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Minnesota Department of Health

Report to the Legislature: Induced Abortions in Minnesota January - December 2000

July 2001



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Art. 10 Sec. 5

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As requested by Minnesota Statute 3.197: This report cost approximately \$17,000 to prepare, including staff time, printing, and mailing expenses.

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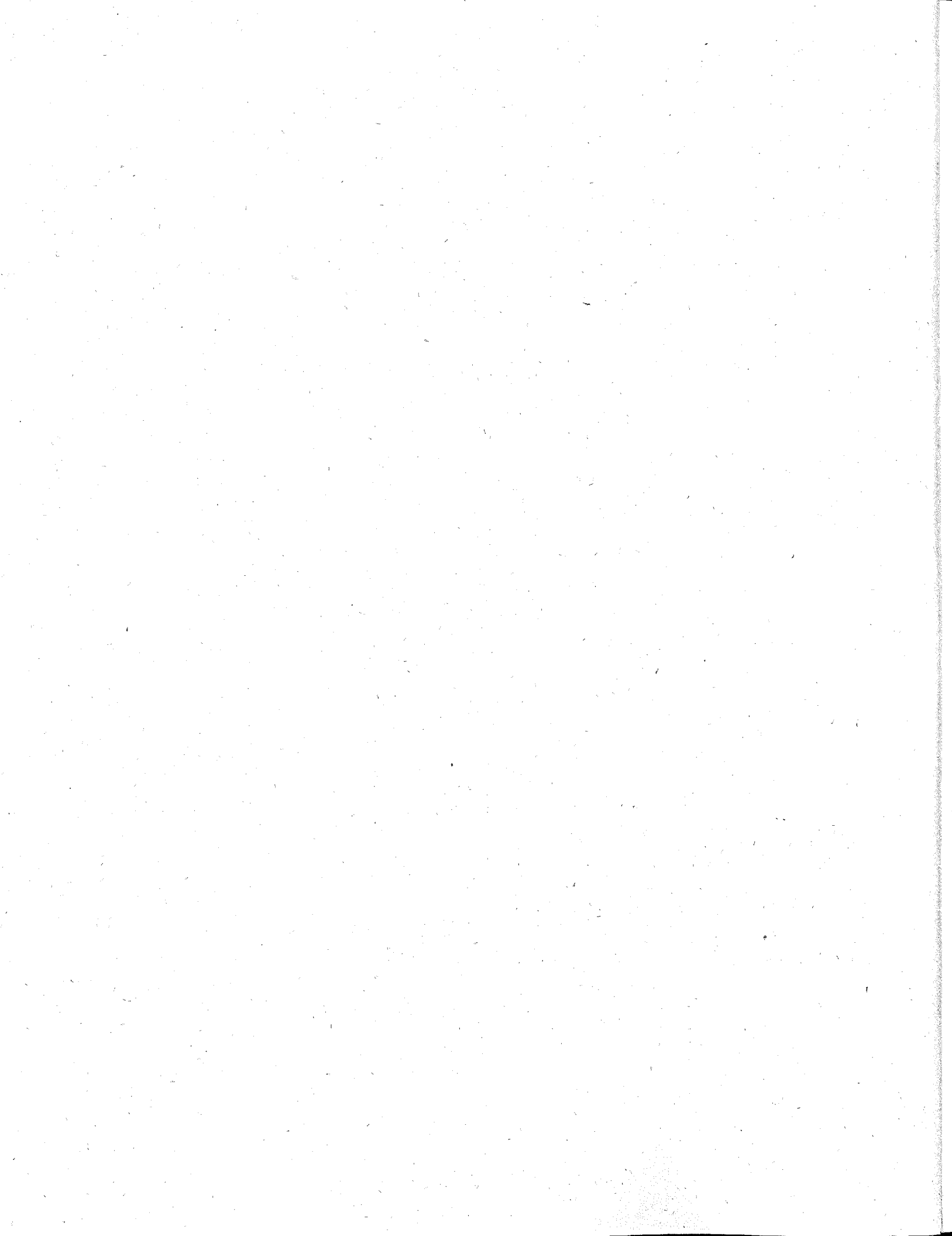
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Introduction

