

Legislative Proposal

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Amend Section 69.186 of the Wisconsin Statutes¹ ("Induced abortion reporting") to also require the reporting of

- (k) the gender of the aborted child
- (l) whether or not the child had a fetal anomaly, and the nature of that anomaly.

Rationale:

Abortion providers are already required under Wisconsin law to provide certain demographic information about the women obtaining abortions within the state. There is no requirement, however, to report anything about the unborn child.

The political winds are blowing in favor of 'pro-life' positions, with a number of important victories since 2010. It seems reasonable to believe that Wisconsin might enjoy similar victories in the near future such as prohibitions against sex-selective abortions. It would be impossible to discern whether or not the law was being complied with, however, because Wisconsin's abortion requirements do not solicit any information about the gender of the unborn child.

Or anything else about it, for that matter.

Other successes seem likely, but if the national pattern holds, restrictions on abortions will still allow exceptions to be made for 'fetal abnormalities.' Numerous studies indicate a high likelihood that many children with defects are being aborted. Estimates range between 60% to 95%, depending on the condition. It is important to emphasize that these are *estimates*. Since most reports focus on the mother and not the child, very little is known about how many children are targeted for abortion because of its gender or the presence of a birth defect.

Since Wisconsin already requires abortion providers to file a report for each abortion, it would not be a significant burden on them to ask that they also record the gender of the child or if it had a birth defect.

Amending the reporting requirements would not by itself increase or decrease abortions. However, instead of having to work with estimates, having actual data, even if only at the state level, would allow exploration of other important issues, such as the state's role in fostering attitudes that reflect values consistent with a high value of human life.

This is where the real work is to be done. Abortion would not be an option in most minds if not for the low value ascribed to the unborn human. Similarly, the rate of abortion for children diagnosed with birth defects is connected to attitudes cultivated through family planning clinics, public school curriculum, genetic counseling services, and so on; some of these programs may indeed be financed in part by the taxpayers of Wisconsin.

Thus, with reliable information in hand, policies could be formulated that help cultivate a 'culture of life' and ensure that Wisconsin citizens do not help subsidize policies and/or programs that fuel an opposite perspective.

It is worth noting that many of the arguments offered to justify (or even encourage) aborting children with 'fetal abnormalities' are very similar to arguments used to justify (or even encourage?) physician assisted suicide, and euthanasia (both active and passive). For example, in both areas the assertion is made that the lives are not worth living due to the suffering of the person involved and the costs associated with continuing care.

Addressing the attitudes relating to this issue creates bridges to other issues, including the supposed 'life of suffering' the 'unwanted child' or his or her mother is expected to have.

Up until recently, very few states sought information about the child that is being aborted.² However, due to the support the pro-life cause has, some states have even gone so far as to prohibit 'selective' abortions.³ The time seems right to press the advantage.

Ultimately, until *Roe vs. Wade* is overturned, the will of the people will be thwarted. In the meantime, in Wisconsin we can at least give the unborn the dignity of being counted, even if it is only after they are dead.

¹ The current language is on page 5 of this document. The state-provided form pertaining to this statute is on page 6.

² Since 2010, the number has increased to 15 states. See attached table.

³ Indiana and North Dakota; Indiana's legislation was blocked by a court, but North Dakota's is still in force.



State of Wisconsin
2015 – 2016 LEGISLATURE

LRB-2180/P1
TJD:kjf:kf

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

- 1 **AN ACT** *to create* 69.186 (1) (k) and 69.186 (1) (L) of the statutes; relating to:
2 induced abortion reporting.

Analysis by the Legislative Reference Bureau

Under current law, annually, each hospital, clinic, or other facility in which an induced abortion is performed must file with the Department of Health Services (DHS) a report for each induced abortion performed in the calendar year. The report must contain for each patient the state, and county if Wisconsin, of residence; patient number; race; age; marital status; month and year in which the abortion was performed; education; number of weeks since patient's last menstrual period; whether the abortion was chemically or surgically induced or surgically induced following a failed chemical abortion; and any resulting complications. If the patient is a minor, the report must contain whether consent for the abortion was provided and by whom; and, if consent was not provided, on which basis the abortion was performed. Under current law, DHS is required to collect the reported information in a manner that ensures anonymity of the patient who obtained the abortion, the health care provider who performed the abortion, and the facility in which the abortion was performed. Under current law, DHS is required to publish annual demographic summaries of the reported information except what reveals the identity of a patient, provider, or facility. This bill requires the hospital, clinic, or other facility to report the following additional information: the gender of the aborted unborn child, whether the aborted unborn child had a fetal anomaly, and the nature of the fetal anomaly if there was one.

