Indian	37	218	14	269
Asian	18	589	12	619
Other	473	457	47	977
Not Reported	31	52	318	401
Total	872	7,630	606	9,108

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

	Hispanic	Not Hispanic	Unknown Hispanic	Total
White	233	3,263	113	3,609
Black	54	2,403	72	2,529
American Indian	34	171	12	217
Asian	16	555	9	580
Other	450	434	47	931
Not Reported	27	48	308	383
Total	814	6,874	561	8,249

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	82	76
Some High School	997	923
High School Graduate	2,109	1,878
Some College	2,631	2,376
College Graduate	1,783	1,580
Graduate Level	281	255
Not Reported	1,225	1,161
Total	9,108	8,249

Table 11. Clinical Estimate of Fetal Gestational Age, 2020

	Occurring in Minnesota	Minnesota Residents
< 9 weeks	6,391	5,844
9 - 10 weeks	1,148	1,028
11 - 12 weeks	450	401
13 - 15 weeks	458	408
16 - 20 weeks	341	300
21 - 24 weeks	188	154
25 - 30 weeks	0	0
31 - 36 weeks	1	1
37 weeks & over	0	0
Not Reported	131	113
Total	9,108	8,249

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	173	155	28	0	0
3	5	5	15	131	117	29	0	0
4	209	189	16	103	98	30	0	0
5	1527	1404	17	64	55	31	0	0
6	2017	1867	18	57	48	32	0	0
7	1505	1364	19	55	48	33	0	0
8	1128	1015	20	62	51	34	0	0
9	700	617	21	74	59	35	1	1
10	448	411	22	73	59	36	0	0
11	272	245	23	40	35	37	0	0
12	178	156	24	1	1	38	0	0
13	154	136	25	0	0	39	0	0
			26	0	0	40+	0	0
			27	0	0			
Trimester Total	8,143	7,409		833	726		1	1

Total Induced Abortions: **Occurring in Minnesota[1]:** 8,977 **Minnesota Residents[2]:** 8,136

[1] Total for Occuring in MN is missing 131 with gestional age not reported.

[2] Total for MN residents is missing 113 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	3,527	3,146	None	7,314	6,620	None	5,465	4,873
One	2,152	1,976	One	1,278	1,164	One	2,073	1,892
Two	1,803	1,634	Two	340	311	Two	877	821
Three	933	855	Three	98	86	Three	350	337
Four	409	377	Four	29	25	Four	172	162
Five	136	129	Five	15	13	Five	87	82
Six	78	72	Six	8	7	Six	25	25
Seven	27	26	Seven	1	1	Seven	14	14
Eight	17	11	Eight	1	1	Eight	10	10
Nine or more	9	9	Nine or more	4	4	Nine or more	18	18
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)	3,540	3,233
Dilation & Evacuation (D&E)	580	498
Hysterectomy/otomy	0	0
Other surgical	1	0
Medical		
Mifipristone	4,748	4,290
Misoprostol	216	207
Methotrexate	0	0
Other medication (includes labor induction)	23	21
Intra-Uterine Instillation	0	0
Unknown	0	0
Total	9,108	8,249

Table 14. Method of Disposal of Fetal Remains, 2020

	Occurring in Minnesota	Minnesota Residents
Cremation	1,886	1,657
Burial	104	93
No fetal remains	7,118	6,499
Unknown	0	0
Total	9,108	8,249

* '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	160	0		2,241	2,401
Public Assistance	624	0	**	3,552	4,176
Self Pay	252	0		2,279	2,531
Unknown	0	0		0	0
Total	1,036	0		8,072	9,108

Minnesota Residents

	Fee for Service	Capitated		Other/Unknown and No Response	Total
Private Coverage	144	0		2,041	2,185
Public Assistance	623	0	**	3,536	4,159
Self Pay	151	0		1,754	1,905
Unknown	0	0		0	0
Total	918	0		7,331	8,249

**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	48	38
Pregnancy was a result of incest	7	7
Economic reasons	1,671	1,469
Does not want children at this time	5,217	4,752
Emotional health is at stake	985	857
Physical Health is at stake	571	486
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	2,751	2,512
Other stated reason	247 **	221

*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	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
COVID-19/Pandemic	11
Other miscellaneous responses	74
"Other Reason" was indicated, but not specified	36
Total**	240

**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	-

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 - 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	8.4 [2]
2020	9,108	8,249	90.6	7.6 [3]

[2]2019 rate was updated using 2019 population.