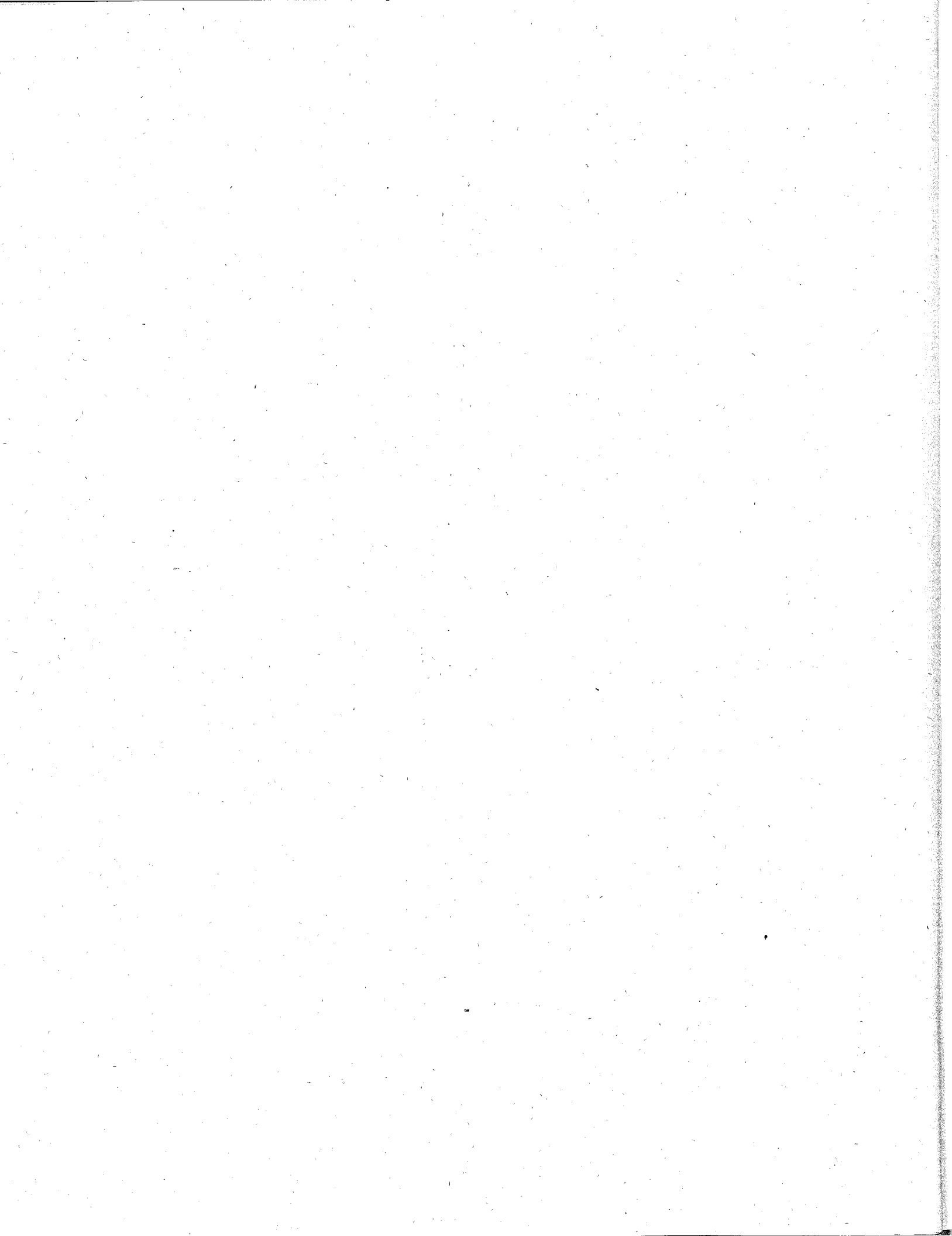


Introduction

The 1998 session of the 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 (MN Statutes, 145.4131 - 145.4136). A report must be completed and submitted to the Minnesota Department of Health (MDH) for each procedure performed. The content of the reporting form was also expanded by this law. The number of induced abortions performed out-of-state and paid for with state funds must be reported to MDH by the 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.

This report is issued in compliance with MN Statute 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 second such report and covers the period from January 1, 2000 through December 31, 2000. After publication of the previous report covering the period from October 1, 1998 through December 31, 1999, some errors were discovered in the reporting and/or data entry of 1999 residence information. Thus the corrected data for calendar year 1999 is here reported in the first part of the Appendix. No late forms were received, nor were any other data errors discovered.

Technical Notes



Technical Notes

Data included in this report are submitted to the Minnesota Department of Health by facilities and physicians who perform abortions in Minnesota. The *Report of Induced Abortion* (see Appendix, Figure 1) may be submitted by a facility/clinic on behalf of physicians who practice therein; or physicians may submit reports independently. A number of data items on the report form were specifically required by Minnesota statute. These items include: medical specialty of the physician performing the abortion, patient age, date of the abortion, clinical estimate of gestation, number of previous spontaneous and induced abortions, type of abortion procedure, intra-operative complications (post-operative complications are collected using the *Report of Complication(s) from Induced Abortion*), method of disposal of fetal remains, type of payment, health coverage type, and reason for the abortion. The items: type of admission, patient residence, date of last menses, and contraceptive use and method were included to provide continuity with previous abortion report forms. Marital status, Hispanic origin, race, education, and previous live births correspond to items on the Minnesota *Medical Supplement to the Certificate of Live Birth* and thus allow for statistical comparison with birth data.

Report forms that were submitted with incomplete data required by law were returned to the clinic/facility or independently reporting physician for correction. Overall compliance and cooperation in completing the forms was excellent, however, some data remain unreported. In some cases this is due to a facility being unable to locate the record in question and in other instances due to a patient's refusal to provide the data. A substantial reduction in the number of incomplete forms was noted in calendar year 2000 reporting. However, continuing efforts will be made to further improve reporting compliance.

Due to the sensitivity of abortion data there arises the concern of revealing an individual's identity, whether patient or provider, from data presented in this publication. MN Statute 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 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 individualmay be identified using epidemiologic principles."

In general, the policy is that when a single data item, such as age or race/ethnicity, is presented in a table that includes all of the cases, the large number of occurrences in each grouping makes it unnecessary to conceal, or suppress, those data. For example, a table of the age groups tallied for all of the reports received for 2000 would have such large numbers that none of the counts would have to be suppressed. No individual could possibly be identified.

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 would be necessary to protect the confidentiality of the individual.

As a hypothetical example, if the data were to include age and race/ethnicity, the only two Asian American women between the ages of 35 and 39 in a county with a low overall population might be identifiable.

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 statute requires counts by physician by month. Physicians are simply identified as Physician A, Physician B, etc. to protect confidentiality. Please note that the identifiers are arbitrarily assigned to those physicians who reported in a given calendar year. Thus, Physician X in a prior year's report may not be the same individual as Physician X in this report. Data presented in frequency tables for the state as a whole have no small-number data suppressed. Likewise, Table 6: Country/State Residence of Woman, contains sufficiently large groups to confound identification of an individual. Table 7: County of Residence for Women Residing in Minnesota, is the only table for which counts of zero to five are suppressed. Some of the counties have a small population of females of childbearing age and/or a small number of physicians who may be qualified to provide abortion services and thus, though unlikely, it could be possible for a provider or patient to be identified.

