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State of Minnesota  
**HOUSE OF REPRESENTATIVES**

EIGHTY-NINTH SESSION

**H. F. No. 3150**

03/16/2016 Authored by Whelan, Mack, Scott, Newberger, Bennett and others  
The bill was read for the first time and referred to the Committee on Health and Human Services Reform  
03/24/2016 Adoption of Report: Amended and re-referred to the Committee on Civil Law and Data Practices  
03/31/2016 Adoption of Report: Re-referred to the Committee on Health and Human Services Finance

1.1 A bill for an act  
1.2 relating to health; modifying the abortion data required to be reported by  
1.3 physicians or facilities; amending Minnesota Statutes 2015 Supplement, section  
1.4 145.4131, subdivision 1.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. Minnesota Statutes 2015 Supplement, section 145.4131, subdivision 1,  
1.7 is amended to read:

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

1.12 (b) The form shall require the following information:

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

1.15 (2) the method used for each abortion;

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

1.17 (i) less than nine weeks;

1.18 (ii) nine to ten weeks;

1.19 (iii) 11 to 12 weeks;

1.20 (iv) 13 to 15 weeks;

1.21 (v) 16 to 20 weeks;

1.22 (vi) 21 to 24 weeks;

1.23 (vii) 25 to 30 weeks;

1.24 (viii) 31 to 36 weeks; or

- 2.1 (ix) 37 weeks to term;
- 2.2 (4) the age of the woman at the time the abortion was performed;
- 2.3 (5) the specific reason for the abortion, including, but not limited to, the following:
- 2.4 (i) the pregnancy was a result of rape;
- 2.5 (ii) the pregnancy was a result of incest;
- 2.6 (iii) economic reasons;
- 2.7 (iv) the woman does not want children at this time;
- 2.8 (v) the woman's emotional health is at stake;
- 2.9 (vi) the woman's physical health is at stake;
- 2.10 (vii) the woman will suffer substantial and irreversible impairment of a major bodily
- 2.11 function if the pregnancy continues;
- 2.12 (viii) the pregnancy resulted in fetal anomalies; or
- 2.13 (ix) unknown or the woman refused to answer;
- 2.14 (6) the number of prior induced abortions;
- 2.15 (7) the number of prior spontaneous abortions;
- 2.16 (8) whether the abortion was paid for by:
- 2.17 (i) private coverage;
- 2.18 (ii) public assistance health coverage; or
- 2.19 (iii) self-pay;
- 2.20 (9) whether coverage was under:
- 2.21 (i) a fee-for-service plan;
- 2.22 (ii) a capitated private plan; or
- 2.23 (iii) other;
- 2.24 (10) complications, if any, for each abortion and for the aftermath of each abortion.
- 2.25 Space for a description of any complications shall be available on the form;
- 2.26 (11) the medical specialty of the physician performing the abortion; ~~and~~
- 2.27 (12) if the abortion was performed via telemedicine, the facility code for the patient
- 2.28 and the facility code for the physician; and
- 2.29 ~~(12)~~ (13) whether the abortion resulted in a born alive infant, as defined in section
- 2.30 145.423, subdivision 4, and:
- 2.31 (i) any medical actions taken to preserve the life of the born alive infant;
- 2.32 (ii) whether the born alive infant survived; and
- 2.33 (iii) the status of the born alive infant, should the infant survive, if known.