HOUSE BILL No. 1577

DIGEST OF INTRODUCED BILL

Citations Affected: IC 16-18-2; IC 16-34; IC 25-1-9.5-0.5.

Synopsis: Telemedicine and abortion related services. Adds: (1) mental health providers; and (2) the employees and staff members of any entity involved in the handling or disposition of aborted remains; to the list of persons who may not be required to participate in specified procedures and practices concerning abortion or aborted remains if the mental health provider, employee, or staff member objects to such procedures and practices on the basis of ethical, moral, or religious belief. Requires an ultrasound image of a pregnant woman's fetus to be provided: (1) to a pregnant woman for her to keep; and (2) at no cost or charge to the pregnant woman; in the event of fetal ultrasound imaging. Requires certain information concerning the reversal of an abortion inducing drug to be provided to a pregnant woman in certain instances. Requires a specified report to identify the: (1) facility; and (2) city or town; where required information concerning an abortion was provided. Requires specified individuals to include, or to ensure the inclusion of, a copy of a pregnant woman's ultrasound report in the applicable patient file. Prohibits an abortion clinic from receiving an annual license renewal if ultrasound reports are not included in a pregnant woman's patient file. Provides that the written parental consent for purposes of abortion laws concerning an unemancipated pregnant woman less than 18 years of age must be notarized. Prohibits the state department of health from renewing an abortion clinic's (Continued next page)

Effective: Upon passage.

Mayfield, King, Davis

January 14, 2021, read first time and referred to Committee on Public Health.



Digest Continued

license if noncompliance discovered during an annual inspection is not remedied. Prohibits the use of telemedicine for the provisioning of any medical service, including the: (1) writing or filling of a prescription; or (2) offering of advice, counseling, or therapy; for any purpose that is intended to result in an abortion. Prohibits the: (1) dispensing; (2) prescribing; and (3) administering; of an abortion inducing drug to a pregnant woman after nine weeks of postfertilization age by removing a provision concerning federal Food and Drug Administration (FDA) approval of certain abortion inducing drugs. Removes FDA guidelines from a provision concerning manufacturer instruction sheets and patient agreement forms pertaining to abortion inducing drugs. Defines certain terms. Makes conforming amendments.



First Regular Session of the 122nd General Assembly (2021)

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 2020 Regular Session of the General Assembly.

HOUSE BILL No. 1577

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 16-18-2-225.8 IS AMENDED TO READ AS
2	FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 225.8. "Mental
3	health provider", for purposes of IC 16-36-1.5 and IC 16-34-1-4, has
4	the meaning set forth in IC 16-36-1.5-2.
5	SECTION 2. IC 16-18-2-267 IS AMENDED TO READ AS
6	FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 267. "Parental
7	consent", for purposes of IC 16-34, means the notarized written
8	consent of the parent or legal guardian of an unemancipated pregnant
9	woman less than eighteen (18) years of age to the performance of an
10	abortion on the minor pregnant woman or for the final disposition of
11	the aborted fetus.
12	SECTION 3. IC 16-34-1-4, AS AMENDED BY P.L.72-2019,
13	SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
14	UPON PASSAGE]: Sec. 4. No:
15	(1) physician;
16	(2) nurse;
17	(3) physician assistant;