Tables

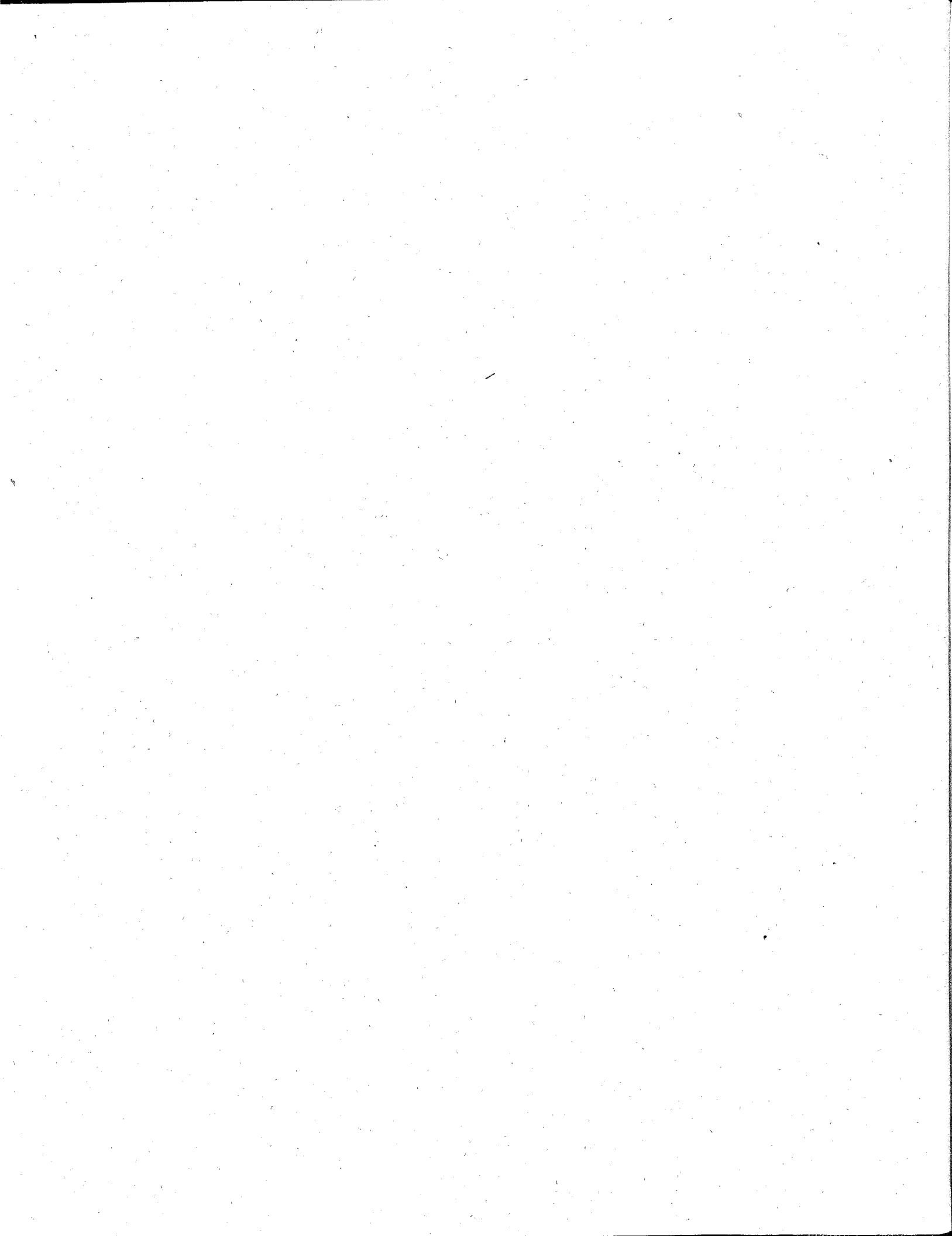


Table 1.1
Abortions by Month and Provider, 2000

	<u>Jan</u> <u>2000</u>	<u>Feb</u> <u>2000</u>	<u>Mar</u> <u>2000</u>	<u>Apr</u> <u>2000</u>	<u>May</u> <u>2000</u>	<u>Jun</u> <u>2000</u>	<u>Jul</u> <u>2000</u>	<u>Aug</u> <u>2000</u>	<u>Sep</u> <u>2000</u>	<u>Oct</u> <u>2000</u>	<u>Nov</u> <u>2000</u>	<u>Dec</u> <u>2000</u>	<u>Total</u> <u>2000</u>
Midwest Health Center for Women	239	253	264	223	304	267	228	240	234	249	212	209	2,922
Women's Health Center	69	70	80	44	67	54	65	75	53	64	51	51	743
Meadowbrook Women's Clinic	382	363	427	316	342	379	304	362	294	315	287	300	4,071
Robbinsdale Clinic	152	161	158	158	164	155	147	180	128	122	152	169	1,846
GYN Special Services ¹	81	103	82	66	109	79	65	64	57	64	77	55	902
Dr. Mildred Hansen Clinic	82	93	102	74	136	176	125	150	126	124	82	143	1,413
Planned Parenthood of Minnesota	220	228	240	249	52	162	117	266	207	252	258	199	2,450
Independent Physicians ²	7	7	13	10	7	11	10	9	7	8	5	9	103
Total Minnesota Occurrence	1,232	1,278	1,366	1,140	1,181	1,283	1,061	1,346	1,106	1,198	1,124	1,135	14,450

¹ Formerly Surgical Specialties Clinic

² This represents 26 reporting physicians

Table 1.2
Abortions by Month and Provider, 2000

	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Total</u>
Physician A	68	90	109	112	109	180	155	100	87	71	77	92	1,250
Physician B	168	127	163	118	138	114	52	149	116	143	96	114	1,498
Physician C	145	145	156	86	95	85	98	113	92	101	114	94	1,324
Physician D	122	112	118	84	190	116	121	142	112	125	117	104	1,463
Physician E	117	141	125	129	114	122	107	98	121	124	95	105	1,398
Physician F	82	93	122	83	136	191	125	150	126	124	82	1431,457	
Physician G	154	130	158	158	164	142	147	144	128	122	146	117	1,710
Physician H	15	33	14	8	18	8	7	10	6	5	12	52	188
Physician I	27	32	29	23	39	8	10	7	33	15	30	19	272
Physician J	26	28	33	12	12	24	19	10	8	24	8	19	223
Physician K	6	0	2	0	0	2	0	0	0	4	0	0	14
Physician L	3	10	0	6	3	3	0	4	1	7	12	7	56
Physician M	3	0	4	8	12	1	10	10	3	0	0	9	60
Physician N	3	0	1	4	2	3	0	1	2	2	0	1	19
Physician O	38	71	53	76	17	70	47	54	48	61	75	53	663
Physician P	9	13	13	6	0	33	1	24	9	14	0	10	132
Physician Q	24	15	24	25	0	1	26	21	23	27	10	24	220
Physician R	116	109	127	101	34	0	2	127	98	109	148	101	1,072
Physician S	12	9	13	29	1	33	24	18	19	18	12	0	188
Physician T	29	50	51	31	43	34	30	36	31	32	33	44	444
Physician U	30	12	20	13	24	20	34	18	22	22	18	7	240
Physician V	10	8	9	0	0	0	0	22	0	10	0	0	59
Physician W	21	0	0	0	0	0	17	0	0	12	0	0	50
Physician X	1	1	1	0	1	1	5	4	1	2	1	4	22
Physician Y	1	0	0	0	0	0	0	0	0	1	0	0	2
Physician Z	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician AA	1	0	0	0	0	0	0	0	1	0	0	0	2
Physician BB	0	32	0	0	0	17	0	20	0	0	0	0	69
Physician CC	0	11	10	11	0	1	0	8	10	11	13	11	86
Physician DD	0	2	1	0	0	0	0	0	0	0	0	0	3
Physician EE	0	2	1	1	0	1	0	1	0	0	0	0	6
Physician FF	0	1	0	1	1	2	0	1	1	0	1	1	9
Physician GG	0	1	0	0	0	0	0	1	0	1	0	0	3
Physician HH	0	0	1	1	0	0	0	0	0	0	0	1	3
Physician II	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician JJ	0	0	1	0	0	1	0	0	0	0	0	0	2
Physician KK	0	0	1	0	0	0	1	0	0	0	0	0	2
Physician LL	0	0	3	1	0	0	2	0	0	0	0	0	6
Physician MM	0	0	1	0	1	0	0	0	0	0	0	0	2
Physician NN	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician OO	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician PP	0	0	0	1	1	0	0	0	0	0	0	0	2
Physician QQ	0	0	0	1	0	24	0	13	0	0	0	0	38
Physician RR	0	0	0	1	0	1	0	0	0	0	0	0	2
Physician SS	0	0	0	9	22	25	19	8	5	9	18	1	116
Physician TT	0	0	0	0	3	1	0	7	1	0	3	0	15
Physician UU	0	0	0	0	1	0	0	0	0	0	0	0	1
Physician VV	0	0	0	0	0	10	0	16	0	0	0	0	26

