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| PREVAILED          | Roll Call No. _____ |
| FAILED             | Ayes _____          |
| WITHDRAWN          | Noes _____          |
| RULED OUT OF ORDER |                     |

# HOUSE MOTION \_\_\_\_\_

MR. SPEAKER:

I move that House Bill 1001 be amended to read as follows:

- 1           Page 123, between lines 4 and 5, begin a new paragraph and insert:
- 2           "SECTION 99. IC 16-34-2-1.1, AS AMENDED BY P.L.77-2020,
- 3           SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 4           JULY 1, 2021]: Sec. 1.1. (a) An abortion shall not be performed except
- 5           with the voluntary and informed consent of the pregnant woman upon
- 6           whom the abortion is to be performed. Except in the case of a medical
- 7           emergency, consent to an abortion is voluntary and informed only if the
- 8           following conditions are met:
- 9           (1) At least eighteen (18) hours before the abortion and in the
- 10          private, not group, presence of the pregnant woman, the physician
- 11          who is to perform the abortion, the referring physician or a
- 12          physician assistant (as defined in IC 25-27.5-2-10), an advanced
- 13          practice registered nurse (as defined in IC 25-23-1-1(b)), or a
- 14          certified nurse midwife (as defined in IC 34-18-2-6.5) to whom
- 15          the responsibility has been delegated by the physician who is to
- 16          perform the abortion or the referring physician has informed the
- 17          pregnant woman orally and in writing of the following:
- 18          (A) The name of the physician performing the abortion, the
- 19          physician's medical license number, and an emergency
- 20          telephone number where the physician or the physician's
- 21          designee may be contacted on a twenty-four (24) hour a day,

- 1 seven (7) day a week basis.
- 2 (B) That follow-up care by the physician or the physician's
- 3 designee (if the designee is licensed under IC 25-22.5) is
- 4 available on an appropriate and timely basis when clinically
- 5 necessary.
- 6 (C) The nature of the proposed procedure or information
- 7 concerning the abortion inducing drug.
- 8 (D) Objective scientific information of the risks of and
- 9 alternatives to the procedure or the use of an abortion inducing
- 10 drug, including:
  - 11 (i) the risk of infection and hemorrhage;
  - 12 (ii) the potential danger to a subsequent pregnancy; and
  - 13 (iii) the potential danger of infertility.
- 14 (E) That human physical life begins when a human ovum is
- 15 fertilized by a human sperm **and the conceived are**
- 16 **considered human beings under the 14th Amendment to**
- 17 **the Constitution of the United States.**
- 18 (F) The probable gestational age of the fetus at the time the
- 19 abortion is to be performed, including:
  - 20 (i) a picture of a fetus;
  - 21 (ii) the dimensions of a fetus; and
  - 22 (iii) relevant information on the potential survival of an
  - 23 unborn fetus;
  - 24 at this stage of development.
- 25 (G) That objective scientific information shows that a fetus
- 26 can feel pain at or before twenty (20) weeks of postfertilization
- 27 age.
- 28 (H) The medical risks associated with carrying the fetus to
- 29 term.
- 30 (I) The availability of fetal ultrasound imaging and
- 31 auscultation of fetal heart tone services to enable the pregnant
- 32 woman to view the image and hear the heartbeat of the fetus
- 33 and how to obtain access to these services.
- 34 (J) That the pregnancy of a child less than fifteen (15) years of
- 35 age may constitute child abuse under Indiana law if the act
- 36 included an adult and must be reported to the department of
- 37 child services or the local law enforcement agency under
- 38 IC 31-33-5.
- 39 (K) That Indiana does not allow a fetus to be aborted solely
- 40 because of the fetus's race, color, national origin, ancestry, sex,
- 41 or diagnosis or potential diagnosis of the fetus having Down
- 42 syndrome or any other disability.
- 43 (2) At least eighteen (18) hours before the abortion, the pregnant
- 44 woman will be informed orally and in writing of the following:
  - 45 (A) That medical assistance benefits may be available for
  - 46 prenatal care, childbirth, and neonatal care from the county

- 1 office of the division of family resources.
- 2 (B) That the father of the unborn fetus is legally required to  
3 assist in the support of the child. In the case of rape, the  
4 information required under this clause may be omitted.
- 5 (C) That adoption alternatives are available and that adoptive  
6 parents may legally pay the costs of prenatal care, childbirth,  
7 and neonatal care.
- 8 (D) That there are physical risks to the pregnant woman in  
9 having an abortion, both during the abortion procedure and  
10 after.
- 11 (E) That Indiana has enacted the safe haven law under  
12 IC 31-34-2.5.
- 13 (F) The:
- 14 (i) Internet web site address of the state department of  
15 health's web site; and
- 16 (ii) description of the information that will be provided on  
17 the web site and that are;  
18 described in section 1.5 of this chapter.
- 19 (G) For the facility in which the abortion is to be performed,  
20 an emergency telephone number that is available and  
21 answered on a twenty-four (24) hour a day, seven (7) day a  
22 week basis.
- 23 (H) On a form developed by the state department and as  
24 described in IC 16-34-3, that the pregnant woman has a right  
25 to determine the final disposition of the remains of the aborted  
26 fetus.
- 27 (I) On a form developed by the state department, that the  
28 pregnant woman has a right, after a surgical abortion, to:
- 29 (i) dispose of the remains of the aborted fetus by interment  
30 in compliance with IC 23-14-54, or cremation through a  
31 licensee (as defined in IC 25-15-2-19) and in compliance  
32 with IC 23-14-31; or
- 33 (ii) have the health care facility or abortion clinic dispose of  
34 the remains of the aborted fetus by interment in compliance  
35 with IC 23-14-54, or cremation through a licensee (as  
36 defined in IC 25-15-2-19) and in compliance with  
37 IC 23-14-31, and ask which method of disposition will be  
38 used by the health care facility or abortion clinic.
- 39 (J) On a form developed by the state department:
- 40 (i) that a pregnant woman, after an abortion induced by an  
41 abortion inducing drug, will expel an aborted fetus; and
- 42 (ii) the disposition policy of the health care facility or the  
43 abortion clinic concerning the disposition of the aborted  
44 fetus. The disposition policy must allow the pregnant  
45 woman to return the aborted fetus to the health care facility  
46 or abortion clinic for disposition by interment in compliance

