

**SENATE  
STATE OF MINNESOTA  
NINETIETH SESSION**

**S.F. No. 2366**

(SENATE AUTHORS: MATHEWS and Lang)

DATE  
05/01/2017

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OFFICIAL STATUS  
Introduction and first reading  
Referred to Health and Human Services Finance and Policy

1.1 A bill for an act  
1.2 relating to health; modifying the abortion data required to be reported by physicians  
1.3 or facilities; appropriating money; amending Minnesota Statutes 2016, 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 2016, section 145.4131, subdivision 1, is amended to read:

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

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

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

1.14 (2) the method used for each abortion;

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

1.16 (i) less than nine weeks;

1.17 (ii) nine to ten weeks;

1.18 (iii) 11 to 12 weeks;

1.19 (iv) 13 to 15 weeks;

1.20 (v) 16 to 20 weeks;

1.21 (vi) 21 to 24 weeks;

- 2.1 (vii) 25 to 30 weeks;
- 2.2 (viii) 31 to 36 weeks; or
- 2.3 (ix) 37 weeks to term;
- 2.4 (4) the age of the woman at the time the abortion was performed;
- 2.5 (5) the specific reason for the abortion, including, but not limited to, the following:
- 2.6 (i) the pregnancy was a result of rape;
- 2.7 (ii) the pregnancy was a result of incest;
- 2.8 (iii) economic reasons;
- 2.9 (iv) the woman does not want children at this time;
- 2.10 (v) the woman's emotional health is at stake;
- 2.11 (vi) the woman's physical health is at stake;
- 2.12 (vii) the woman will suffer substantial and irreversible impairment of a major bodily
- 2.13 function if the pregnancy continues;
- 2.14 (viii) the pregnancy resulted in fetal anomalies; or
- 2.15 (ix) unknown or the woman refused to answer;
- 2.16 (6) the number of prior induced abortions;
- 2.17 (7) the number of prior spontaneous abortions;
- 2.18 (8) whether the abortion was paid for by:
- 2.19 (i) private coverage;
- 2.20 (ii) public assistance health coverage; or
- 2.21 (iii) self-pay;
- 2.22 (9) whether coverage was under:
- 2.23 (i) a fee-for-service plan;
- 2.24 (ii) a capitated private plan; or
- 2.25 (iii) other;
- 2.26 (10) complications, if any, for each abortion and for the aftermath of each abortion.
- 2.27 Space for a description of any complications shall be available on the form;
- 2.28 (11) the medical specialty of the physician performing the abortion; ~~and~~

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

3.3 ~~(12)~~ (13) whether the abortion resulted in a born alive infant, as defined in section  
3.4 145.423, subdivision 4, and:

3.5 (i) any medical actions taken to preserve the life of the born alive infant;

3.6 (ii) whether the born alive infant survived; and

3.7 (iii) the status of the born alive infant, should the infant survive, if known.

3.8 **EFFECTIVE DATE.** This section is effective January 1, 2018.

3.9 Sec. 2. **APPROPRIATION.**

3.10 \$71,000 in fiscal year 2018 is appropriated from the general fund to the commissioner  
3.11 of health for costs related to updating the abortion data reporting system under Minnesota  
3.12 Statutes, sections 145.4131 to 145.4136.