For further information see the *state* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

- 1 SECTION 1. 69.186 (1) (k) of the statutes is created to read:
2 69.186 (1) (k) The gender of the aborted unborn child.
3 SECTION 2. 69.186 (1) (L) of the statutes is created to read:
4 69.186 (1) (L) Whether the aborted unborn child had a fetal anomaly and, if so,
5 the nature of the fetal anomaly.
6 (END)

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-2180/P1dn
TJD:kjf:kf

April 20, 2015

To Representative Bernier:

Please carefully review this preliminary draft to ensure it complies with your intent. This draft uses the requested language for the first reporting requirement of the gender of the aborted unborn child. Without any qualifying language, this could arguably require the reporting hospital or facility to determine the gender in all circumstances even if that is not possible by visual inspection at that stage of fetal development. The Department of Health Services may limit this requirement to reporting the gender determined by visual inspection by rule, but what they decide may not be what you intended to happen.

There are a few options to address this concern in the draft. One option is to qualify the requirement such that the reporting hospital or facility must report the gender of the aborted unborn child, if the gender may be determined by visual inspection. That would mean that no further testing is required to fulfill the gender reporting requirement. Another option is to require the reporting of gender determined either by visual inspection or by chromosomal analysis or another means of testing, which would then require a determination of gender regardless what testing that takes. You do have the option of leaving the language as it is and leaving it open to interpretation whether chromosomal analysis would be required to determine gender in order to report the gender.

Should you have any questions or redraft instructions, please contact me.

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A Consideration of Objections

Friendly Objections:

Summary response to the following objections: the assumption is that these reporting requirements are designed to alter the number of abortions when in fact the primary purpose is to measure something which is not presently being measured. The design of future legislative proposals could very well hinge on what the data actually reveals. Moreover, there is no particular reason to think that this proposal can't be 'tweaked' to handle concerns that inevitably arise during the legislative process.

1. The sex of an unborn child and whether or not it has a defect is often determined late in the pregnancy, and many abortions occur before this point.

If this were the whole of it, it would similarly be pointless to pass laws preventing abortions based on the gender of the child, but this has actually previously attempted in the state of Wisconsin. Clearly, such laws would be meaningless if there was no mechanism to determine if people were obeying them. And yet, late-term abortions are a contemporary concern, which 'pain capable' proposals demonstrate. *Both* the determination of the gender *and* the point where the child can feel pain come later in the pregnancy than when most abortions occur, but the value of either proposal is not diminished because of the narrow scope they relate to.

Moreover, even if the mother does not know the gender, the abortionist usually will, and it is the abortionist that is already required by Wisconsin law to file a report. Along the same lines, while most diagnoses of birth defects occur late in the pregnancy, new technology and developments in genetic testing can be expected to see such diagnoses occur earlier and earlier in the pregnancy. The only way to know if technology or social trends are weighing against one gender over another is if the data is being recorded.

Still, even if it is true that such provisions do not address the vast majority of abortions, the attitudes that must exist within society if people are seeking abortions because of the gender of the child, or whether or not it has a fetal abnormality, are surely of grave concern. In particular, arguments for infanticide and even physician-assisted suicide are identical in many respects to arguments in support of aborting children diagnosed with birth defects. (I.e., the person will live a life of suffering, etc). Thus, *the relevance of this question is not only to abortion, but all 'end of life' issues.*

2. Abortionists are not qualified to determine whether or not a child has a birth defect.

It doesn't really matter whether or not the diagnosis of a birth defect was accurate. What matters is the rationale.

Nonetheless, children aborted because of their gender or a presumed birth defect are different than other cases because these are typically otherwise 'wanted' children. The determination of gender or discovery of a birth defect are not likely to be made by an abortionist, but rather by clinicians at hospitals, during regular checkups by ultrasound technicians, with follow up by physicians—not abortionists.

Notwithstanding the fact that they also are often proved wrong, if anyone is qualified to determine whether or not a child has a birth defect, it is physicians at hospitals.

In this context, it is important to remember that **Section 69.186** *as it already stands* encompasses more than *abortion* clinics. It says: "On or before January 15 annually, each *hospital*, clinic or other facility in which an induced abortion is performed..."