Table 1.2
Abortions by Month and Provider, 2000

	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Total</u>
Physician WW	0	0	0	0	0	6	0	0	0	0	0	0	6
Physician XX	0	0	0	0	0	3	2	0	1	0	0	1	7
Physician YY	0	0	0	0	0	0	0	8	0	0	0	0	8
Physician ZZ	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician AB	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician AC	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician AD	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician AE	0	0	0	0	0	0	0	0	0	0	2	1	3
Physician AF	0	0	0	0	0	0	0	0	0	0	1	0	1
<hr/>													
Total MN	1,232	1,278	1,366	1,140	1,181	1,283	1,061	1,346	1,106	1,198	1,124	1,135	14,450

Table 2
Medical Specialty of Physician, 2000

Obstetrics & Gynecology	10,986
Emergency Medicine	1
General/Family Practice	3,462
Other/Unspecified	1
<hr/>	
Total Minnesota Occurrence	14,450

Table 3
Type of Admission, 2000

Clinic	12,052
Outpatient Hospital	947
Inpatient Hospital	35
Ambulatory Surgery	3
Other/Not Specified	1,413
	<hr/>
Total MN Occurrence	14,450

Table 4
Age of Woman, 2000

< 15 Years	69
15 - 17 Years	757
18 - 19 Years	1,629
20 - 24 Years	4,791
25 - 29 Years	3,233
30 - 34 Years	2,118
35 - 39 Years	1,280
40 Years & Over	550
Not Reported*	23
<hr/>	
Total MN Occurrence	14,450

*Item was left blank and could not be verified when queried.

Table 5
Marital Status of Woman, 2000

Married	2,914
Not Married	10,803
Not Reported	733
<hr/>	
Total MN Occurrence	14,450

Table 6
Country/State Residence of Woman, 2000

Minnesota	13,181
Other States	1,249
Iowa	58
Michigan	35
North Dakota	39
South Dakota	16
Wisconsin	1,051
Other States	50
Canada	15
Other Foreign Countries	1
Not Reported	4
	<hr/>
Total MN Occurrence	14,450

Table 7
County of Residence for Women Residing in Minnesota*, 2000

State Total	13,181		
Aitkin	14	Marshall	*
Anoka	840	Martin	20
Becker	8	Meeker	26
Beltrami	52	Mille Lacs	24
Benton	51	Morrison	33
Big Stone	*	Mower	49
Blue Earth	115	Murray	*
Brown	23	Nicollet	34
Carlton	55	Nobles	*
Carver	110	Norman	*
Cass	36	Olmsted	233
Chippewa	46	Otter Tail	6
Chisago	76	Pennington	*
Clay	7	Pine	30
Clearwater	*	Pipestone	*
Cook	6	Polk	33
Cottonwood	6	Pope	9
Crow Wing	94	Ramsey	2,451
Dakota	891	Red Lake	*
Dodge	19	Redwood	7
Douglas	56	Renville	16
Faribault	18	Rice	72
Fillmore	18	Rock	*
Freeborn	53	Roseau	*
Goodhue	61	Saint Louis	406
Grant	*	Scott	181
Hennepin	5,359	Sherburne	120
Houston	17	Sibley	11
Hubbard	*	Stearns	220
Isanti	62	Steele	47
Itasca	37	Stevens	*
Jackson	10	Swift	6
Kanabec	22	Todd	12
Kandiyohi	51	Traverse	*
Kittson	*	Wabasha	30
Koochiching	16	Wadena	*
Lac Qui Parle	*	Waseca	31
Lake	19	Washington	450
Lake of the Woods	*	Watsonwan	11
Le Sueur	34	Wilkin	*
Lincoln	*	Winona	70
Lyon	13	Wright	155
McLeod	34	Yellow Medicine	*
Mahnomen	*	No Response	22

*as reported by the woman. Counts of 0 to 5 are indicated by an asterisk.

Table 8
Hispanic Origin of Woman, 2000

Non-Hispanic	13,553
Hispanic	746
Not Reported	151
	<hr/>
Total MN Occurrence	14,450

Table 9
Race of Woman, 2000

White	9,502
Black	2,659
American Indian	344
Asian	1,208
Other	399
Not Reported	338
	<hr/>
Total MN Occurrence	14,450

Table 10
Education Level of Woman, 2000

8 th grade or less	308
Some high school	1,647
High school graduate	4,756
Some college	3,179
College graduate	1,325
Graduate level	507
Not Reported	2,728
<hr/>	
Total MN Occurrence	14,450

Table 11
Clinical Estimate of Fetal Gestational Age, 2000

< 9 weeks	8,695
9 - 10 weeks	2,663
11 - 12 weeks	1,529
13 - 15 weeks	783
16 - 20 weeks	668
21 - 24 weeks	104
25 - 30 weeks	8
31 - 36 weeks	0
37 weeks & over	0
	<hr/>
Total MN Occurrence	14,450

