

Mandatory Reporting Requirements, Law Enforcement, and Patient Confidentiality in Michigan

Note: This resource is up to date as of July 2025.

Why use this fact sheet?

Confidentiality is central to the provider-patient relationship and a core part of medical ethics. In addition, violating patient confidentiality unnecessarily may carry professional or legal penalties. This fact sheet provides an overview of some of the major mandatory reporting requirements and where they may intersect with patient privacy - with a specific focus on self-managed abortion. This fact sheet does not contain legal advice, and we recommend that providers who have further questions about their reporting requirements consult an in-state attorney for more information.

Who wrote this guide and why?

If/When/How: Lawyering for Reproductive Justice is a legal advocacy organization. We created this fact sheet in part because the most common cause of the criminalization of people who self-manage their own abortion care is unnecessary reports to law enforcement by medical providers. We also frequently field questions from providers who are concerned about what they may need to report. We know providers share our concern that risk to patients may be high when a report to law enforcement is triggered. In the case of reporting self-managed abortion, the consequences to patients might include jail time, losing custody of their children, a criminal record, or fines - all of which are unjust responses by an overzealous, racially biased system and frequently violate people's rights. Failure to report when it is necessary also carries risk of liability, so we want providers to feel confident in their ability to discern when reporting is legally required, and what must be included.

Providers can also help protect their patients from unjust criminalization.

Know your mandatory reporting obligations, and where they intersect with patient privacy.

This fact sheet covers most mandatory reporting requirements in Michigan law. Your hospital, clinic, or practice may have additional reporting requirements that you should be familiar with. Providers can help patients maintain their agency and confidentiality while fulfilling their mandatory reporting obligations by:

- Not reporting patients if not legally required
- Informing patients of what the provider may have to report prior to treating the patient
- Carefully considering what information is necessary to document in a medical chart
- Not asking patients for information that is not necessary to patient care

Providers can also help protect their patients from unjust criminalization by ensuring that their hospital or clinic reporting policies do not conflict with state laws on medical privacy.

Major Mandatory Reporting Requirements in Michigan¹

Crime: Self-managed abortion is not a crime.

Michigan health care providers are not required to report crimes other than child and vulnerable adult abuse, neglect, and exploitation. Michigan health care providers are required to report certain injuries that result from criminal conduct, as described elsewhere in this fact sheet.

Child and vulnerable adult abuse: A minor under 18 or vulnerable adult self-managing an abortion is not ordinarily reportable as abuse.

Though legal requirements for child abuse are fraught with bias, in particular toward families of color and families struggling to make ends meet, all health care providers in Michigan who have reasonable cause to suspect child or vulnerable adult abuse, neglect, or exploitation are mandatory reporters.² Because suspicion is subjective and can often stem from bias, health care providers should thoroughly examine any potential bias at play when deciding whether or not a report is required under the law. Under Michigan law, a pregnancy is not considered grounds for reasonable suspicion of abuse or neglect unless it occurs in someone younger than 12.³ In addition, health care providers must make a report if a patient under the age of 18 discloses that a person who is responsible for their health or welfare coerced them to have an abortion.⁴ Health care providers should inform adolescent patients about what constitutes reportable child abuse prior to talking to them about care.

Have more questions? Reach out to request technical assistance.

Even if a provider decides to make an abuse report, the fact that a young person or vulnerable adult self-managed their own abortion would not ordinarily need to be included in a report. Providers are not required to report domestic violence or sexual assault in Michigan unless the victim is a minor or vulnerable adult.

Statutory rape: If a provider does need to report a statutory rape, the fact that the patient attempted to end the pregnancy is not relevant to the investigation.

Michigan requires all health care providers to report statutory rape as child abuse only when it is perpetrated by a guardian or other person in a position of authority over a young person.⁵ Statutory rape includes a young person aged 13 or younger having any sexual contact, as well as a young person that is over 13 but under 16 having sexual contact in certain specified circumstances, including with anyone that is 5 or more years older.⁶ Health care providers should inform adolescent patients about what constitutes reportable sexual conduct prior to talking to them about care where possible, including letting them know that they do not need to report consensual sex between young people.

Certain traumas and injuries: Self-managed abortion is generally not a reportable injury.