[3]2020 population estimate was not available at time of publication. 2019 population was used.

Informed Consent

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

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, 2020 through December 31, 2020, zero (0) abortion procedures resulting in a born-alive infant were reported.

Appendix

Updates to 2019 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 2019 in July of 2020, twenty-three (23) additional ***Report of Induced Abortion*** forms were received. An additional one (1) ***Report of Postoperative Complications*** forms were received. One (1) unfinished/unfiled **Informed Consent** forms was received.

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, 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	10	6	9	12	9	12	13	9	9	107
Total Minnesota Occurrence	**982**	**786**	**881**	**749**	**910**	**890**	**912**	**876**	**783**	**734**	**748**	**694**	**9,945**

[1]Counts include both St. Paul location and Rochester locations in 2019.

[2]This represents 7 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		1	1		**7**
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			1	1		**4**
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**
Physician AN											2		**2**
Physician AO									2	2	2	5	**11**

Table 1.2 Abortions by Month and Provider, 2019

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician AP				1									**1**
Physician AQ				1									**1**
Physician AR											1		**1**
Physician AS								1					**1**
Physician AT									1				**1**
Physician AU									1				**1**
Total MN	**982**	**786**	**881**	**749**	**910**	**890**	**912**	**876**	**783**	**734**	**748**	**694**	**9,945**

Table 2. Medical Specialty of Physician, 2019

Obstetrics & Gynecology	6,790
Emergency Medicine	1
General/Family Practice	3,153
Other/Unspecified	1
Total	9,945

Table 3. Type of Admission, 2019

Clinic	9,862
Outpatient Hospital	31
Inpatient Hospital	27
Ambulatory Surgery	24
Doctor's	1
Other/Unspecified	0
Total Minnesota Occurrence	9,945

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	2,693	2,431
25 - 29 Years	2,837	2,594
30 - 34 Years	1,695	1,578
35 - 39 Years	1,528	1,393
40 Years & Over	338	296
Not Reported	5	5
Total	9,945	9,057

Table 5. Marital Status, 2019

	Occurring in Minnesota	Minnesota Residents
Married	1,540	1,375
Not Married	7,959	7,258
Not Reported	446	424
Total	9,945	9,057

Tables 6. Country/State of Residence, 2019

Minnesota	9,057
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	9,945

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

State Total	**9,057**		
Aitkin	7	Marshall	--
Anoka	622	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	44	Pennington	--
Clay	8	Pine	19
Clearwater	--	Pipestone	--
Cook	7	Polk	--
Cottonwood	9	Pope	7
Crow Wing	60	Ramsey	1,636
Dakota	762	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	165
Hennepin	3,212	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	383
Lake of the Woods	--	Watonwan	12
Le Sueur	20	Wilkin	--
Lincoln	--	Winona	46
Lyon	17	Wright	96
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	8,303	7,541
Hispanic	937	868
Not Reported	705	648
Total	9,945	9,057

Table 8b. Race of Woman, 2019

	Occurring in Minnesota	Minnesota Residents
White	4,864	4,182
Black	2,762	2,700
American Indian	254	220
Asian	733	693
Other	971	923
Not Reported	361	339
Total	9,945	9,057

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

	Hispanic	Not Hispanic	Unknown Hispanic	Total
White	354	4,311	199	4,864
Black	50	2,569	143	2,762
American Indian	39	201	14	254
Asian	12	700	21	733
Other	432	491	48	971
Not Reported	50	31	280	361
Total	937	8,303	705	9,945

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

	Hispanic	Not Hispanic	Unknown Hispanic	Total
White	320	3,698	164	4,182
Black	48	2,512	140	2,700
American Indian	37	172	11	220
Asian	11	663	19	693
Other	407	469	47	923
Not Reported	45	27	267	339
Total	868	7,541	648	9,057