Table 11a
Clinical Estimate of Fetal Gestational Age, 2000

<u>First Trimester</u>		<u>Second Trimester</u>		<u>Third Trimester</u>	
<u>Estimated Week</u>	<u>Number of Abortions</u>	<u>Estimated Week</u>	<u>Number of Abortions</u>	<u>Estimated Week</u>	<u>Number of Abortions</u>
<3	0	14	218	28	1
3	35	15	159	29	0
4	103	16	128	30	0
5	614	17	131	31	0
6	2,258	18	137	32	0
7	3,297	19	149	33	0
8	2,388	20	123	34	0
9	1,614	21	97	35	0
10	1,049	22	6	36	0
11	913	23	1	37	0
12	616	24	0	38	0
13	406	25	0	39	0
		26	6	40+	0
		27	1		
<u>Trimester Total</u>			<u>1,156</u>		<u>1</u>
<u>Total Induced Abortions</u>			<u>14,450</u>		

Table 12
Prior Pregnancies, 2000

Number of Previous Live Births

None	6,122
One	3,480
Two	2,729
Three	1,114
Four	472
Five	205
Six	119
Seven	63
Eight	37
Nine or more	41
Not Reported	68

Number of Previous Spontaneous Abortions (Miscarriages)

None	12,180
One	1,716
Two	395
Three	90
Four	40
Five	12
Six	6
Seven	4
Eight	2
Nine or more	3
Not Reported	2*

Number of Previous Induced Abortions

None	8,448
One	3,669
Two	1,403
Three	552
Four	184
Five	88
Six	38
Seven	25
Eight	20
Nine or more	21
Not Reported	2*

*Item was left blank and could not be verified when queried

Table 13
Contraceptive Use and Method*, 2000

Woman did not provide information	282
Woman did not know whether she used contraception	82
Woman has never used contraceptives	704
Woman has used contraceptives, but not at the time of conception	9,261
Woman used contraceptives at the time of conception	4,121
Method Used	
Condoms	2,219
Condoms & Spermicide	111
Spermicide Alone	154
Sterilization - Male	31
Sterilization - Female	3
Injectable (Depo-Provera)	69
IUD	12
Mini Pills	70
Combination Pills	1,047
Diaphragm & Spermicide	46
Diaphragm Alone	12
Cervical Cap	2
Rhythm/Natural Family Planning	126
Fertility Awareness	16
Withdrawal	103
Other	72
Method not reported	28

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

Table 14
Abortion Procedure, 2000

Suction Curettage	13,423
Medical (non-surgical)	55
Dilation & Evacuation (D&E)	934
Intra-Uterine Instillation	2
Hysterectomy/otomy	1
Sharp Curettage (D&C)	7
Induction of Labor	27
Intact Dilation & Extraction (D&X)	0
Other Dilation & Extraction (D&X)	0
Other Method	0
Not Reported*	1
<hr/>	
Total MN Occurrence	14,450

*Item was left blank and could not be verified when queried.

Table 15
Method of Disposal of Fetal Remains, 2000

Cremation	10,471
Burial	16
Not Reported*	3,963
<hr/>	
Total MN Occurrence	14,450

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

Table 16
Payment Type and Health Insurance Coverage, 2000

	<u>Fee for Service</u>	<u>Capitated</u>	<u>Other/Unknown and No Response</u>	<u>Total</u>
Private Coverage	619	995	1,750	3,364
Public Assistance	236	875	1,569	2,680
Self Pay	-	-	8,403	8,403
No Response*	0	0	3	3
	<hr/>	<hr/>	<hr/>	<hr/>
Total Mn	855	1,870	11,725	14,450

*Item was left blank and could not be verified when queried.

Table 17
Reason for Abortion*, 2000

Pregnancy was a result of rape	124
Pregnancy was a result of incest	6
Economic reasons	2,378
Does not want children at this time	5,608
Emotional health is at stake	792
Physical health is at stake	583
Continued pregnancy will cause impairment of major bodily function	44
Pregnancy resulted in fetal anomalies	203
Unknown or the woman refused to answer	4,763
Other stated reason	3,303**

*Note: No total is given because a woman may have given more than one response

**See Table 17a

Table 17a
Other Stated Reason for Abortion, 2000

Single parent of one or more children	788
Education Goals; desire to finish high school and/or college	754
Already have children, do not intend to have more	406
Relationship Issues, including abuse, separation, and extra- marital affairs	489
Other miscellaneous responses	1,593
	<hr/>
Total*	4,030

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

Table 18
Intraoperative Complications*, 2000

No Complications	14,413
Cervical laceration requiring suture or repair	21
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	2
Uterine perforation	1
Other complication	10
Not Reported**	3
	<hr/>
Total Minnesota Occurrence	14,450

*Complications occurring at the time of the abortion procedure

**Item was left blank and could not be verified when queried

Table 19
Postoperative Complications*, 2000
 reported on **Report of Complication from Induced Abortion** form

Cervical laceration requiring suture or repair	0
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	5
Uterine perforation	0
Infection requiring inpatient treatment	3
Heavy bleeding/anemia requiring transfusion	0
Failed termination of pregnancy (continued viable pregnancy)	2
Incomplete termination of pregnancy (retained products of conception requiring re-evacuation)	35
Other complication	27
Not Specified	1
	<hr/>
Total Reported Complications	73 ¹

¹70 'Report of Complication(s) from Induced Abortion' forms were received

*The location where the abortion was performed is not collected on the *Report of Complication(s) from Induced Abortion*. Therefore, these numbers cannot be correlated with counts of induced abortions performed in Minnesota in an attempt to seek a ratio of complications per induced abortion.

Table 20
Induced Abortions by Gestational Age
Performed Out of State and Paid for with State Funds¹
 reported by the Minnesota Department of Human Services, 2000

<9 weeks	46
9 - 10 weeks	19
11 - 12 weeks	12
13 - 15 weeks	10
16 - 20 weeks	1
25 - 30 weeks	0
31 - 36 weeks	0
37 weeks & Over	0
Not Available ²	9
<hr/>	
Total Occurrence	97

Total state funds used to pay for out of state abortion procedures, including incidental expenses	\$9,279.59
--	------------

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."

²The facility in which these procedures were performed has since closed making this information more difficult to retrieve. This table will be updated in next year's report when the data has been obtained.

