Minnesota Department of Health

Report to the Legislature: Induced Abortions in Minnesota October 1998 - December 1999

October 2000

MINNESOTA MDH DEPARTMENT OF HEALTH
Center for Health Statistics
Metro Square, Suite 460
121 East Seventh Place
St. Paul, MN 55101
Phone: (651) 296-9807
www.health.state.mn.us

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For more information, contact:
Center for Health Statistics
Minnesota Department of Health
Metro Square, Suite 460
121 East Seventh Place
St. Paul, MN 55101

Phone: (651) 296-9807
TDD/TTY: (651) 215-8990

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Table of Contents

Introduction iii

Technical Notes vii

Tables

Table 1a Abortions by Month and Provider (1998) 3
Table 1a-2 Abortions by Month and Provider (Physician,1998) 4
Table 1b Abortions by Month and Provider (1999) 5
Table 1b-2 Abortions by Month and Provider (Physician,1999) 6
Table 2 Medical Specialty of Physician 8
Table 3 Type of Admission 9
Table 4 Age of Woman 10
Table 5 Marital Status of Woman 11
Table 6 Country/State Residence of Woman 12
Table 7 County of Residence for Women Residing in Minnesota 13
Table 8 Hispanic Origin of Woman 14
Table 9 Race of Woman 14
Table 10 Education Level of Woman 15
Table 11 Clinical Estimate of Fetal Gestational Age 16
Table 11a Clinical Estimate of Fetal Gestational Age (1998) 17
Table 11b Clinical Estimate of Fetal Gestational Age (1999) 18
Table 12 Prior Pregnancies 19
Table 13 Contraceptive Use and Method 20
Table 14 Abortion Procedure 21
Table 15 Method of Disposal of Fetal Remains 22
Table 16 Payment Type and Health Insurance Coverage 23
Table 17 Reason for Abortion 24
Table 17a Other Stated Reason for Abortion (1999) 25
Table 18 Intraoperative Complications 26
Table 19 Postoperative Complications 27
Table 20 Induced Abortions by Gestational Age - Performed Out of State and Paid for with State Funds 28

Appendix

Definitions 33

Data Collection Instruments
Figure 1 Report of Induced Abortion 37
Figure 2 Report of Complication(s) from Induced Abortion 41

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 first such report and covers the period from October 1, 1998 through December 31, 1999. Having one complete year of data and only the final quarter of the other was somewhat problematic for the statistical presentation. Tabulating all of the data as one (1.25 years) would make future year-to-year comparisons of trends rather difficult. Thus, the data from the final quarter of 1998 is presented separately from the 1999 full-year data; at times in individual columns of the same table, elsewhere in separate tables.

Data for calendar year 1998 has been previously published in the *1998 Minnesota Health Statistics*. As had been the practice for several years prior to the change in statute, abortion data was reported annually as a part of vital statistics reporting rather than as a separate publication. The statute change in 1998 mandated a separate report of data collected from October 1, 1998 forward. Thus while data collected under the revised statute was incorporated into the *1998 Minnesota Health Statistics* annual publication, data for the final quarter of 1998 is reported here as well.

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. Efforts will continue to be made to 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 individual ....may 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 1999 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 1a and 1b, are presented for individual clinics that have been publicly identified as abortion providers, but aggregated into a single group for independently reporting physicians. Tables 1a-2 and 1b-2 present data on individual physicians with no small-number suppression as the revised statute requires counts by physician by month. Physicians are simply identified as Physician A, Physician B, etc. to protect confidentiality. 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 1a
Abortions by Month and Provider

	Oct 1998	Nov 1998	Dec 1998	Total 1998
Midwest Health Center for Women	221	215	218	654
Women's Health Center	59	59	50	168
Meadowbrook Women's Clinic	376	354	384	1,114
Robbinsdale Clinic	147	166	154	467
Surgical Specialties Clinic	59	38	46	143
Dr. Mildred Hansen Clinic	136	124	117	377
Planned Parenthood of Minnesota	156	183	223	562
Independent Physicians*	11	8	4	23
Total Minnesota Occurrence	1,165	1,147	1,196	3,508

