

1.1 moves to amend H.F. No. 91, the first engrossment, as follows:

1.2 Page 3, after line 18, insert:

1.3 "Sec. Minnesota Statutes 2022, section 145.4131, subdivision 1, is amended to read:

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

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

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

1.11 (2) the method used for each abortion;

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

1.13 (i) less than nine weeks;

1.14 (ii) nine to ten weeks;

1.15 (iii) 11 to 12 weeks;

1.16 (iv) 13 to 15 weeks;

1.17 (v) 16 to 20 weeks;

1.18 (vi) 21 to 24 weeks;

1.19 (vii) 25 to 30 weeks;

1.20 (viii) 31 to 36 weeks; or

1.21 (ix) 37 weeks to term;

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

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

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

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

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

3.6 For purposes of this clause, "born alive" means the complete expulsion or extraction from
 3.7 his or her mother of a member of the species Homo sapiens, at any stage of development,
 3.8 who, after such expulsion or extraction, breathes or has a beating heart, pulsation of the
 3.9 umbilical cord, or definite movement of voluntary muscles, regardless of whether the
 3.10 umbilical cord has been cut, and regardless of whether the expulsion or extraction occurs
 3.11 as a result of a natural or induced labor, cesarean section, or induced abortion.

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

3.13 Sec. Minnesota Statutes 2022, section 145.4134, is amended to read:

3.14 **145.4134 COMMISSIONER'S PUBLIC REPORT.**

3.15 (a) By July 1 of each year, except for 1998 and 1999 information, the commissioner
 3.16 shall issue a public report providing statistics for the previous calendar year compiled from
 3.17 the data submitted under sections 145.4131 to 145.4133 ~~and sections 145.4241 to 145.4249.~~
 3.18 For 1998 and 1999 information, the report shall be issued October 1, 2000. Each report
 3.19 shall provide the statistics for all previous calendar years, adjusted to reflect any additional
 3.20 information from late or corrected reports. The commissioner shall ensure that none of the
 3.21 information included in the public reports can reasonably lead to identification of an
 3.22 individual having performed or having had an abortion. All data included on the forms
 3.23 under sections 145.4131 to 145.4133 ~~and sections 145.4241 to 145.4249~~ must be included
 3.24 in the public report, except that the commissioner shall maintain as confidential, data which
 3.25 alone or in combination may constitute information from which an individual having
 3.26 performed or having had an abortion may be identified using epidemiologic principles.

3.27 (b) The commissioner may, by rules adopted under chapter 14, alter the submission
 3.28 dates established under sections 145.4131 to 145.4133 for administrative convenience, fiscal
 3.29 savings, or other valid reason, provided that physicians or facilities and the commissioner
 3.30 of human services submit the required information once each year and the commissioner
 3.31 issues a report once each year.

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

- 4.1 Page 16, line 11, delete the second "subdivisions 2 and" and insert "subdivision"
- 4.2 Page 16, line 12, delete "145.4131; 145.4132; 145.4133; 145.4134; 145.4135; 145.4136;"
- 4.3 Renumber the sections in sequence and correct the internal references
- 4.4 Amend the title accordingly