- 1 with IC 23-14-54, or cremation through a licensee (as  
 2 defined in IC 25-15-2-19) and in compliance with  
 3 IC 23-14-31.
- 4 (K) On a form developed by the state department, information  
 5 concerning any counseling that is available to a pregnant  
 6 woman after having an abortion.
- 7 The state department shall develop and distribute the forms  
 8 required by clauses (H) through (K).
- 9 (3) The pregnant woman certifies in writing, on a form developed  
 10 by the state department, before the abortion is performed, that:
- 11 (A) the information required by subdivisions (1) and (2) has  
 12 been provided to the pregnant woman;
- 13 (B) the pregnant woman has been offered by the provider the  
 14 opportunity to view the fetal ultrasound imaging and hear the  
 15 auscultation of the fetal heart tone if the fetal heart tone is  
 16 audible and that the woman has:
- 17 (i) viewed or refused to view the offered fetal ultrasound  
 18 imaging; and
- 19 (ii) listened to or refused to listen to the offered auscultation  
 20 of the fetal heart tone if the fetal heart tone is audible; and
- 21 (C) the pregnant woman has been given a written copy of the  
 22 printed materials described in section 1.5 of this chapter.
- 23 (4) At least eighteen (18) hours before the abortion and in the  
 24 presence of the pregnant woman, the physician who is to perform  
 25 the abortion, the referring physician or a physician assistant (as  
 26 defined in IC 25-27.5-2-10), an advanced practice registered  
 27 nurse (as defined in IC 25-23-1-1(b)), or a certified nurse midwife  
 28 (as defined in IC 34-18-2-6.5) to whom the responsibility has  
 29 been delegated by the physician who is to perform the abortion or  
 30 the referring physician has provided the pregnant woman with a  
 31 color copy of the informed consent brochure described in section  
 32 1.5 of this chapter by printing the informed consent brochure from  
 33 the state department's Internet web site and including the  
 34 following information on the back cover of the brochure:
- 35 (A) The name of the physician performing the abortion and the  
 36 physician's medical license number.
- 37 (B) An emergency telephone number where the physician or  
 38 the physician's designee may be contacted twenty-four (24)  
 39 hours a day, seven (7) days a week.
- 40 (C) A statement that follow-up care by the physician or the  
 41 physician's designee who is licensed under IC 25-22.5 is  
 42 available on an appropriate and timely basis when clinically  
 43 necessary.
- 44 (5) At least eighteen (18) hours before an abortion is performed  
 45 and at the same time that the pregnant woman receives the  
 46 information required by subdivision (1), the provider shall

1 perform, and the pregnant woman shall view, the fetal ultrasound  
 2 imaging and hear the auscultation of the fetal heart tone if the  
 3 fetal heart tone is audible unless the pregnant woman certifies in  
 4 writing, on a form developed by the state department, before the  
 5 abortion is performed, that the pregnant woman:

6 (A) does not want to view the fetal ultrasound imaging; and

7 (B) does not want to listen to the auscultation of the fetal heart  
 8 tone if the fetal heart tone is audible.

9 (b) This subsection applies to a pregnant woman whose unborn  
 10 child has been diagnosed with a lethal fetal anomaly. The requirements  
 11 of this subsection are in addition to the other requirements of this  
 12 section. At least eighteen (18) hours before an abortion is performed on  
 13 the pregnant woman, the physician who will perform the abortion shall:

14 (1) orally and in person, inform the pregnant woman of the  
 15 availability of perinatal hospice services; and

16 (2) provide the pregnant woman copies of the perinatal hospice  
 17 brochure developed by the state department under IC 16-25-4.5-4  
 18 and the list of perinatal hospice providers and programs  
 19 developed under IC 16-25-4.5-5, by printing the perinatal hospice  
 20 brochure and list of perinatal hospice providers from the state  
 21 department's Internet web site.

22 (c) If a pregnant woman described in subsection (b) chooses to have  
 23 an abortion rather than continuing the pregnancy in perinatal hospice  
 24 care, the pregnant woman shall certify in writing, on a form developed  
 25 by the state department under IC 16-25-4.5-6, at least eighteen (18)  
 26 hours before the abortion is performed, that the pregnant woman has  
 27 been provided the information described in subsection (b) in the  
 28 manner required by subsection (b)."

29 Renumber all SECTIONS consecutively.

(Reference is to HB 1001 as printed February 15, 2021.)

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Representative Jacob