*This represents 14 reporting physicians

Table 1a-2
Abortions by Month and Provider

	Oct 1998	Nov 1998	Dec 1998	Total 1998
Physician A	83	41	171	395
Physician B	129	83	110	322
Physician C	164	130	103	397
Physician D	120	98	103	321
Physician E	101	117	115	333
Physician G	136	124	117	377
Physician H	147	166	154	467
Physician K	17	10	19	46
Physician L	7	4	9	20
Physician M	8	8	14	30
Physician N	27	16	4	47
Physician T	1	1	0	2
Physician U	2	1	0	3
Physician V	0	1	0	1
Physician W	1	0	0	1
Physician AA	0	8	11	19
Physician BB	49	89	69	207
Physician CC	9	10	10	29
Physician DD	24	14	13	51
Physician EE	27	51	93	171
Physician FF	15	11	0	26
Physician GG	8	0	0	8
Physician HH	41	50	35	126
Physician II	18	9	8	35
Physician KK	0	0	7	7
Physician LL	24	0	27	51
Physician MM	1	0	0	1
Physician NN	1	0	0	1
Physician OO	0	1	0	1
Physician PP	1	0	0	1
Physician UU	1	1	0	2
Physician YY	1	2	1	4
Physician ZZ	0	0	1	1
Physician AB	2	0	0	2
Physician AD	0	0	2	2
Physician AE	0	1	0	1
Total Minnesota Occurrence	1,165	1,147	1,196	3,508

Table 1b
Abortions by Month and Provider

	Jan 1999	Feb 1999	Mar 1999	Apr 1999	May 1999	Jun 1999	Jul 1999	Aug 1999	Sep 1999	Oct 1999	Nov 1999	Dec 1999	Total 1999
Midwest Health Center for Women	223	203	223	208	168	203	220	203	189	232	182	208	2,462
Women's Health Center	76	61	53	46	56	64	71	60	54	62	66	46	715
Meadowbrook Women's Clinic	417	378	392	347	239	313	391	382	302	291	329	336	4,117
Robbinsdale Clinic	165	163	174	128	151	178	154	136	141	165	127	148	1,830
Surgical Specialties Clinic	66	48	69	71	60	61	39	51	49	67	85	75	741
Dr. Mildred Hansen Clinic	131	133	118	100	102	134	88	147	114	126	94	131	1,418
Planned Parenthood of Minnesota	216	245	261	247	201	232	262	259	260	233	259	241	2,916
Independent Physicians*	10	9	17	20	10	16	10	10	9	8	9	15	143
Total Minnesota Occurrence	1,304	1,240	1,307	1,167	987	1,201	1,235	1,248	1,118	1,184	1,151	1,200	14,342

*This represents 47 reporting physicians.

Table 1b-2
Abortions by Month and Provider
1999

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician A	80	85	88	132	66	134	187	125	80	99	105	150	1,331
Physician B	201	204	146	113	80	77	144	112	102	105	104	70	1,458
Physician C	136	89	158	102	93	102	60	145	120	87	120	116	1,328
Physician D	125	102	94	113	95	125	126	194	162	134	117	106	1,493
Physician E	98	101	129	95	73	78	94	9	0	0	0	0	677
Physician F	0	0	0	0	0	0	0	0	27	98	65	102	292
Physician G	131	133	118	100	102	134	88	147	114	126	94	131	1,418
Physician H	137	156	174	122	151	164	143	120	141	165	127	148	1,748
Physician I	16	7	0	0	0	14	0	0	0	0	0	0	37
Physician J	12	0	0	6	0	0	11	16	0	0	0	0	45
Physician K	28	20	26	22	20	13	19	30	30	33	29	27	297
Physician L	12	0	0	0	0	0	0	0	0	0	0	0	12
Physician M	8	15	16	20	23	27	14	10	15	17	30	16	211
Physician N	18	11	26	29	16	15	0	0	0	10	13	27	165
Physician O	0	2	1	0	0	0	0	0	0	3	0	5	11
Physician P	0	0	0	0	0	2	4	5	4	4	7	0	26
Physician Q	0	0	0	0	0	0	2	1	0	0	5	0	8
Physician R	0	0	0	0	0	4	0	5	0	0	0	0	9
Physician S	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician T	0	0	1	1	0	0	0	0	0	0	0	0	2
Physician U	3	2	2	0	3	9	6	0	3	3	3	4	38
Physician V	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician W	0	1	0	1	0	0	1	0	0	1	1	0	5
Physician X	0	0	1	0	1	1	0	0	0	1	0	0	4
Physician Y	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician Z	0	0	1	0	0	0	0	0	0	0	0	0	1
Physician AA	12	6	11	10	10	13	11	0	7	9	19	15	123
Physician BB	88	49	61	75	46	64	69	70	56	53	58	54	743
Physician CC	9	13	15	15	10	1	0	5	14	12	8	13	115
Physician DD	29	32	31	31	25	27	30	40	25	24	30	21	345
Physician EE	40	115	119	93	98	104	107	118	137	108	127	110	1,276
Physician FF	24	14	12	14	0	0	29	15	19	12	17	14	170
Physician GG	0	1	0	0	0	0	0	0	1	1	0	0	3
Physician HH	56	37	29	34	34	47	49	42	18	31	56	37	470
Physician II	20	8	24	12	22	17	12	4	36	15	10	9	189
Physician JJ	0	0	0	0	0	0	10	0	0	0	0	0	10
Physician KK	0	16	0	0	0	0	0	14	0	16	0	0	46
Physician LL	14	15	12	9	12	23	16	11	1	14	0	14	141
Physician OO	0	0	1	3	1	0	0	2	0	0	1	1	9
Physician PP	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician QQ	0	1	1	2	0	0	0	1	1	0	0	0	6
Physician RR	0	0	1	1	0	1	0	1	0	0	0	1	5
Physician SS	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician TT	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician UU	0	1	0	1	0	0	0	0	1	0	0	0	3
Physician VV	0	0	1	1	1	1	0	1	1	0	0	1	7