Appendix

Updates to 1999 Data

Table 6
Country/State Residence of Woman, 1999

Minnesota	13,037
Other States	1,266
Iowa	66
Michigan	41
North Dakota	51
South Dakota	37
Wisconsin	1,033
Other States	38
Canada	22
Other Foreign Countries	4
Not Reported	13
	<hr/>
Total MN Occurrence	14,342

Table 7
County of Residence for Women Residing in Minnesota*, 1999

State Total	13,037		
Aitkin	21	Marshall	*
Anoka	837	Martin	10
Becker	12	Meeker	27
Beltrami	34	Mille Lacs	27
Benton	38	Morrison	33
Big Stone	*	Mower	49
Blue Earth	131	Murray	*
Brown	28	Nicollet	40
Carlton	57	Nobles	11
Carver	102	Norman	*
Cass	22	Olmsted	258
Chippewa	14	Otter Tail	11
Chisago	76	Pennington	*
Clay	7	Pine	29
Clearwater	*	Pipestone	*
Cook	10	Polk	*
Cottonwood	11	Pope	*
Crow Wing	93	Ramsey	2,532
Dakota	963	Red Lake	*
Dodge	22	Redwood	11
Douglas	18	Renville	13
Faribault	8	Rice	100
Fillmore	14	Rock	*
Freeborn	43	Roseau	*
Goodhue	48	Saint Louis	422
Grant	*	Scott	188
Hennepin	5,252	Sherburne	96
Houston	9	Sibley	21
Hubbard	7	Stearns	229
Istanti	59	Steele	46
Itasca	29	Stevens	7
Jackson	*	Swift	6
Kanabec	15	Todd	11
Kandiyohi	52	Traverse	*
Kittson	*	Wabasha	25
Koochiching	11	Wadena	*
Lac Qui Parle	*	Waseca	29
Lake	12	Washington	398
Lake of the Woods	*	Watsonwan	9
Le Sueur	26	Wilkin	*
Lincoln	*	Winona	63
Lyon	17	Wright	141
McLeod	42	Yellow Medicine	6
Mahnomen	*	No Response	16

*as reported by the woman. Counts of 0 to 5 are indicated by an asterisk.

Definitions

Definitions

Induced Abortion:

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

Fetal Death:

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

Fetal Remains:

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

Method of Abortion:

Suction Curettage: Mechanical dilation of the cervix with removal of the uterine contents by low pressure suction created by an electric suction pump.

Medical: Administration of medication to induce abortion. This does not include administration of morning-after pills or post-coital IUD insertion.

Dilation & Evacuation: Dilation of the cervix by insertion of laminaria several hours before removal of uterine contents by suction and/or sharp curettage.

Intra-Uterine Instillation: Induction of labor by injection of a sterile saline or prostaglandin (a naturally occurring hormone) solution into the amniotic sac. Laminaria are often inserted in the cervix several hours before the injection to aid dilation.

Hysterectomy/otomy: Removal of the fetus by means of a surgical incision made in the uterine wall. In the case of a hysterectomy, the entire uterus is removed.

Sharp Curettage: Mechanical dilation of the cervix with removal of uterine contents by scraping the uterine wall with a surgical curette.

Induction of Labor: Induction of labor by means of Pitocin and/or related medications which causes uterine contractions and expulsion of uterine contents.

Dilation & Extraction: Dilation of the cervix and removal of fetal tissues

Data Collection Instruments

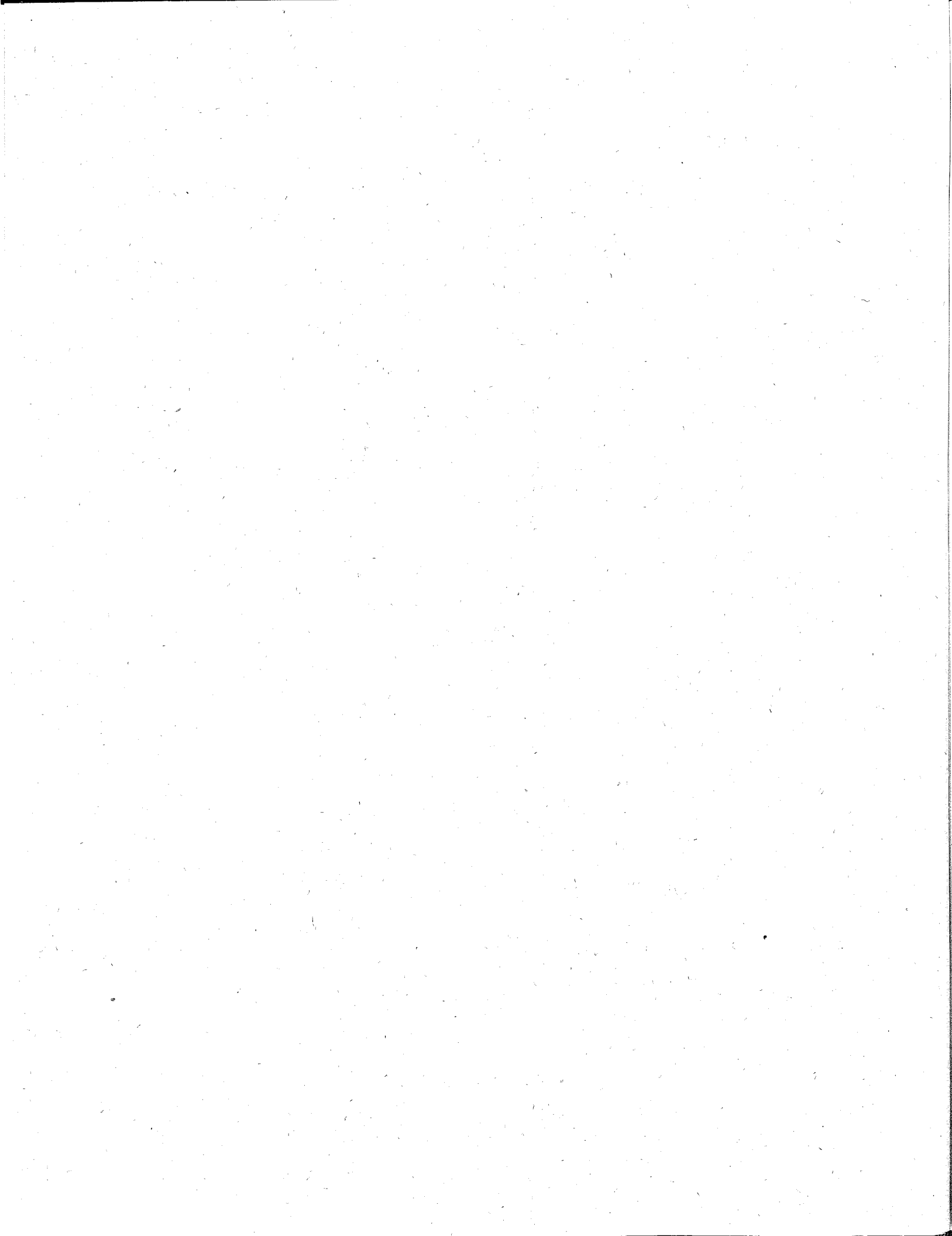


Figure 1



REPORT OF INDUCED ABORTION

Center for Health Statistics
Minnesota Department of Health
717 Delaware Street S.E., Box 9441
Minneapolis, MN 55440-9441
1-800-657-3900