The steps through which a woman passes from the point of the diagnosis to the point of the abortion are not known definitively because little to no effort has been made to track or monitor the process. Presumably, due to the lateness in gestation, the hospital itself may perform the abortion. If not, there is good reason to think that the hospital will help set up the appointment with a late-term abortion provider. Because of these ambiguities, legislation that addresses the 'referral' process should be considered in the future.

3. These reporting regulations will not reduce the number of abortions.

This is true. The purpose of this proposal is to gather reliable information that can be used to formulate effective policies that hopefully will reduce the number of abortions. It will also aid in the planning for the social and economic 'costs' that arise in a society that has decided to uphold life.

Hostile Objections:

Summary response to the following objections: this proposal does not add any burden at all to the woman and only expands on a report that hospitals and clinics already have to produce.

1. Adding more reporting requirements puts more hurdles in front of a woman exercising her right to reproduce as she sees fit.

It is hard to see how this could be the case, since the burden, such as it is, rests completely on the shoulders of the abortion provider, who already must provide an annual report. Being the professionals that they are, they are accustomed to meeting regulatory requirements, and not above advocating for their own. In the realm of requirements, it is harder to think of one less onerous than this one.

Current Wisconsin statutory language:⁴

69.186 Induced abortion reporting.

(1) On or before January 15 annually, each hospital, clinic or other facility in which an induced abortion is performed shall file with the department a report for each induced abortion performed in the hospital, clinic or other facility in the previous calendar year. Each report shall contain all of the following information with respect to each patient obtaining an induced abortion in the hospital, clinic or other facility:

- (a) The state and, if this state, the county, of residence.
- (b) Patient number.
- (c) Race.
- (d) Age.
- (e) Marital status.
- [69.186\(1\)\(f\)](#) (f) Month and year in which the induced abortion was performed.

(g) Education.

(h) The number of weeks since the patient's last menstrual period.

(hm) Whether the abortion was a chemically induced abortion, a surgical abortion or a surgical abortion following a failed or incomplete chemical abortion.

(i) Complications, if any, resulting from performance of the induced abortion.

(j) If the patient is a minor, whether consent was provided under s. [48.375 \(4\) \(a\) 1.](#) for the abortion and, if so, the relationship of the individual providing consent to the minor; or, if consent under s. [48.375 \(4\) \(a\) 1.](#) was not provided, on which of the bases under s. [48.375 \(4\) \(a\) 2.](#) or [\(b\) 1.](#), [1g.](#), [1m.](#), [2.](#) or [3.](#) the abortion was performed.

(2) The department shall collect the information under sub. (1) in a manner which the department shall specify and which ensures the anonymity of a patient who receives an induced abortion, a health care provider who provides an induced abortion and a hospital, clinic or other facility in which an induced abortion is performed. The department shall publish annual demographic summaries of the information obtained under this section, except that the department may not disclose any information obtained under this section that reveals the identity of any patient, health care provider or hospital, clinic or other facility and shall ensure anonymity in all of the following ways:

(a) The department may use information concerning the patient number under sub. [\(1\)\(b\)](#) or concerning the identity of a specific reporting hospital, clinic or other facility for purposes of information collection only and may not reproduce or extrapolate this information for any purpose.

(b) The department shall immediately destroy all reports submitted under sub. [\(1\)](#) after information is extrapolated from the reports for use in publishing the annual demographic summary under this subsection. **History:** [1985 a. 315](#); [1995 a. 309](#); [1997 a. 27](#).

⁴ As of January 27, 2015. Compare with what the CDC releases in its annual Abortion Surveillance Report. Notice that there is no data on gender or birth defect is provided or even alluded to in this national study.

- Maternal age in years (<15, 15–19 by individual year, 20–24, 25–29, 30–34, 35–39, or ≥40)
- Gestational age in weeks at the time of abortion (≤6, 7–20 by individual week, or ≥21)
- Race (black, white, or other, including Asian, Pacific Islander, other races, and multiple races)
- Ethnicity (Hispanic or non-Hispanic)
- Method type (curettage,§ intrauterine instillation, medical [nonsurgical] abortion, or other¶)
- Marital status (married [including currently married or separated] or unmarried [including never married, widowed, or divorced])
- Number of previous live births (0, 1, 2, 3, or ≥4)
- Number of previous abortions (0, 1, 2, or ≥3)
- Maternal residence (the state, reporting area, territory, or foreign country in which the woman obtaining the abortion lived; or, if additional details are unavailable, in-reporting area versus out-of-reporting area)

Actual form, as produced by the state of Wisconsin, that abortion providers must submit:

DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-05506 (Rev. 01/09)

STATE OF WISCONSIN
Chap. 69.186, Wis. Stats.