(4) pharmacist; or

2	(5) employee or member of the staff of a hospital or other facility
2 3	in which an abortion may be performed;
4	(6) mental health provider; or
5	(7) employee or member of the staff of any entity involved in
6	the handling or disposition of aborted remains;
7	shall be required to perform an abortion, to prescribe, administer, or
8	dispense an abortion inducing drug, to provide advice or counsel to
9	a pregnant woman concerning medical procedures resulting in, or
10	intended to result in, an abortion, or to assist or participate in the
11	medical procedures resulting in, or intended to result in an abortion, or
12	to handle or dispose of aborted remains, if that individual objects to
13	such procedures on ethical, moral, or religious grounds.
14	SECTION 4. IC 16-34-2-1, AS AMENDED BY P.L.93-2019,
15	SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
16	UPON PASSAGE]: Sec. 1. (a) Abortion shall in all instances be a
17	criminal act, except when performed under the following
18	circumstances:
19	(1) Except as prohibited in IC 16-34-4, during the first trimester
20	of pregnancy for reasons based upon the professional, medical
21	judgment of the pregnant woman's physician if:
22	(A) the abortion is performed by the physician;
23	(B) the woman submitting to the abortion has filed her consent
24	with her physician. However, if in the judgment of the
25	physician the abortion is necessary to preserve the life of the
26	woman, her consent is not required; and
27	(C) the woman submitting to the abortion has filed with her
28	physician the written consent of her parent or legal guardian
29	if required under section 4 of this chapter.
30	However, an abortion inducing drug may not be dispensed,
31	prescribed, administered, or otherwise given to a pregnant woman
32	after nine (9) weeks of postfertilization age. unless the Food and
33	Drug Administration has approved the abortion inducing drug to
34	be used for abortions later than nine (9) weeks of postfertilization
35	age. A physician shall examine a pregnant woman in person
36	before prescribing or dispensing an abortion inducing drug. In
37	accordance with FDA guidelines, The physician shall provide the
38	pregnant woman with a copy of the manufacturer's instruction
39	sheets and require that the pregnant woman sign the
40	manufacturer's patient agreement form. The physician shall retain
41	a copy of the signed patient agreement form, and the signed

physician's agreement form required by the manufacturer, in the



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1	patient's file. As used in this subdivision, "in person" does not
2	include the use of telehealth or telemedicine services.
3	(2) Except as prohibited by IC 16-34-4, after the first trimester of
4	pregnancy and before the earlier of viability of the fetus or twenty
5	(20) weeks of postfertilization age, for reasons based upon the
6	professional, medical judgment of the pregnant woman's
7	physician if:
8	(A) all the circumstances and provisions required for legal
9	abortion during the first trimester are present and adhered to;
10	and
11	(B) the abortion is performed in a hospital or ambulatory
12	outpatient surgical center (as defined in IC 16-18-2-14).
13	(3) Except as provided in subsection (b) or as prohibited by
14	IC 16-34-4, at the earlier of viability of the fetus or twenty (20)
15	weeks of postfertilization age and any time after, for reasons
16	based upon the professional, medical judgment of the pregnant
17	woman's physician if:
18	(A) all the circumstances and provisions required for legal
19	abortion before the earlier of viability of the fetus or twenty
20	(20) weeks of postfertilization age are present and adhered to;
21	(B) the abortion is performed in compliance with section 3 of
22	this chapter; and
23	(C) before the abortion the attending physician shall certify in
24	writing to the hospital in which the abortion is to be
25	performed, that in the attending physician's professional,
26	medical judgment, after proper examination and review of the
27	woman's history, the abortion is necessary to prevent a
28	substantial permanent impairment of the life or physical health
29	of the pregnant woman. All facts and reasons supporting the
30	certification shall be set forth by the physician in writing and
31	attached to the certificate.
32	(b) A person may not knowingly or intentionally perform a partial
33	birth abortion unless a physician reasonably believes that:
34	(1) performing the partial birth abortion is necessary to save the
35	mother's life; and
36	(2) no other medical procedure is sufficient to save the mother's
37	life.
38	(c) A person may not knowingly or intentionally perform a
39	dismemberment abortion unless reasonable medical judgment dictates
40	that performing the dismemberment abortion is necessary:
41	(1) to prevent any serious health risk to the mother; or

(2) to save the mother's life.