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	1,086	1,023
Total	9,945	9,057

Table 11. Clinical Estimate of Fetal Gestational Age, 2019

	Occurring in Minnesota	Minnesota Residents
< 9 weeks	6,533	5,994
9 - 10 weeks	1,426	1,283
11 - 12 weeks	648	588
13 - 15 weeks	596	544
16 - 20 weeks	413	360
21 - 24 weeks	185	153
25 - 30 weeks	3	2
31 - 36 weeks	0	0
37 weeks & over	0	0
Not Reported	141	133
Total	9,945	9,057

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	220	203	28	0	0
3	0	0	15	160	140	29	0	0
4	213	197	16	126	115	30	1	0
5	1457	1345	17	69	64	31	0	0
6	1927	1775	18	73	62	32	0	0
7	1536	1402	19	80	67	33	0	0
8	1400	1275	20	65	52	34	0	0
9	909	811	21	74	59	35	0	0
10	517	472	22	76	64	36	0	0
11	375	345	23	35	30	37	0	0
12	273	243	24	0	0	38	0	0
13	216	201	25	2	2	39	0	0
			26	0	0	40+	0	0
			27	0	0			
Trimester Total	8,823	8,066		980	858		1	0

Total Induced Abortions: **Occurring in Minnesota[1]:** 9,804 **Minnesota Residents[2]:** 8,924

[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	3,954	3,549	None	7,789	7,091	None	6,031	5,399
One	2,270	2,090	One	1,523	1,386	One	2,200	2,038
Two	1,944	1,767	Two	375	342	Two	938	879
Three	964	889	Three	110	101	Three	398	377
Four	454	423	Four	36	34	Four	159	153
Five	153	144	Five	14	13	Five	64	62
Six	69	66	Six	9	8	Six	34	34
Seven	31	30	Seven	2	2	Seven	25	25
Eight	12	12	Eight	1	1	Eight	6	6
Nine or more	11	11	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)	5,510	5,038
Dilation & Evacuation (D&E)	690	596
Hysterectomy/otomy	1	1
Other surgical	2	1
Medical		
Mifipristone	3,592	3,276
Misoprostol	121	117
Methotrexate	0	0
Other medication (includes labor induction)	26	25
Intra-Uterine Instillation	3	3
Unknown	0	0
Total	9,945	9,057

Table 14. Method of Disposal of Fetal Remains, 2019

	Occurring in Minnesota	Minnesota Residents
Cremation	2,862	2,544
Burial	39	34
No fetal remains	7,044	6,479
Unknown	0	0
Total	9,945	9,057

* '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		2,281	2,473
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		8,924	9,945

Minnesota Residents

	Fee for Service	Capitated		Other/Unknown and No Response	Total
Private Coverage	180	0		2,103	2,283
Public Assistance	591	0	**	3,730	4,321
Self Pay	125	0		2,328	2,453
Unknown	0	0		0	0
Total	896	0		8,161	9,057

**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	85	76
Pregnancy was a result of incest	12	12
Economic reasons	2,120	1,885
Does not want children at this time	6,746	6,160
Emotional health is at stake	1,099	979
Physical Health is at stake	682	622
Continued pregnancy will cause impairment of major bodily function	34	29
Pregnancy resulted in fetal anomalies	186	149
Unknown or the woman refused to answer	2,005	1,841
Other stated reason	227 **	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, 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	76
"Other Reason" was indicated, but not specified	36
Total**	231

**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	9,836	8,956
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)	26
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 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
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1992	15,546	13,846	89.1	13.1
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1997	14,224	12,997	91.4	12.4
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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	9,945	9,057	91.1	8.4 [2]

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

[2]2019 rate was updated using 2018 population.

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	139	17	156
Total Contacts	11,790	1,136	12,926
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			12,927

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					18
Total reports received					12,927

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	2,653	12,617
Total	10,130	63	2,734	12,927
Total reports received				12,927

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 Center
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