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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FOURTH SESSION

H. F. No. 4515

03/23/2026 Authored by Jordan, Myers, Rehrauer and Kotyza-Witthuhn
The bill was read for the first time and referred to the Committee on Health Finance and Policy

A bill for an act

relating to health; establishing a task force on women's medical procedural pain; requiring a report.

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

Section 1. **TASK FORCE ON WOMEN'S MEDICAL PROCEDURAL PAIN.**

Subdivision 1. **Definition.** For purposes of this section, "women's medical procedural pain" includes but is not limited to the following medical procedures: cesarean section, cervical biopsy, endometrial biopsy, intrauterine device insertion and removal, and hysteroscopy.

Subd. 2. **Establishment.** A task force is established to collect and analyze data on painful medical procedures impacting women, assess approaches to minimize the number of the procedures or identify alternatives to the procedures, and make recommendations to the legislature.

Subd. 3. **Membership.** (a) The commissioner of health must appoint the following members to the task force by July 31, 2026:

(1) two physicians licensed and practicing in the state in the area of obstetrics and gynecology;

(2) one physician licensed and practicing in the state in the area of internal medicine or family medicine;

(3) two health care professionals licensed and practicing in the state with experience in pain management;

(4) five women who have personally experienced medical procedural pain;

(5) one ex officio member from the Department of Health; and

(6) one ex officio member from the Board of Medical Practice.

(b) Task force members serve without compensation but shall be reimbursed as provided in Minnesota Statutes, section 15.059, for expenses incurred as a result of their duties as members of the task force.

Subd. 4. **Duties.** The task force must:

(1) collect and analyze data on painful medical procedures impacting women, focusing on cesarean section, cervical biopsy, endometrial biopsy, intrauterine device insertion and removal, and hysteroscopy procedures;

(2) receive input from women who personally experienced medical procedural pain;

(3) receive input from health care professionals who treat women who personally experienced medical procedural pain;

(4) determine how health care professionals may minimize the number of cesarean section, cervical biopsy, endometrial biopsy, intrauterine device insertion and removal, and hysteroscopy procedures or identify alternatives to the procedures; and

(5) make recommendations for legislative action, if any, on laws affecting women's medical procedural pain.

Subd. 5. **Meetings and administrative support.** (a) The commissioner of health or the commissioner's designee must convene the first meeting of the task force no later than January 1, 2027. The commissioner of health must provide meeting space and administrative assistance as necessary for the task force to conduct its work.

(b) At the first meeting, the task force must elect a chair and may elect other officers as necessary.

(c) The task force must establish a schedule for meetings and must meet at least quarterly.

(d) Task force meetings are subject to the Open Meeting Law under Minnesota Statutes, chapter 13D.

Subd. 6. **Report required.** By January 1, 2028, the task force must submit a report to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services on the findings and recommendations of the task force.

Subd. 7. **Expiration.** The task force expires upon submission of the report required under subdivision 6.

EFFECTIVE DATE. This section is effective the day following final enactment.