Table 1b-2
Abortions by Month and Provider
1999

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physician WW	0	1	0	0	0	0	1	0	0	0	0	0	2
Physician XX	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician ZZ	1	0	1	0	0	0	0	0	0	0	1	1	4
Physician AC	4	0	1	1	0	1	0	0	0	0	0	1	8
Physician AE	0	0	2	1	0	0	0	0	0	0	0	0	3
Physician AF	0	0	0	1	0	0	0	1	0	0	0	0	2
Physician AG	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician AH	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician AI	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician AJ	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician AK	0	0	0	0	0	0	0	0	0	0	0	1	1
Physician AL	0	0	0	1	0	0	0	0	0	0	0	0	1
Physician AM	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician AN	0	0	0	0	0	0	0	0	0	1	1	1	3
Physician AO	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician AP	0	0	0	0	0	0	1	0	0	0	0	0	1
Physician AQ	0	0	0	0	0	0	0	0	0	1	0	0	1
Physician AR	0	0	1	1	0	0	0	0	1	0	0	0	3
Physician AS	0	0	1	1	0	0	0	0	0	0	0	0	2
Physician AT	0	0	0	0	0	0	0	1	0	0	0	0	1
Physician AU	0	0	0	0	1	0	0	0	0	0	0	1	2
Physician AV	0	0	0	1	0	0	0	1	0	0	0	0	2
Physician AW	0	0	0	0	0	0	0	0	0	0	1	0	1
Physician AX	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician AY	0	0	1	0	1	1	0	0	0	1	0	0	4
Physician AZ	1	0	0	0	0	0	0	0	0	0	0	0	1
Physician BC	0	1	0	0	0	0	0	0	0	0	0	0	1
Physician BD	0	0	1	0	1	0	1	0	0	0	0	0	3
Physician BE	0	1	0	0	1	0	0	0	0	0	0	0	2
Physician BF	0	0	0	0	0	1	0	0	0	0	0	0	1
Physician BG	0	0	0	0	0	0	0	0	1	0	0	0	1
Physician BH	0	0	0	0	1	0	0	0	0	0	0	0	1
Total MN	1,304	1,240	1,307	1,167	987	1,201	1,235	1,248	1,118	1,184	1,151	1,200	14,342

Table 2
Medical Specialty of Physician

	4th Quarter 1998	1999
Obstetrics & Gynecology	2,738	10,702
Emergency Medicine	0	0
General/Family Practice	761	3,640
Other/Unspecified	9	0
Total Minnesota Occurrence	3,508	14,342

Table 3
Type of Admission

	4th Quarter 1998	1999
Clinic	3,371	12,074
Outpatient Hospital	49	803
Inpatient Hospital	3	29
Ambulatory Surgery	5	17
Other/Not Specified	80	1,419
Total MN Occurrence	3,508	14,342

Table 4
Age of Woman

	4th Quarter 1998	1999
< 15 Years	16	69
15 - 17 Years	208	850
18 - 19 Years	390	1,657
20 - 24 Years	1,079	4,462
25 - 29 Years	846	3,319
30 - 34 Years	512	2,155
35 - 39 Years	308	1,320
40 Years & Over	137	506
Not Reported*	12	4
Total MN Occurrence	3,508	14,342