INDUCED TERMINATION OF PREGNANCY REPORT

Complete one form for each induced termination of pregnancy performed. This form should be completed by facility or clinic staff only, following the procedure. Please refer to the reporting instructions on the back of this sheet for information on how to complete this form.

1. Facility Code	2. Patient Number*	3. Month and Year this Procedure was Performed
4a. Residence of Patient (Check one and specify state, if not Wisconsin.) <input type="checkbox"/> 1. Wisconsin Resident <input type="checkbox"/> 2. Resident of the State of _____		4b. County of Residence (for "Wisconsin Resident" only) County of _____, WI
5. Race (Answer both questions "5. Race" and "6. Hispanic Origin".) <input type="checkbox"/> 1. White <input type="checkbox"/> 3. American Indian <input type="checkbox"/> 5. Unknown <input type="checkbox"/> 2. Black <input type="checkbox"/> 4. Asian/Pacific Islander <input type="checkbox"/> 6. Other (Specify.) (List races here, if mixed.) _____		
6. Hispanic Origin (Check one.) <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	7. Age on Last Birthday (in Years) _____ Years	8. Marital Status (Check one.) <input type="checkbox"/> 1. Never Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 5. Divorced <input type="checkbox"/> 2. Married <input type="checkbox"/> 4. Separated <input type="checkbox"/> 6. Unknown
9. Minor Patient Legal Status [Per ss. 48.375(4) and 69.186, this question must be completed if the patient is less than 18 years old.] 9a. If the patient is less than 18 years old, indicate the circumstances of the patient. (Check one.) <input type="checkbox"/> 1. The patient is an emancipated minor. (Go to question 10.) <input type="checkbox"/> 2. A court granted a petition to waive the parental consent. (Go to question 10.) <input type="checkbox"/> 3. Consent was provided by an adult on behalf of the patient. (Go to question 9b.) <input type="checkbox"/> 4. None of the above apply. (Go to question 9c.) 9b. If Box 3 in Question 9a is checked, specify the status of the adult providing written consent for the patient's procedure. (Check one.) <input type="checkbox"/> 1. Parent (Go to question 10.) <input type="checkbox"/> 2. Guardian or legal custodian (Go to question 10.) <input type="checkbox"/> 3. Adult family member (Go to question 10.) <input type="checkbox"/> 4. Foster parent or treatment foster parent (Go to question 10.) 9c. If Box 4 in Question 9a is checked, specify the reason that consent was not legally required in this case. (Check one.) <input type="checkbox"/> 1. A medical emergency exists that requires an immediate induced termination. <input type="checkbox"/> 2. The minor provided a written statement that the pregnancy was the result of a sexual assault. I reported this assault as required by law. <input type="checkbox"/> 3. A psychiatrist or licensed psychologist provided a written statement that the minor is likely to commit suicide rather than file a petition or approach a person empowered to give consent. <input type="checkbox"/> 4. The minor provided a written statement that the pregnancy is the result of sexual intercourse with a caregiver. I reported this as required by law. <input type="checkbox"/> 5. The minor provided a written statement that she has been abused by person empowered to give consent. I reported this as required by law.		
10. Education (Circle highest grade completed.) None 0 Elementary 1 2 3 4 5 6 7 8 High School / GED 9 10 11 12 College (or Technical) 1 2 3 4 5+	11. Number of Weeks Since Patient's Last Menstrual Period _____ Weeks	12. Complications, if any (Check all that apply.) <input type="checkbox"/> 1. NONE <input type="checkbox"/> 4. Uterine Perforation <input type="checkbox"/> 2. Hemorrhage <input type="checkbox"/> 5. Cervical Laceration <input type="checkbox"/> 3. Infection <input type="checkbox"/> 6. Retained Products <input type="checkbox"/> 7. Other (Specify.) _____
13. Type of Procedure (Check one.) <input type="checkbox"/> 1. Chemically Induced (any non-surgical procedure including oral, injected and vaginally inserted chemicals) <input type="checkbox"/> 2. Surgical <input type="checkbox"/> 3. Surgical, following a failed or incomplete chemically induced termination.		
14. Remarks (Use this space for questions or clarifications concerning the other entries on this form. You may attach another sheet, if necessary.)		

*This number is used only for clarification of the information and then destroyed to assure the confidentiality of the patient and the facility.

