

HOUSE BILL No. 1567

DIGEST OF INTRODUCED BILL

Citations Affected: IC 16-18-2-341; IC 16-21-11-6; IC 16-34-3-4.

Synopsis: Stillbirths. Amends the definition of "stillbirth" to mean a birth after 12 weeks of gestation that is not a live birth or if the gender of the child can be visually determined, a birth after 10 weeks of gestation that is not a live birth.

Effective: July 1, 2023.

Rowray

January 19, 2023, read first time and referred to Committee on Public Health.



First Regular Session of the 123rd General Assembly (2023)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2022 Regular Session of the General Assembly.

HOUSE BILL No. 1567

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 16-18-2-341, AS AMENDED BY P.L.31-2019,
2 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2023]: Sec. 341. "Stillbirth", for purposes of IC 16-37 and
4 IC 16-49-6, means **any of the following**:

5 (1) A birth after ~~twenty (20)~~ **twelve (12)** weeks of gestation that
6 is not a live birth.

7 (2) **If the gender of the child can be visually determined, a**
8 **birth after ten (10) weeks of gestation that is not a live birth.**

9 SECTION 2. IC 16-21-11-6, AS AMENDED BY P.L.213-2016,
10 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
11 JULY 1, 2023]: Sec. 6. (a) If the parent or parents choose a location of
12 final disposition other than the location of final disposition that is usual
13 and customary for the health care facility, the parent or parents are
14 responsible for the costs related to the final disposition of the fetus at
15 the chosen location.

16 (b) A health care facility having possession of a miscarried fetus
17 shall provide for the final disposition of the miscarried fetus. The burial



1 transit permit requirements under IC 16-37-3 apply to the final
 2 disposition of the miscarried fetus, which must be cremated or interred.
 3 However:

- 4 (1) a person is not required to designate a name for the miscarried
 5 fetus on the burial transit permit and the space for a name may
 6 remain blank; and
 7 (2) any information submitted under this section that may be used
 8 to identify the parent or parents is confidential and must be
 9 redacted from any public records maintained under IC 16-37-3.

10 Miscarried fetuses may be cremated by simultaneous cremation.

11 (c) The local health officer shall provide the person in charge of
 12 interment with a permit for the disposition of the body. A certificate of
 13 stillbirth is not required to be issued for a final disposition of a
 14 miscarried fetus having a gestational age of less than ~~twenty (20)~~ **any**
 15 **of the following:**

- 16 **(1) Twelve (12) weeks of gestation.**
 17 **(2) If the gender of the miscarried fetus can be visually**
 18 **determined, a miscarried birth after ten (10) weeks of**
 19 **gestation.**

20 (d) IC 23-14-31-26, IC 23-14-55-2, IC 25-15-9-18, and
 21 IC 29-2-19-17 concerning the authorization of disposition of human
 22 remains apply to this section.

23 SECTION 3. IC 16-34-3-4, AS AMENDED BY P.L.179-2022(ss),
 24 SECTION 31, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 25 JULY 1, 2023]: Sec. 4. (a) A hospital or ambulatory outpatient surgical
 26 center having possession of an aborted fetus shall provide for the final
 27 disposition of the aborted fetus. The burial transit permit requirements
 28 of IC 16-37-3 apply to the final disposition of an aborted fetus, which
 29 must be interred or cremated. However:

- 30 (1) a person is not required to designate a name for the aborted
 31 fetus on the burial transit permit and the space for a name may
 32 remain blank; and
 33 (2) any information submitted under this section that may be used
 34 to identify the pregnant woman is confidential and must be
 35 redacted from any public records maintained under IC 16-37-3.

36 Aborted fetuses may be cremated by simultaneous cremation.

37 (b) If the hospital or ambulatory outpatient surgical center conducts
 38 the cremation of aborted fetal remains on site, the hospital or
 39 ambulatory outpatient surgical center must comply with all state laws
 40 concerning the cremation of human remains as prescribed in
 41 IC 23-14-31. The hospital or ambulatory outpatient surgical center
 42 must make the onsite cremation equipment available to the state



1 department for inspection at the time the hospital or ambulatory
 2 outpatient surgical center is inspected. When the hospital or
 3 ambulatory outpatient surgical center contracts with a licensed funeral
 4 home for the disposal of the aborted fetal remains, the contract must be
 5 made available for review by the state department at the time the
 6 hospital or ambulatory outpatient surgical center is inspected.

7 (c) Except in extraordinary circumstances where the required
 8 information is unavailable or unknown, a burial transit permit issued
 9 under IC 16-37-3 that includes multiple fetal remains must be
 10 accompanied by a log prescribed by the state department containing the
 11 following information about each fetus included under the burial transit
 12 permit:

13 (1) The date of the abortion.

14 (2) Whether the abortion was surgical or induced by an abortion
 15 inducing drug.

16 (3) The name of the funeral director licensee who will be
 17 retrieving the aborted fetus.

18 (4) In the case of an abortion induced by an abortion inducing
 19 drug:

20 (A) whether the pregnant woman will cremate or inter the
 21 fetus, or will return the fetus to the hospital or ambulatory
 22 outpatient surgical center for disposition; and

23 (B) if the pregnant woman returns the fetus to the hospital or
 24 ambulatory outpatient surgical center, whether the returned
 25 fetus is included in the burial transit permit.

26 The hospital or ambulatory outpatient surgical center must keep a copy
 27 of the burial transit permit and accompanying log in a permanent file.

28 (d) Each time the fetal remains are transported from one entity to
 29 another for disposition, the entity receiving the fetal remains must
 30 confirm that the number of fetal remains matches the information
 31 contained in the burial transit permit and accompanying log. After final
 32 disposition, a copy of the log will be sent back to the hospital or
 33 ambulatory outpatient surgical center. The final log will be attached to
 34 the original log described in subsection (c) and will be made available
 35 for review by the state department at the time of inspection.

36 (e) A hospital or ambulatory outpatient surgical center is responsible
 37 for demonstrating to the state department that the hospital or
 38 ambulatory outpatient surgical center has complied with the protocol
 39 provided in this section.

40 (f) A certificate of stillbirth is not required to be issued for an
 41 aborted fetus with a gestational age of less than ~~twenty (20)~~ **any of the**
 42 **following:**



- 1 **(1) Twelve (12) weeks of ~~age~~ gestation.**
- 2 **(2) If the gender of the aborted fetus can be visually**
- 3 **determined, a birth after ten (10) weeks of gestation.**
- 4 (g) IC 23-14-31-26, IC 23-14-55-2, IC 25-15-9-18, and
- 5 IC 29-2-19-17 concerning the authorization of disposition of human
- 6 remains apply to this section.