Michigan health care providers must report wounds and other injuries inflicted by means of violence, including a knife, gun, pistol, or other deadly weapon, to law enforcement.⁷ The statute requires that providers report the cause, character, and extent of the injuries.⁸ Though most people self-manage with medication, sometimes people without access to medication or other safe abortion care may utilize more physical methods, such as asking someone to punch them in the stomach in order to induce a miscarriage. Depending on the severity of the injury, Michigan law may require a provider to report that injury (assault via punching). However, it is a violation of patient confidentiality to divulge the reason behind the injury - that is, the attempt to induce abortion.

Overdoses and drug use during pregnancy: Michigan does not mandate reporting of overdoses.

Health care providers are required to report if they know or have reasonable cause to suspect that a newborn infant has any amount of alcohol, a controlled substance, or a metabolite of a controlled substance in their body, but this does not apply when the substance or metabolite is a result of prescribed medication.⁹ However, these requirements only apply where a child is born as a result of the pregnancy - they do not apply for a positive test on a pregnant person. The use of drugs or alcohol during a pregnancy that ends in abortion is not reportable.

Self-harm:

Michigan law requires mental health care providers to take action when someone is a danger to others.¹⁰ Revealing an intention to self-manage an abortion is not a threat of physical violence, and mental health providers are not required to take action when a patient is a danger to themselves. In this context a fetus is not an “other” under Michigan law.

Abortion:¹¹ It is never necessary to report a patient’s intention to self-manage an abortion.

Michigan health care providers are not required to report abortions they perform nor are they required to report abortion complications.

Fetal death: Under the current definition of “fetal death”,¹² providers may need to report certain instances of fetal death resulting from self-managed abortion.

Michigan health care providers or institutions must report any fetal death that occurs after 20 weeks gestational age or where the fetus weighs 400 grams or more.¹³ Typically a provider’s institution will file the certificate, but if a fetal death occurs outside of an institution, the physician in attendance is responsible for filing the fetal death report.¹⁴ If a fetal death occurs without medical attendance, the attendant, pregnant person, or other person having knowledge of the fetal death must notify the medical examiner who is required to investigate the cause of death and prepare and file the fetal death report.¹⁵ The law does not contemplate any penalty for failure to notify the medical examiner of an unattended fetal death, however, anyone who willfully and knowingly refuses to provide vital records information is guilty of a misdemeanor.¹⁶ The medical examiner must also investigate the cause and prepare and file a fetal death report if inquiry into the fetal death is required.¹⁷ Health care providers are not required to report miscarriages¹⁸ unless the miscarriage qualifies as a fetal death.

Human trafficking, rape, incest and coerced abortion:

Health care providers may need to report certain injuries if a person presents with injuries that result from criminal conduct (including human trafficking and rape), as described elsewhere in this fact sheet. Incest is a crime in Michigan,¹⁹ but providers do not have an independent duty to report incest unless it would otherwise be reportable as child or vulnerable adult abuse. If a health care provider has reasonable cause to suspect human trafficking, rape or incest of a young person under 18 or a vulnerable adult, the provider may be required to report this as child or vulnerable adult abuse as described above.

If a young person under the age of 18 discloses coercion to abort by an individual responsible for the health or welfare of the minor, health care providers must make a report to the local Child Protective Services office.²⁰ However, only the fact of coercion to abort must be reported.

HIPAA:

HIPAA generally prevents health care providers and entities from disclosing patient information without patient consent, and the state reporting laws discussed in this fact sheet are exceptions to that rule.²¹ This means that when a provider is legally required to make a report, HIPAA allows them to share patient information that is specifically required or permitted by the applicable state reporting law. Providing any additional patient information beyond what is specifically required or permitted by state law would likely violate HIPAA.

Accordingly, providers should carefully consider what patient information is necessary for making a report. For example, if a provider treats a minor patient for an injury that gives them cause to suspect physical abuse, the provider could share the records that are relevant to the suspected abuse, but they likely could not share the patient's *entire* medical record without violating HIPAA.

Providers with questions about medical privacy laws in relation to reproductive health care can request technical assistance from If/When/How: <https://ifwhenhow.org/learn/technical-assistance/>.