Return this completed form to: **CURRENT RECORDS - CONFIDENTIAL / State Vital Records Office / PO Box 309 / Madison WI 53701-0309**

For assistance, please call: **608-266-2838**

Integrating this reporting requirement would be very simple. An illustration of how the form might be amended to look is reproduced below to show how easy it would be:

DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN Division of Public Health Chap. 69.186, Wis. Stats. F-05506

MOCK UP -- INDUCED TERMINATION OF PREGNANCY REPORT -- MOCK UP

Complete one form for each induced termination of pregnancy performed. This form should be completed by facility or clinic staff only, following the procedure. Please refer to the reporting instructions on the back of this sheet for information on how to complete this form.

1. Facility Code

2. Patient Number*

3. Month and Year this Procedure was Performed

4a. Residence of Patient (Check one and specify state, if not Wisconsin.)

1. Wisconsin Resident 2. Resident of the State of _____

5. Race (Answer both questions "5. Race" and "6. Hispanic Origin".)

1. White 3. American Indian 5. Unknown

2. Black 4. Asian/Pacific Islander 6. Other (Specify.) (List races here, if mixed.) _____

5. 6. Hispanic Origin (Check one.) **7. Age on Last Birthday**

(in Years)

1. Yes 2. No _____ Years

4b. County of Residence (for "Wisconsin Resident" only)

County of _____, WI

8. Marital Status (Check one.)

1. Never Married 3. Widowed 5. Divorced

2. Married 4. Separated 6. Unknown

9. Minor Patient Legal Status [Per ss. 48.375(4) and 69.186, this question must be completed if the patient is less than 18 years old.]

9a. If the patient is less than 18 years old, indicate the circumstances of the patient. (Check one.)

1. The patient is an emancipated minor. **(Go to question 10.)**

2. A court granted a petition to waive the parental consent. **(Go to question 10.)**

3. Consent was provided by an adult on behalf of the patient. **(Go to question 9b.)**

4. None of the above apply. **(Go to question 9c.)**

9b. If Box 3 in Question 9a is checked, specify the status of the adult providing written consent for the patient's procedure. (Check one.)

1. Parent **(Go to question 10.)**

2. Guardian or legal custodian **(Go to question 10.)**

3. Adult family member **(Go to question 10.)**

4. Foster parent or treatment foster parent **(Go to question 10.)**

9c. If Box 4 in Question 9a is checked, specify the reason that consent was not legally required in this case. (Check one.)

1. A medical emergency exists that requires an immediate induced termination.

2. The minor provided a written statement that the pregnancy was the result of a sexual assault. I reported this assault as required by law.

3. A psychiatrist or licensed psychologist provided a written statement that the minor is likely to commit suicide rather than file a petition or approach a person empowered to give consent.

4. The minor provided a written statement that the pregnancy is the result of sexual intercourse with a caregiver. I reported this as required by law.

5. The minor provided a written statement that she has been abused by person empowered to give consent. I reported this as required by law.

10. Education (Circle highest grade completed.)

None 0

Elementary 1 2 3 4 5 6 7 8

High School / GED 9 10 11 12

College (or Technical) 1 2 3 4 5+

11. Number of Weeks

Since Patient's

Last Menstrual Period

_____ Weeks

12. Complications, if any (Check all that apply.)

1. NONE 4. Uterine Perforation

2. Hemorrhage 5. Cervical Laceration

3. Infection 6. Retained Products

7. Other (Specify.) _____

13. Type of Procedure (Check one.)

1. Chemically Induced (any non-surgical procedure including oral, injected and vaginally inserted chemicals)

2. Surgical 3. Surgical, following a failed or incomplete chemically induced termination.

14. Gender of the Fetus (Check one)

___ 1. M ___ 2. F ___ 3. Unknown/NA

17. Was the reason for the abortion related to a diagnosed birth defect? If no, proceed to question 19.

___ Yes. ___ No. ___ NA/Unknown

18. Birth defect: ___ Down Syndrome ___ Spina Bifida ___ Trisomy 18 [list 5-8 of the most common, etc] _____
Other (describe) ___ Unspecified

19. Remarks (Use this space for questions or clarifications concerning the other entries on this form. You may attach another sheet, if necessary.)