1. Facility Reporting Code <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	2. Physician Reporting Code <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	3. Medical Specialty of the Physician Performing the Induced Abortion <input type="checkbox"/> Obstetrics & Gynecology <input type="checkbox"/> General/Family Practice <input type="checkbox"/> Emergency Medicine <input type="checkbox"/> Other (Specify) _____		
4. Type of Admission <input type="checkbox"/> Clinic <input type="checkbox"/> Outpatient hospital <input type="checkbox"/> Inpatient hospital <input type="checkbox"/> Ambulatory surgery <input type="checkbox"/> Other (Specify) _____				
5. Patient Age at Last Birthday <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> 6. Married <input type="checkbox"/> Yes <input type="checkbox"/> No				
7. Date of Pregnancy Termination ____/____/____ <div style="text-align: center; font-size: small;">Month, Day, Year</div>				
8. Patient Residence City: _____ County: _____ State: _____ Zip Code: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>				
9. Of Hispanic Origin <i>Specify No or Yes. If yes, specify, Cuban, Mexican, Puerto Rican, etc.</i> <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify): _____	10. Race <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other (Specify): _____	11. Education <i>(Specify only highest grade completed)</i> <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> Elementary/Secondary (0-12) <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> College (1-4 or 5+)		
12. Date Last Normal Menses Began <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> Month, <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> Day, <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> Year		13. Clinical Estimate of Gestation <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> (LMP Weeks)		
14. Previous Pregnancies (Complete each section)				
Live Births		Other Terminations		
14a. Now Living Number <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> <input type="checkbox"/> None	14b. Now Dead Number <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> <input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; vertical-align: top;"> 14c. Spontaneous Number <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> <input type="checkbox"/> None </td> <td style="width: 50%; padding: 5px; vertical-align: top;"> 14d. Induced (Do not include this abortion) Number <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> <input type="checkbox"/> None </td> </tr> </table>	14c. Spontaneous Number <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> <input type="checkbox"/> None	14d. Induced (Do not include this abortion) Number <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> <input type="checkbox"/> None
14c. Spontaneous Number <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> <input type="checkbox"/> None	14d. Induced (Do not include this abortion) Number <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> <input type="checkbox"/> None			
15. Contraceptive Use at Time of Conception A. Use Status: (Check only one) <input type="checkbox"/> Unknown - patient did not know if they used a method. (<i>Do not fill out Part B.</i>) <input type="checkbox"/> Never used any contraceptive method (<i>Do not fill out Part B.</i>) <input type="checkbox"/> Has used contraception, but not at the estimated time of conception. (<i>Do not fill out Part B.</i>) <input type="checkbox"/> Method used at time of conception. (<i>Fill out PART B, METHOD USED.</i>) <input type="checkbox"/> Patient did not provide information. B. Method Used:				
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Condoms <input type="checkbox"/> Condoms & Spermicide <input type="checkbox"/> Spermicide alone <input type="checkbox"/> Sterilization (M) <input type="checkbox"/> Sterilization (F) <input type="checkbox"/> Injectable (Depo-Provera) <input type="checkbox"/> IUD <input type="checkbox"/> Mini Pills </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Combination Pills <input type="checkbox"/> Diaphragm & Spermicide <input type="checkbox"/> Diaphragm alone <input type="checkbox"/> Cervical cap <input type="checkbox"/> Rhythm/Natural Fam. Planning <input type="checkbox"/> Fertility Awareness <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (Specify) _____ </td> </tr> </table>			<input type="checkbox"/> Condoms <input type="checkbox"/> Condoms & Spermicide <input type="checkbox"/> Spermicide alone <input type="checkbox"/> Sterilization (M) <input type="checkbox"/> Sterilization (F) <input type="checkbox"/> Injectable (Depo-Provera) <input type="checkbox"/> IUD <input type="checkbox"/> Mini Pills	<input type="checkbox"/> Combination Pills <input type="checkbox"/> Diaphragm & Spermicide <input type="checkbox"/> Diaphragm alone <input type="checkbox"/> Cervical cap <input type="checkbox"/> Rhythm/Natural Fam. Planning <input type="checkbox"/> Fertility Awareness <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Condoms <input type="checkbox"/> Condoms & Spermicide <input type="checkbox"/> Spermicide alone <input type="checkbox"/> Sterilization (M) <input type="checkbox"/> Sterilization (F) <input type="checkbox"/> Injectable (Depo-Provera) <input type="checkbox"/> IUD <input type="checkbox"/> Mini Pills	<input type="checkbox"/> Combination Pills <input type="checkbox"/> Diaphragm & Spermicide <input type="checkbox"/> Diaphragm alone <input type="checkbox"/> Cervical cap <input type="checkbox"/> Rhythm/Natural Fam. Planning <input type="checkbox"/> Fertility Awareness <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (Specify) _____			

16. Type of Abortion Procedure *(Check only one)*☐ Suction Curettage☐ Medical *(Nonsurgical)*,

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

☐ Dilation and Evacuation (D&E)☐ Intra-Uterine Instillation (Saline or Prostaglandin)☐ Hysterectomy/otomy☐ Sharp Curettage (D&C)☐ Induction of Labor (Pitocin, etc.)☐ Intact Dilation and Extraction (D&X)☐ Other Dilation and Extraction (D&X)☐ Other *(Specify)* _____**17. Intraoperative Complication(s) from Induced Abortion**

Complications that occur during and immediately following the procedure, before patient has left facility.

