



Induced Abortions in Minnesota January - December 2021

07/01/2022

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July 2022

The 2022 Minnesota Legislature repealed the requirement that this report must be submitted to the legislature.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

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Introduction

Introduction

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

History

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

The 2003 Minnesota Legislature enacted the Woman's Right to Know Act. This law [Minnesota Statutes, sections 145.4241 – 145.4249] requires physicians to provide women with certain information at least 24 hours prior to an abortion and to collect and report to MDH the number of women who were provided this information. Physicians were required to begin collecting this data on January 1, 2004 and to submit their 2021 data to MDH by April 1, 2022. Additional information about the Woman's Right to Know Act can be found at <http://www.health.state.mn.us/wrtk/index.html>.

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

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

Technical Notes

Technical Notes

Data included in this report are submitted to the Minnesota Department of Health by facilities and physicians who perform abortions in Minnesota. From the inception of abortion reporting through the 2016 reporting year, reporting was done on paper forms that were mailed to the Minnesota Department of Health for data entry. A secure web-based abortion reporting system was launched in March of 2017 as a module of the Minnesota Registration & Certification system (MR&C). Reporting forms were also updated at this time, in accordance with national standards and Minnesota Statute requirements. Key elements that were removed or changed from any of the three reporting forms are summarized below. There were no significant changes applicable in 2021.

Report of Induced Abortion form

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

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

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

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

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

Report of Informed Consent Related to Induced Abortion form

No changes were made to this form.

Report of Complication(s) from Induced Abortion form

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

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

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

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

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

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

Tables

Table 1.1 Abortions by Month and Facility, 2021

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

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

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

Table 1.2 Abortions by Month and Provider, 2021

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

Table 1.2 Abortions by Month and Provider, 2021

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

Table 1.2 Abortions by Month and Provider, 2021

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

Table 2. Medical Specialty of Physician, 2021

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

Table 3. Type of Admission, 2021

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

Table 4. Age of Woman, 2021

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

Table 5. Marital Status, 2021

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

Tables 6. Country/State of Residence, 2021

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

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

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

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

Table 8a. Hispanic Origin of Woman, 2021

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

Table 8b. Race of Woman, 2021

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

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

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

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

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

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

Table 10. Education Level of Woman, 2021

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

Table 11. Clinical Estimate of Fetal Gestational Age, 2021

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

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

First Trimester			Second Trimester			Third Trimester		
Estimated Week	Occurring in Minnesota	Minnesota Residents	Estimated Week	Occurring in Minnesota	Minnesota Residents	Estimated Week	Occurring in Minnesota	Minnesota Residents
< 3	7	7	14	191	161	28	0	1
3	17	16	15	158	142	29	0	0
4	310	284	16	99	90	30	0	0
5	1543	1401	17	77	64	31	0	0
6	2157	1965	18	52	50	32	0	0
7	1651	1490	19	75	62	33	0	0
8	1290	1163	20	61	51	34	0	0
9	890	795	21	56	50	35	0	0
10	543	488	22	56	42	36	0	0
11	303	268	23	44	32	37	0	0
12	223	198	24	3	3	38	0	0
13	211	190	25	1	1	39	0	0
			26	0	0	40+	0	0
			27	0	0			
Trimester Total	9,145	8,265		873	748		0	1
Total Induced Abortions:			Occurring in Minnesota¹:		10,018	Minnesota Residents²:		9,014

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

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

Table 12. Prior Pregnancies, 2021

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

Table 13. Abortion Procedure, 2021

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

Table 14. Method of Disposal of Fetal Remains, 2020

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

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

Table 15. Payment Type and Health Insurance Coverage, 2021

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

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

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

Table 16. Reason for Abortion*, 2021

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

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

**See Table 16a

Tables 16a. Other Stated Reason for Abortion, 2021

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

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

Table 17. Intraoperative Complications*, 2020

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

*Complication occurring at the time of the abortion procedure

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

Table 18. Postoperative Complications*, 2021

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

Reported on *Report of Complication from Induced Abortion* form

¹ 81 'Report of Complication(s) from Induced Abortion' forms were received.