Citations

1. This fact sheet focuses on mandatory reporting requirements that involve law enforcement or an analogous health authority. It does not include mandatory reporting requirements concerning communicable diseases, childhood blood lead levels, etc. The fact sheet intends to cover reporting requirements for physicians, nurses, physician assistants, midwives, social workers, mental health professionals, and emergency medical technicians. If you know of a mandatory reporting requirement for these professionals in Michigan involving or potentially involving law enforcement that is not covered on this sheet, please contact info@ifwhenhow.org.
2. Mich. Comp. Laws § 722.623; Mich. Comp. Laws § 400.11a. Mental health providers who have reasonable cause to suspect abuse or neglect of recipients of mental health services are also mandatory reporters. Mich. Comp. Laws § 330.1723.
3. Mich. Comp. Laws § 722.623.
4. Mich. Comp. Laws § 333.17015a. "Coercion to abort" is defined as "act committed with the intent to coerce an individual to have an abortion" as prohibited by Section 213a of the Michigan Penal Code. Mich. Comp. Laws § 333.17015.
5. Mich. Comp. Laws § 722.622.
6. The Michigan Penal Code has four degrees of criminal sexual conduct. First and second degree criminal sexual conduct consist of sexual penetration (first degree) or sexual contact (second degree) with a minor (i) under 13; or (ii) that is at least 13 but under 16 where any of the following circumstances exist: (a) the actor and victim are members of the same household; (b) the actor and victim are related by blood or affinity to the fourth degree; (c) the actor is in a position of authority over the victim and used such authority to coerce the victim; (d) the actor is a teacher, substitute teacher, or administrator of a school or provides services to a school in certain capacities; or (e) the actor is an employee, service provider, or volunteer of a child care organization, or a person licensed to operate a foster home in which the victim is a resident and the sexual penetration or sexual contact (as applicable) occurs while the victim resided in the home. Third degree criminal sexual conduct includes sexual penetration with a minor that is at least 13 but under 16 and fourth degree criminal sexual conduct includes sexual contact with a minor that is at least 13 but under 16 where the actor is 5 or more years older than the victim. Mich. Comp. Laws § 750.520b-e.
7. Mich. Comp. Laws § 750.411.
8. *Id.*
9. Mich. Comp. Laws § 722.623a. Hospitals are also required to report certain birth defects to the Michigan Department of Health and Human Services, including maternal causes of fetal morbidity, such as fetal alcohol spectrum disorders, cocaine or opioid use and "other toxic or medicinal agents affecting the fetus." Mich. Admin Code R. 325.9072.

Citations

10. Mich. Comp. Laws § 330.1946. This requires “a threat of physical violence against a reasonably identifiable third person” and “the apparent intent and ability to carry out that threat in the foreseeable future,” and mental health providers may fulfill this duty by (i) hospitalizing the patient or initializing hospitalization proceedings or (ii) making a reasonable attempt to communicate the threat to the third person and communicating the threat to local or state law enforcement (or, if the threatened person is a minor or is otherwise incompetent, to social services and a guardian). *Id.*

11. “Abortion” means “the intentional use of an instrument, drug, or other substance or device to terminate a woman’s pregnancy for a purpose other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a fetus that has died as a result of natural causes, accidental trauma, or a criminal assault on the pregnant woman. Abortion does not include the use or prescription of a drug or device intended as a contraceptive.” Mich. Comp. Laws § 333.17015.

12. “Fetal death” includes a stillbirth and means “the death of a fetus that has completed at least 20 weeks of gestation or weighs at least 400 grams.” Mich. Comp. Laws § 333.2803.

13. Mich. Comp. Laws § 333.2834.

14. *Id.*

15. *Id.*

16. Mich. Comp. Laws § 333.2898.

17. *Id.*

18. “Miscarriage” is defined as “the spontaneous expulsion of a nonviable fetus that has completed less than 20 weeks of gestation.” Mich. Comp. Laws § 333.2804.

19. Mich. Comp. Laws § 750.520b-e.

20. Mich. Comp. Laws § 333.17015a.

21. *See, e.g.,* Dep’t of Health & Hum. Servs., *My state law authorizes health care providers to report suspected child abuse to the state department of health and social services. Does the HIPAA Privacy Rule preempt this state law?* (last reviewed Dec. 28, 2022), <https://www.hhs.gov/hipaa/for-professionals/faq/406/does-hipaa-preempt-this-state-law/index.html>. “[I]f a provision of State law provided for [reporting of disease or injury, child abuse, birth, or death, or for public health surveillance, investigation, or intervention] and was contrary to the [HIPAA] Privacy Rule, the State law would prevail.” *Id.* In other words, HIPAA protects all patient information from disclosure, except for what a state reporting law either requires or permits.