(Check all that apply)☐ No complication(s)☐ Cervical laceration requiring suture or repair☐ Heavy bleeding/hemorrhage with estimated blood loss of ≥ 500 cc☐ Uterine perforation☐ Other *(Specify)* _____**For post-operative complications, please refer to the REPORT OF COMPLICATION(S) FROM INDUCED ABORTION***18. Method of Disposal for Fetal Remains** *(Check only one)*☐ Cremation ☐ Interment by burial**19. Type of Payment** *(Check only one)*☐ Private coverage☐ Public assistance health coverage☐ Self pay**20. Type of Health Coverage** *(Check only one)*☐ Fee for service plan☐ Capitated private plan☐ Other/Unknown**21. Specific Reason for the Abortion** *(Check all that apply)*☐ Pregnancy was a result of rape☐ Pregnancy was a result of incest☐ Economic reasons☐ Does not want children at this time☐ Emotional health is at stake☐ Physical health is at stake☐ Will suffer substantial and irreversible impairment of major bodily function if the pregnancy continues☐ Pregnancy resulted in fetal anomalies☐ Unknown or the woman refused to answer☐ Other _____**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.



Center for Health Statistics
Minnesota Department of Health
717 Delaware Street S.E., Box 9441
Minneapolis, MN 55440-9441
(800)657-3900

REPORT OF INDUCED ABORTION

Mandated reporters

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

Induced abortion defined

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

Importance of induced abortion reporting

Reports of induced abortion are not legal records and are not maintained permanently in the files of the State office of vital statistics. However, the data they provide are very important from both a demographic and a public health viewpoint. Data from reports of induced abortion provide unique information on the characteristics of women having induced abortions. Uniform annual data of such quality are nowhere else available. Medical and health information is provided to evaluate risks associated with induced abortion at various lengths of gestation and by the type of abortion procedure used. Information on the characteristics of the women is used to evaluate the impact that induced abortion has on the birth rate, teenage pregnancy, and out-of-wedlock births. Because these abortion data provide information necessary to promote and monitor health, it is important that the reports be completed carefully.

Physician and patient confidentiality

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

MINNESOTA STATE LAW

ARTICLE 10, HEALTH DATA REPORTING

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

REPORTING PROCEDURE

COMPLETION AND SUBMISSION OF REPORTS

1. Reporting by physician or facility

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

- Notify physicians that the facility will be reporting on their behalf.
- Call the Minnesota Center for Health Statistics for assignment of facility reporting codes and physician reporting codes (See instructions #2-3).
- Assign physician reporting codes to physicians and maintain a list of these assignments.
- Develop efficient procedures for prompt preparation and filing of the reports.
- Collect and record the information required by the report.
- Prepare a correct and legible report for each abortion performed.
- Submit the reports to the Minnesota Center for Health Statistics within the time specified by the law.
- Cooperate with the Minnesota Center for Health Statistics concerning queries on report entries.
- Call on the Minnesota Center for Health Statistics for advice and assistance when necessary.

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

2. Facility reporting codes

All facilities reporting on behalf of physicians must be assigned a reporting code from MDH. This code is in addition to individual physician reporting codes (See instruction #3). Facilities must submit a name and address to receive a facility code. For facilities that have been reporting to MDH prior to October 1, 1998, already have a facility reporting code and may continue to use the same code for future reporting.

3. Physician reporting codes

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

4. One report per induced termination of pregnancy

Complete one report for each termination of pregnancy procedure performed.

5. Criterion for a complete report

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

6. "Reason for abortion" question

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

7. Method of disposal for fetal remains

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

8. Submission dates

Reports should be completed and submitted to the Center for Health Statistics as soon as possible following each procedure. MDH encourages facilities and physicians to submit reports on a monthly basis, but the final date for submitting reports is April 1 of the following year (e.g., all reports for procedures done in 1998 are due by April 1, 1999). (MN Statutes 1998, §145.411)

Figure 2



Center for Health Statistics
Minnesota Department of Health
717 Delaware Street S.E., Box 9441
Minneapolis, MN 55440-9441
(800)657-3900

REPORT OF COMPLICATION(S) FROM INDUCED ABORTION

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

B. Physician who treated patient's complication: (See instruction #1)
 Name: _____ or Physician code:
Last First

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

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

E. Exact date, or patient recall of the date, the induced abortion was performed:
 Day Month Year (Please indicate numeric day, month, and year. If only month and/or year is known, please indicate in the spaces provided.)

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

G. Has patient acknowledged being seen previously by another provider for the same complication?
 ____ Yes ____ No

- ☐ 1. Cervical laceration requiring suture or repair
- ☐ 2. Heavy bleeding/hemorrhage with estimated blood loss of ≥ 500 cc
- ☐ 3. Uterine Perforation
- ☐ 4. Infection requiring inpatient treatment
- ☐ 5. Heavy bleeding/anemia requiring transfusion
- ☐ 6. Failed termination of pregnancy (Continued viable pregnancy)
- ☐ 7. Incomplete termination of pregnancy (Retained products of conception requiring re-evacuation)
- ☐ 8. Other (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

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

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

PROCEDURE FOR COMPLETION AND SUBMISSION OF FORMS:

1. Completion of items

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

2. Reporting complications not indicated on the current list

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

3. Reporting by physician or facility

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

4. Submission dates

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

MINNESOTA STATE LAW

§145.4132 [RECORDING AND REPORTING ABORTION COMPLICATION DATA.] Subdivision 1. [FORMS.] (a) Within 90 days of the effective date of this section, the commissioner shall prepare an abortion complication reporting form for all physicians licensed and practicing in the state. A copy of this section shall be attached to the form. (b) The board of medical practice shall ensure that the abortion complication reporting form is distributed: (1) to all physicians licensed to practice in the state, within 120 days after the effective date of this section and by December 1 of each subsequent year; and (2) to a physician who is newly licensed to practice in the state, at the same time as official notification to the physician that the physician is so licensed.

Subd. 2. [REQUIRED REPORTING.] A physician licensed and practicing in the state who knowingly encounters an illness or injury that, in the physician's medical judgment, is related to an induced abortion or the facility where the illness or injury is encountered shall complete and submit an abortion complication reporting form to the commissioner.

Subd. 3. [SUBMISSION.] A physician or facility required to submit an abortion complication reporting form to the commissioner shall do so as soon as practicable after the encounter with the abortion related illness or injury.

Subd. 4. [ADDITIONAL REPORTING.] Nothing in this section shall be construed to preclude the voluntary or required submission of other reports or forms regarding abortion complications.

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