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

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

Table 19. Induced Abortions by Gestational Age Performed Out of State and Paid for with State Funds¹, 2020

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

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

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

Reported by the Minnesota Department of Human Services, services in 2019

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

Year	Occurring in Minnesota	Minnesota Residents	Resident Percent	Resident Rate¹
1980	19,028	16,490	86.7	17.2
1981	18,304	15,821	86.4	16.3
1982	17,758	15,559	87.6	15.8
1983	16,428	14,514	88.3	14.7
1984	17,314	15,556	89.8	15.7
1985	17,686	16,002	90.5	16.1
1986	17,383	15,716	90.4	15.8
1987	17,653	15,746	89.2	15.7
1988	17,975	16,124	89.7	15.8
1989	17,398	15,506	89.1	15.1
1990	17,156	15,280	89.1	14.9
1991	16,178	14,441	89.3	13.9
1992	15,546	13,846	89.1	13.1
1993	14,348	12,955	90.3	12.1
1994	14,027	12,702	90.6	11.8
1995	14,017	12,715	90.7	12.1
1996	14,193	12,876	90.7	12.1
1997	14,224	12,997	91.4	12.4
1998	14,422	13,050	90.5	12.4
1999	14,342	13,037	90.9	12.4
2000	14,477	13,208	91.2	12.2
2001	14,833	13,448	90.7	12.3
2002	14,239	12,953	91.0	11.8
2003	14,174	12,995	91.7	11.9
2004	13,788	12,753	92.5	11.6
2005	13,365	12,306	92.1	11.3
2006	14,065	12,948	92.1	12.1
2007	13,843	12,770	92.2	12.1
2008	12,948	11,896	91.9	11.3
2009	12,388	11,391	92.0	10.9
2010	11,505	10,570	91.9	10.1
2011	11,071	10,150	91.7	9.7
2012	10,701	9,758	91.2	9.3
2013	9,903	9,030	91.2	8.6
2014	10,123	9,180	90.7	8.7
2015	9,861	8,898	90.2	8.4
2016	10,017	9,114	91.0	8.6
2017	10,134	9,196	90.7	8.6
2018	9,910	8,896	89.8	8.3
2019	9,922	9,034	91.1	8.3 ²
2020	10,339	9,366	90.6	7.6 ²
2021	10,136	9,127	90.0	8.5 ³

²2019 and 2020 rates were updated using their population data.

³2021 population estimate was not available at time of publication. 2020 population was used.

Informed Consent

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

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

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

Contact Method	Referring Physician	Agent of Referring Physician	Physician Performing Abortion	Agent of Physician Performing Abortion	Total
Telephone	8,208	2	246	1,283	9,739
In Person	88	31	9	4	132
Total Contacts	8,296	33	255	1,287	9,871
Information not provided:					
- immediate abortion necessary to avert death					1
- delay would create serious risk of substantial impairment					1
- fetal anomaly incompatible with life					11
Total reports received					9,884

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

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

Born Alive Infants Protection Act

Born Alive Infants Protection Act Report

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

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

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

For the calendar year of January 1, 2021 through December 31, 2021, 5 abortion procedures resulting in a born-alive infant were reported.

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

Appendix

Updates to 2020 Data

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

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

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

Table 1.1 Abortions by Month and Facility, 2020

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

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

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

Table 1.2 Abortions by Month and Provider, 2020

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

Table 1.2 Abortions by Month and Provider, 2020

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

Table 1.2 Abortions by Month and Provider, 2020

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

Table 2. Medical Specialty of Physician, 2020

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

Table 3. Type of Admission, 2020

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

Table 4. Age of Woman, 2020

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

Table 5. Marital Status, 2020

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

Tables 6. Country/State of Residence, 2020

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

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

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

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

Table 8a. Hispanic Origin of Woman, 2019

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

Table 8b. Race of Woman, 2019

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

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

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

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

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

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

Table 10. Education Level of Woman, 2020

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

Table 11. Clinical Estimate of Fetal Gestational Age, 2020

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

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

First Trimester			Second Trimester			Third Trimester		
Estimated Week	Occurring in Minnesota	Minnesota Residents	Estimated Week	Occurring in Minnesota	Minnesota Residents	Estimated Week	Occurring in Minnesota	Minnesota Residents
< 3	0	0	14	190	179	28	1	1
3	5	5	15	147	135	29	0	0
4	210	190	16	118	113	30	0	0
5	1610	1491	17	77	74	31	0	0
6	2344	2219	18	65	56	32	0	0
7	1700	1582	19	56	50	33	0	0
8	1255	1159	20	64	53	34	0	0
9	809	736	21	76	61	35	1	1
10	508	477	22	77	63	36	0	0
11	319	296	23	40	37	37	0	0
12	201	181	24	3	1	38	0	0
13	168	152	25	0	0	39	0	0
			26	0	0	40+	0	0
			27	0	0			
Trimester Total	9,129	8,488		913	822		2	2
Total Induced Abortions:			Occurring in Minnesota¹:		10,044	Minnesota Residents²:		9,312