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

Table 5
Marital Status of Woman

	4th Quarter 1998	1999
Married	667	2,774
Not Married	2,543	10,586
Not Reported	298	982
Total MN Occurrence	3,508	14,342

Table 6
Country/State Residence of Woman

	4th Quarter 1998	1999
Minnesota	3,165	13,023
Other States	332	1,281
Iowa	11	64
Michigan	9	45
North Dakota	15	50
South Dakota	10	37
Wisconsin	270	1,017
Other States	17	68
Canada	9	22
Other Foreign Countries	1	3
Not Reported	1	13
Total MN Occurrence	3.508	14,342

Table 7
County of Residence for Women Residing in Minnesota*

	4th Quarter 1998	1999		4th Quarter 1998	1999
State Total	3,165	13,023			
Aitkin	*	21	Marshall	*	*
Anoka	211	837	Martin	*	10
Becker	*	12	Meeker	*	27
Beltrami	11	34	Mille Lacs	6	27
Benton	9	38	Morrison	7	32
Big Stone	*	*	Mower	11	49
Blue Earth	21	131	Murray	*	*
Brown	8	28	Nicollet	8	40
Carlton	11	57	Nobles	*	11
Carver	21	102	Norman	*	*
Cass	10	23	Olmsted	54	258
Chippewa	11	17	Otter Tail	*	11
Chisago	17	76	Pennington	*	*
Clay	*	7	Pine	8	29
Clearwater	*	*	Pipestone	*	*
Cook	*	10	Polk	*	10
Cottonwood	*	11	Pope	*	*
Crow Wing	22	93	Ramsey	581	2,526
Dakota	230	963	Red Lake	*	*
Dodge	6	23	Redwood	*	11
Douglas	*	21	Renville	*	13
Faribault	*	8	Rice	17	100
Fillmore	*	14	Rock	*	*
Freeborn	13	43	Roseau	*	*
Goodhue	19	48	Saint Louis	74	423
Grant	*	*	Scott	35	188
Hennepin	1,341	5,234	Sherburne	28	96
Houston	*	9	Sibley	*	21
Hubbard	*	7	Stearns	46	229
Istanti	8	59	Steele	*	46
Itasca	11	29	Stevens	*	7
Jackson	*	*	Swift	*	6
Kanabec	6	15	Todd	*	11
Kandiyohi	10	51	Traverse	*	*
Kittson	*	*	Wabasha	*	25
Koochiching	7	11	Wadena	*	*
Lac Qui Parle	*	*	Waseca	9	29
Lake	*	12	Washington	105	396
Lake of the Woods	*	*	Watonwan	*	9
Le Sueur	*	26	Wilkin	*	*
Lincoln	*	*	Winona	24	63
Lyon	8	17	Wright	37	140
McLeod	16	42	Yellow Medicine	*	6
Mahnomen	*	*	No Response	6	14

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

Table 8
Hispanic Origin of Woman

	4th Quarter 1998	1999
Non-Hispanic	3,201	13,339
Hispanic	145	612
Not Reported	162	391
Total MN Occurrence	3,508	14,342

Table 9
Race of Woman

	4th Quarter 1998	1999
White	2,383	9,611
Black	542	2,425
American Indian	87	336
Asian	284	1,276
Other	115	280
Not Reported	97	414
Total MN Occurrence	3,508	14,342

Table 10
Education Level of Woman

	4th Quarter 1998	1999
8th grade or less	75	336
Some high school	375	1,984
High school graduate	1,216	5,135
Some college	992	3,714
College graduate	388	1,449
Graduate level	141	468
Not Reported	321	1,346
Total MN Occurrence	3,508	14,342

Table 11
Clinical Estimate of Fetal Gestational Age

	4th Quarter 1998	1999
< 9 weeks	2,063	8,564
9 - 10 weeks	640	2,744
11 - 12 weeks	365	1,612
13 - 15 weeks	175	702
16 - 20 weeks	181	498
21 - 24 weeks	33	96
25 - 30 weeks	1	4
31 - 36 weeks	0	0
37 weeks & over	0	0
Undetermined/Not Reported*	50	22
Total MN Occurrence	3,508	14,342