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1	SECTION 5. IC 16-34-2-1.1, AS AMENDED BY P.L.77-2020,
2	SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3	UPON PASSAGE]: Sec. 1.1. (a) An abortion shall not be performed
4	except with the voluntary and informed consent of the pregnant woman
5	upon whom the abortion is to be performed. Except in the case of a
6	medical emergency, consent to an abortion is voluntary and informed
7	only if the following conditions are met:
8	(1) At least eighteen (18) hours before the abortion and in the
9	private, not group, presence of the pregnant woman, the physician
10	who is to perform the abortion, the referring physician or a
11	physician assistant (as defined in IC 25-27.5-2-10), an advanced
12	practice registered nurse (as defined in IC 25-23-1-1(b)), or a
13	certified nurse midwife (as defined in IC 34-18-2-6.5) to whom
14	the responsibility has been delegated by the physician who is to
15	perform the abortion or the referring physician has informed the
16	pregnant woman orally and in writing of the following:
17	(A) The name of the physician performing the abortion, the
18	physician's medical license number, and an emergency
19	telephone number where the physician or the physician's
20	designee may be contacted on a twenty-four (24) hour a day,
21	seven (7) day a week basis.
22	(B) That follow-up care by the physician or the physician's
23	designee (if the designee is licensed under IC 25-22.5) is
24	available on an appropriate and timely basis when clinically
25	necessary.
26	(C) The nature of the proposed procedure or information
27	concerning the abortion inducing drug. Information provided
28	under this clause must:
29	(i) include information concerning the process for
30	reversing the effects of an abortion inducing drug; and
31	(ii) conspicuously provide and display contact
32	information for resources, including Internet web sites,
33	that are designed to assist a pregnant woman in locating
34	a medical professional who can aid in the reversal of an
35	abortion inducing drug.
36	(D) Objective scientific information of the risks of and
37	alternatives to the procedure or the use of an abortion inducing
38	drug, including:
39	(i) the risk of infection and hemorrhage;
40	(ii) the potential danger to a subsequent pregnancy; and
41	(iii) the potential danger of infertility.
42	(E) That human physical life begins when a human ovum is



1	fertilized by a human sperm.
2 3	(F) The probable gestational age of the fetus at the time the
3	abortion is to be performed, including:
4	(i) a picture of a fetus;
5	(ii) the dimensions of a fetus; and
6	(iii) relevant information on the potential survival of an
7	unborn fetus;
8	at this stage of development.
9	(G) That objective scientific information shows that a fetus
10	can feel pain at or before twenty (20) weeks of postfertilization
11	age.
12	(H) The medical risks associated with carrying the fetus to
13	term.
14	(I) The availability of fetal ultrasound imaging and
15	auscultation of fetal heart tone services to enable the pregnant
16	woman to view the image and hear the heartbeat of the fetus
17	and how to obtain access to these services.
18	(J) That the pregnancy of a child less than fifteen (15) years of
19	age may constitute child abuse under Indiana law if the act
20	included an adult and must be reported to the department of
21	child services or the local law enforcement agency under
22	IC 31-33-5.
23	
24	(K) That Indiana does not allow a fetus to be aborted solely
25	because of the fetus's race, color, national origin, ancestry, sex,
	or diagnosis or potential diagnosis of the fetus having Down
26	syndrome or any other disability.
27	(2) At least eighteen (18) hours before the abortion, the pregnant
28	woman will be informed orally and in writing of the following:
29	(A) That medical assistance benefits may be available for
30	prenatal care, childbirth, and neonatal care from the county
31	office of the division of family resources.
32	(B) That the father of the unborn fetus is legally required to
33	assist in the support of the child. In the case of rape, the
34	information required under this clause may be omitted.
35	(C) That adoption alternatives are available and that adoptive
36	parents may legally pay the costs of prenatal care, childbirth,
37	and neonatal care.
38	(D) That there are physical risks to the pregnant woman in
39	having an abortion, both during the abortion procedure and
40	after.
41	(E) That Indiana has enacted the safe haven law under
42	IC 31-34-2.5.