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

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

Table 12. Prior Pregnancies, 2020

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

Table 13. Abortion Procedure, 2020

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

Table 14. Method of Disposal of Fetal Remains, 2020

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

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

Table 15. Payment Type and Health Insurance Coverage, 2020

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

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

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

Table 16. Reason for Abortion*, 2020

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

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

**See Table 16a

Tables 16a. Other Stated Reason for Abortion, 2020

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

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

Table 17. Intraoperative Complications*, 2020

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

*Complication occurring at the time of the abortion procedure

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

Table 18. Postoperative Complications*, 2020

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

Reported on *Report of Complication from Induced Abortion* form

¹ 81 'Report of Complication(s) from Induced Abortion' forms were received.

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

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

Table 19. Induced Abortions by Gestational Age Performed Out of State and Paid for with State Funds¹, 2019

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

Total state funds used to pay for out of state abortion procedures, including incidental expenses	\$24,690.69
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¹All 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 Rate¹
1980	19,028	16,490	86.7	17.2
1981	18,304	15,821	86.4	16.3
1982	17,758	15,559	87.6	15.8
1983	16,428	14,514	88.3	14.7
1984	17,314	15,556	89.8	15.7
1985	17,686	16,002	90.5	16.1
1986	17,383	15,716	90.4	15.8
1987	17,653	15,746	89.2	15.7
1988	17,975	16,124	89.7	15.8
1989	17,398	15,506	89.1	15.1
1990	17,156	15,280	89.1	14.9
1991	16,178	14,441	89.3	13.9
1992	15,546	13,846	89.1	13.1
1993	14,348	12,955	90.3	12.1
1994	14,027	12,702	90.6	11.8
1995	14,017	12,715	90.7	12.1
1996	14,193	12,876	90.7	12.1
1997	14,224	12,997	91.4	12.4
1998	14,422	13,050	90.5	12.4
1999	14,342	13,037	90.9	12.4
2000	14,477	13,208	91.2	12.2
2001	14,833	13,448	90.7	12.3
2002	14,239	12,953	91.0	11.8
2003	14,174	12,995	91.7	11.9
2004	13,788	12,753	92.5	11.6
2005	13,365	12,306	92.1	11.3
2006	14,065	12,948	92.1	12.1
2007	13,843	12,770	92.2	12.1
2008	12,948	11,896	91.9	11.3
2009	12,388	11,391	92.0	10.9
2010	11,505	10,570	91.9	10.1
2011	11,071	10,150	91.7	9.7
2012	10,701	9,758	91.2	9.3
2013	9,903	9,030	91.2	8.6
2014	10,123	9,180	90.7	8.7
2015	9,861	8,898	90.2	8.4
2016	10,017	9,114	91.0	8.6
2017	10,134	9,196	90.7	8.6
2018	9,910	8,896	89.8	8.3
2019	9,922	9,034	91.1	8.3
2020	10,339	9,366	90.6	7.6 ²

²2020 rate was updated using 2020 population.

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

Contact Method	Referring Physician	Physician Performing Abortion	Total
Telephone	10,080	1,146	11,226
In Person	103	60	163
Total Contacts	10,183	1,206	11,389
Information not provided:			
- immediate abortion necessary to avert death			0
- delay would create serious risk of substantial impairment			1
- fetal anomaly: patient chose perinatal hospice services			8
Total reports received			11,398

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

Contact Method	Referring Physician	Agent of Referring Physician	Physician Performing Abortion	Agent of Physician Performing Abortion	Total
Telephone	23	9,895	10	1,355	11,283
In Person	54	19	13	8	94
Total Contacts	77	9,914	23	1,363	11,377
Information not provided:					
- immediate abortion necessary to avert death					0
- delay would create serious risk of substantial impairment					1
- fetal anomaly incompatible with life					20
Total reports received					11,398

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

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

145.4131 RECORDING AND REPORTING ABORTION DATA.

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

(b) The form shall require the following information:

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

(2) the method used for each abortion;

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

(i) less than nine weeks;

(ii) nine to ten weeks;

(iii) 11 to 12 weeks;

(iv) 13 to 15 weeks;

(v) 16 to 20 weeks;

(vi) 21 to 24 weeks;

(vii) 25 to 30 weeks;

(viii) 31 to 36 weeks; or

(ix) 37 weeks to term;

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

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

(i) the pregnancy was a result of rape;

(ii) the pregnancy was a result of incest;

(iii) economic reasons;

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

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

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

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

(viii) the pregnancy resulted in fetal anomalies; or

(ix) unknown or the woman refused to answer;

(6) the number of prior induced abortions;

(7) the number of prior spontaneous abortions;

(8) whether the abortion was paid for by:

- (i) private coverage;
- (ii) public assistance health coverage; or
- (iii) self-pay;

(9) whether coverage was under:

- (i) a fee-for-service plan;
- (ii) a capitated private plan; or
- (iii) other;

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

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

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

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

- (i) any medical actions taken to preserve the life of the born alive infant;
- (ii) whether the born alive infant survived; and
- (iii) the status of the born alive infant, should the infant survive, if known.

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

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

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

145.423 ABORTION; LIVE BIRTHS.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Definitions

Definitions

Induced Abortion:

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

Fetal Death:

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

Fetal Remains:

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

Method of Abortion:

Surgical Procedures

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

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

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

Medical Methods

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

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

Data Collection Instruments

REPORT OF INDUCED ABORTION

CASE INFORMATION	1a. FACILITY CODE _____ 1b. PHYSICIAN CODE _____ 1c. Medical Speciality of Physician (OBGYN GP/Fam Emergency Med Pediatrics Other)			2. LOCAL TRACKING NUMBER _____	
	3. TYPE OF ADMISSION Clinic Outpatient Hospital Inpatient Hospital Ambulatory Surgery Doctor's Office, Other _____			4. DATE OF PREGNANCY TERMINATION (MM/DD/CCYY) _____/_____/_____	
PATIENT DEMOGRAPHICS	5. RESIDENCE OF PATIENT a. STATE _____ b. COUNTY _____ c. CITY _____ (If not in US, list Country) (If not in US, enter N/A)				
	6. PATIENT AGE AT LAST BIRTHDAY (YEARS) _____		7. PATIENT MARRIED? (At pregnancy termination, conception or any time between) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. PATIENT RACE (Check one or more races to indicate what the patient considers herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (specify) _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown
	8. PATIENT EDUCATION (Check the box that best describes the highest degree or level of school completed) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associates degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, Med, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown		9. PATIENT OF HISPANIC ORIGIN? (Check the boxes that best describe whether the mother is Spanish/Hispanic/Latina) <input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latina (specify) _____ <input type="checkbox"/> Unknown		
	11. NUMBER OF PREVIOUS LIVE BIRTHS a. Now Living Number _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown b. Now Dead Number _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown		12. NUMBER OF PREVIOUS PREGNANCY TERMINATIONS a. Spontaneous Number _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown b. Induced Number _____ <input type="checkbox"/> None <input type="checkbox"/> 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) _____ <input type="checkbox"/> Unknown			14. DATE LAST NORMAL MENSES BEGAN (MM/DD/CCYY) _____/_____/_____ <input type="checkbox"/> Unknown	
	15. METHOD OF TERMINATION (Check only the method that terminated the pregnancy) Surgical (check the type of surgical procedure) <input type="checkbox"/> D & C (Dilation and Curettage)* <input type="checkbox"/> D & E (Dilation and Evacuation) <input type="checkbox"/> Hysterectomy/Hysterotomy <input type="checkbox"/> Other surgical (specify) _____ _____ <input type="checkbox"/> Intrauterine Instillation (intra-amniotic injection, typically with saline, prostaglandin, or urea) <input type="checkbox"/> Unknown Medical/Non-surgical - includes early medical terminations and labor induction (check the principle medication or medications) <input type="checkbox"/> Mifepristone (RU486, Mifeprex®) <input type="checkbox"/> Misoprostol (Cytotec®), or another prostaglandin** <input type="checkbox"/> Methotrexate (Amethopterin, MTX) <input type="checkbox"/> Other medication (specify) _____ _____				

* 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).

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 ≥ 500 cc
- ☐ 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

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)

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:**

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.

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

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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.