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

Table 11a
Clinical Estimate of Fetal Gestational Age

4th Quarter 1998

First Trimester		Second Trimester		Third Trimester	
Estimated Week	Number of Abortions	Estimated Week	Number of Abortions	Estimated Week	Number of Abortions
<3	0	14	49	28	0
3	4	15	40	29	1
4	22	16	27	30	0
5	142	17	25	31	0
6	539	18	48	32	0
7	822	19	41	33	0
8	534	20	40	34	0
9	376	21	30	35	0
10	264	22	2	36	0
11	211	23	0	37	0
12	154	24	1	38	0
13	86	25	0	39	0
		26	0	40+	0
Trimester Total	3,154		303		1
Total Induced Abortions	3,508	(Includes 50 abortions for which gestation is unknown /not reported)			

Table 11b
Clinical Estimate of Fetal Gestational Age

1999

First Trimester		Second Trimester		Third Trimester	
Estimated Week	Number of Abortions	Estimated Week	Number of Abortions	Estimated Week	Number of Abortions
<3	0	14	168	28	0
3	25	15	159	29	1
4	92	16	137	30	0
5	611	17	127	31	0
6	2,116	18	103	32	0
7	3,443	19	128	33	0
8	2,277	20	103	34	0
9	1,673	21	78	35	0
10	1,071	22	12	36	0
11	976	23	4	37	0
12	636	24	2	38	0
13	375	25	0	39	0
		26	3	40+	0
Trimester Total	13,295		1,024		1
Total Induced Abortions	14,342	(Includes 22 abortions for which gestation is unknown /not reported)			

Table 12
Prior Pregnancies

4th Quarter 1998

Number of Prior Pregnancies	Live Births	Terminations	
		Spontaneous	Induced
None	1,606	3,028	2,116
One	781	375	871
Two	613	79	331
Three	288	16	115
Four	99	5	37
Five	45	2	14
Six	24	1	10
Seven	14	2	8
Eight	17	0	3
Nine or more	18	0	3
Not Reported	3	0	0

1999

Number of Prior Pregnancies	Live Births	Terminations	
		Spontaneous	Induced
None	6,153	12,082	8,446
One	3,321	1,728	3,566
Two	2,730	396	1,457
Three	1,144	83	506
Four	427	21	205
Five	192	6	82
Six	139	8	35
Seven	75	3	19
Eight	45	7	10
Nine or more	61	2	12
Not Reported	55	6*	4*

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

Table 13
Contraceptive Use and Method*

	4th Quarter 1998	1999
Woman did not provide information	73	253
Woman did not know whether she used contraception	97	124
Woman has never used contraceptives	161	716
Woman has used contraceptives, but not at the time of conception	2,101	8,989
Woman used contraceptives at the time of conception	1,076	4,260
Method Used		
Condoms	641	2,341
Condoms & Spermicide	22	120
Spermicide Alone	26	199
Sterilization - Male	8	33
Sterilization - Female	2	5
Injectable (Depo-Provera)	6	46
IUD	9	11
Mini Pills	9	31
Combination Pills	203	939
Diaphragm & Spermicide	14	69
Diaphragm Alone	6	22
Cervical Cap	1	5
Rhythm/Natural Family Planning	37	138
Fertility Awareness	1	8
Withdrawal	50	189
Other	14	71
Method not reported	31	33

*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

	4th Quarter 1998	1999
Suction Curettage	3,210	13,362
Medical (non-surgical)	19	81
Dilation & Evacuation (D&E)	247	867
Intra-Uterine Instillation	2	1
Hysterectomy/otomy	0	1
Sharp Curettage (D&C)	7	12
Induction of Labor	8	14
Intact Dilation & Extraction (D&X)	0	0
Other Dilation & Extraction (D&X)	0	0
Other Method	0	1
Not Reported*	15	3
Total MN Occurrence	3,508	14,342

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

Table 15
Method of Disposal of Fetal Remains*

	4th Quarter 1998	1999
Cremation	954	3,948
Burial	13	20
Total MN Occurrence	967	3,968

* '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.