The Example of Arizona⁵

Statutory language:

12. The reason for the abortion, including whether the abortion is elective or due to maternal or fetal health considerations.⁶

(asterisks indicate that there were fewer than 6 reported cases)

Table 9. Maternal characteristics and fetal medical conditions cited for obtaining an abortion, Arizona residents, 2013

Maternal Characteristics	Count (n = 141)	Percent
Age		
≤15-19 yrs	*	N/A
20-24 yrs	23	16.3
25-29 yrs	33	23.4
30-34 yrs	32	22.7
35-44 yrs	49	34.8
Gestational age		
≤ 13 weeks	40	28.4
14 to 20 weeks	72	51.1
≥ 21 weeks	26	18.4
Procedure Type		
Surgical	125	88.7
Non-Surgical/Medication	16	11.3
Facility Type		
Hospital	53	37.6
Clinic	87	61.7
Fetal Medical Conditions		
Aneuploidy/Trisomy/Triploidy	17	12.1
Fetal Demise	14	9.9
Fetus-Related Spontaneous Abortion	8	5.7
CNS Abnormality of Brain: Spina Bifida	19	13.5
Cardiac Defect	*	N/A
Hydrops	*	N/A
Multiple Anomalies	*	N/A
Urological abnormality	*	N/A
Karyotype or genetic abnormality	*	N/A
Lethal Anomalies	*	N/A
Oligohydramnios/Anhydramnios	*	N/A
Skeletal abnormality	*	N/A
Twin abnormality	*	N/A
Other/Unspecified	8	5.7

⁵ <http://azdhs.gov/diro/reports/pdf/2013-arizona-abortion-report.pdf> [Accessed 3/1/2015]

⁶ See: 36-2161.

State Requirements For Abortion Reporting

STATE	REPORTING REQUIRED	METHOD OF PAYMENT	COMPLICATIONS	REASONS FOR PROCEDURE				FETUS VIABLE	MET STATE REQUIREMENT FOR:	
				Woman's Health/Life	Rape/Incest	Fetal Abnormality	Other [*]		Mandated Counseling	Parental Involvement
Alabama	X†									X
Alaska	X	X				X			X	X
Arizona	X		X	X		X	X	‡		X
Arkansas	X									X
Colorado	X									
Connecticut	X		X							
Delaware	X									
Dist. Of Columbia	Ω									
Florida	X†			X	X	X	X			X
Georgia	X		X						X	X
Hawaii	X†		X			X				
Idaho	X		X						X	X
Illinois	X†		X				X			
Indiana	X		X					X‡		
Iowa	X									
Kansas	X							‡		X
Kentucky	X									
Louisiana	X		X	X	X	X			X	
Maine	X									
Massachusetts	X							‡		
Michigan	X	X	X					X		
Minnesota	X	X	X	X	X	X	X		X	
Mississippi	X	X	X							
Missouri	X		X					X		
Montana	X		X					X‡		
Nebraska	X		X	X	X	X	X			
Nevada	X†									
New Hampshire	Ω	X								
New Jersey	Ω					X				
New Mexico	X									
New York	X	X	X	X		X	X			
North Carolina	X		X							
North Dakota	X		X							
Ohio	X		X							
Oklahoma	X	X	X	X	X	X	X	X‡	X	X
Oregon	X		X							
Pennsylvania	X		X					‡		
Rhode Island	X		X							
South Carolina	X								X	X
South Dakota	X	X	X	X	X	X	X		X	X
Tennessee	X†									
Texas	X							‡		
Utah	X		X	X	X	X	X	X		
Vermont	X									
Virginia	X					X				
Washington	X		X			X				
West Virginia	X			X		X			X	X
Wisconsin	X		X							X
Wyoming	X		X							
TOTAL	46	8	27	10	7	15	9	6	9	13

▼ Enforcement permanently enjoined by a court order; policy not in effect.

* States list a range of "other" reasons on their forms: elective (AZ, FL, IL, MN, SD, UT); economic (FL, MN, NE, SD); contraceptive failure or nonuse (NE); the woman's familial circumstances (NY); the woman's age (NY); "therapeutic" (UT); the woman's being HIV positive (UT); and several other reasons (OK).

† Reporting form does not specifically include medication (nonsurgical) abortion.

Ω Reporting from physician to the state on abortion procedures is voluntary.

‡ State requires provider to report reasons for abortions performed after viability (IN), after 21 weeks' gestation (KS), after 23 weeks' gestation (MA and PA) or after the second trimester (TX); AZ and MA also ask whether the abortion resulted in a live birth.

Source: <https://www.guttmacher.org/state-policy/explore/abortion-reporting-requirements> [accessed 12/12/2016]