Table 16
Payment Type and Health Insurance Coverage

4th Quarter 1998

	Fee for Service	Capitated	Other/Unknown and No Response	Total
Private Coverage	144	466	248	858
Public Assistance	69	419	177	665
Self Pay	-	-	1,882	1,882
No Response*	10	3	90	103
Total Mn	223	888	2,397	3,508

1999

	Fee for Service	Capitated	Other/Unknown and No Response	Total
Private Coverage	513	1,791	1,087	3,391
Public Assistance	236	1,677	828	2,741
Self Pay	-	-	8,201	8,201
No Response*	0	1	8	9
Total Mn	749	3,469	10,124	14,342

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

Table 17
Reason for Abortion*

	4th Quarter 1998	1999
Pregnancy was a result of rape	30	113
Pregnancy was a result of incest	2	3
Economic reasons	734	1,601
Does not want children at this time	1,215	4,449
Emotional health is at stake	270	653
Physical health is at stake	149	510
Continued pregnancy will cause impairment of major bodily function	22	49
Pregnancy resulted in fetal anomalies	86	177
Unknown or the woman refused to answer	1,371	6,674
Other stated reason	779	2,854**

*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 - 1999

Single parent of one or more children	749
Education Goals; desire to finish high school and/or college	551
Already have children, do not intend to have more	362
Relationship Issues, including abuse, separation, and extra-marital affairs	307
Other miscellaneous responses	885
Total	2,854

Table 18
Intraoperative Complications*

	4th Quarter 1998	1999
No Complications	3,499	14,267
Cervical laceration requiring suture or repair	5	58
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	2	5
Uterine perforation	0	2
Other complication	2	10
Total Minnesota Occurrence	3,508	14,342

*Complications occurring at the time of the abortion procedure

Table 19

Postoperative Complications*

reported on **Report of Complication from Induced Abortion** form
by date of induced abortion

	4th Quarter 1998	1999
Cervical laceration requiring suture or repair	0	2
Heavy bleeding/hemorrhage with estimated blood loss in excess of 500cc	0	3
Uterine perforation	0	0
Infection requiring inpatient treatment	0	4
Heavy bleeding/anemia requiring transfusion	1	6
Failed termination of pregnancy (continued viable pregnancy)	1	6
Incomplete termination of pregnancy (retained products of conception requiring re-evacuation)	2	21
Other complication	0	11
Total Reported Complications	4[1]	53[2]

[1]3 'Report of Complication(s) from Induced Abortion' forms were received
[2]39 '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 Funds[1]

reported by the Minnesota Department of Human Services

	1998*	1999
<9 weeks	22	27
9 - 10 weeks	14	21
11 - 12 weeks	10	13
13 - 15 weeks	8	12
16 - 20 weeks	0	1
25 - 30 weeks	0	0
31 - 36 weeks	0	0
37 weeks & Over	0	0
Total Occurrence	54	74
Total state funds used to pay for out of state abortion procedures, including incidental expenses	$4,146.61**	$7,015.31

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

*Numbers for 1998 are for the entire calendar year. Figures were not available from the Department of Human Services for the fourth quarter alone.

**The 1998 dollar amount is for fee-for-service enrollees only. The 1998 Total Occurrence count represents procedures for both fee-for-services and managed care enrollees.

Appendix

Definitions

Definitions

Induced Abortion:

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

Fetal Death:

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

Fetal Remains:

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

Method of Abortion:

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

Data Collection Instruments

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 ☐☐☐☐

2. Physician Reporting Code ☐☐☐☐

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

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

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

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

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

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

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

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

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

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

14. Previous Pregnancies *(Complete each section)*

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

15. Contraceptive Use at Time of Conception

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

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

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

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

17. Intraoperative Complication(s) from Induced Abortion

Complications that occur during and immediately following the procedure, before patient has left facility.
(Check all that apply)

☐ No complication(s)
☐ Cervical laceration requiring suture or repair
☐ Heavy bleeding/hemorrhage with estimated blood loss of ≥500cc
☐ Uterine perforation
☐ Other *(Specify)* _____

For post-operative complications, please refer to the REPORT OF COMPLICATION(S) FROM INDUCED ABORTION

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

☐ Cremation ☐ Interment by burial

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

☐ Private coverage ☐ Public assistance health coverage ☐ Self pay

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

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

21. Specific Reason for the Abortion *(Check all that apply)*

☐ Pregnancy was a result of rape
☐ Pregnancy was a result of incest
☐ Economic reasons
☐ Does not want children at this time
☐ Emotional health is at stake
☐ Physical health is at stake
☐ Will suffer substantial and irreversible impairment of major bodily function if the pregnancy continues
☐ Pregnancy resulted in fetal anomalies
☐ Unknown or the woman refused to answer
☐ Other _____

MINNESOTA MDH DEPARTMENT OF HEALTH

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)

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: _____ (Last), _____ (First) **or** Physician code: ☐☐☐☐

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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