1	(F) The:
2	(i) Internet web site address of the state department of
3	health's web site; and
4	(ii) description of the information that will be provided on
5	the web site and that are;
6	described in section 1.5 of this chapter.
7	(G) For the facility in which the abortion is to be performed,
8	an emergency telephone number that is available and
9	answered on a twenty-four (24) hour a day, seven (7) day a
10	week basis.
11	(H) On a form developed by the state department and as
12	described in IC 16-34-3, that the pregnant woman has a right
13	to determine the final disposition of the remains of the aborted
14	fetus.
15	(I) On a form developed by the state department, that the
16	pregnant woman has a right, after a surgical abortion, to:
17	(i) dispose of the remains of the aborted fetus by interment
18	in compliance with IC 23-14-54, or cremation through a
19	licensee (as defined in IC 25-15-2-19) and in compliance
20	with IC 23-14-31; or
21	(ii) have the health care facility or abortion clinic dispose of
22	the remains of the aborted fetus by interment in compliance
23	with IC 23-14-54, or cremation through a licensee (as
24	defined in IC 25-15-2-19) and in compliance with
25	IC 23-14-31, and ask which method of disposition will be
26	used by the health care facility or abortion clinic.
27	(J) On a form developed by the state department:
28	(i) that a pregnant woman, after an abortion induced by an
29	abortion inducing drug, will expel an aborted fetus; and
30	(ii) the disposition policy of the health care facility or the
31	abortion clinic concerning the disposition of the aborted
32	fetus. The disposition policy must allow the pregnant
33	woman to return the aborted fetus to the health care facility
34	or abortion clinic for disposition 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.
38	(K) On a form developed by the state department, information
39	concerning any counseling that is available to a pregnant
40	woman after having an abortion.
41	The state department shall develop and distribute the forms
42	required by clauses (H) through (K).



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



1	abortion is performed, that the pregnant woman:
2	(A) does not want to view the fetal ultrasound imaging; and
3	(B) does not want to listen to the auscultation of the fetal heart
4	tone if the fetal heart tone is audible.
5	A pregnant woman must be advised, prior to the pregnant
6	woman's decision concerning fetal ultrasound imaging, that
7	an ultrasound image of the fetus will be provided to the
8	pregnant woman to keep at no charge to the pregnant woman
9	if the fetal ultrasound is performed.
10	(b) This subsection applies to a pregnant woman whose unborn
11	child has been diagnosed with a lethal fetal anomaly. The requirements
12	of this subsection are in addition to the other requirements of this
13	section. At least eighteen (18) hours before an abortion is performed on
14	the pregnant woman, the physician who will perform the abortion shall:
15	(1) orally and in person, inform the pregnant woman of the
16	availability of perinatal hospice services; and
17	(2) provide the pregnant woman copies of the perinatal hospice
18	brochure developed by the state department under IC 16-25-4.5-4
19	and the list of perinatal hospice providers and programs
20	developed under IC 16-25-4.5-5, by printing the perinatal hospice
21	brochure and list of perinatal hospice providers from the state
22	department's Internet web site.
23	(c) If a pregnant woman described in subsection (b) chooses to have
24	an abortion rather than continuing the pregnancy in perinatal hospice
25	care, the pregnant woman shall certify in writing, on a form developed
26	by the state department under IC 16-25-4.5-6, at least eighteen (18)
27	hours before the abortion is performed, that the pregnant woman has
28	been provided the information described in subsection (b) in the
29	manner required by subsection (b).
30	(d) For any abortion performed under this article, the physician
31	who is to perform the abortion, the referring physician or a
32	physician assistant (as defined in IC 25-27.5-2-10), an advanced
33	practice registered nurse (as defined in IC 25-23-1-1(b)), or a
34	certified nurse midwife (as defined in IC 34-18-2-6.5) to whom the
35	responsibility has been delegated by the physician who is to
36	perform the abortion or the referring physician shall include, or
37	ensure the inclusion of, a copy of a pregnant woman's ultrasound
38	report in the pregnant woman's patient file.
39	SECTION 6. IC 16-34-2-4, AS AMENDED BY P.L.173-2017,
40	SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
41	UPON PASSAGE]: Sec. 4. (a) No physician shall perform an abortion
42	on an unemancipated pregnant minor less than eighteen (18) years of



age without first having obtained from one (1) of the parents, a legal guardian, or a custodian accompanying the unemancipated pregnant minor:

- (1) the **notarized** written consent of the parent, legal guardian, or custodian of the unemancipated pregnant minor;
- (2) government issued proof of identification of the parent or the legal guardian or custodian of the unemancipated pregnant minor; and
- (3) some evidence, which may include identification or other written documentation that provides an articulable basis for a reasonably prudent person to believe that the person is the parent or legal guardian or custodian of the unemancipated pregnant minor.

The physician shall keep records of the documents required under this subsection in the unemancipated pregnant minor's medical file for at least seven (7) years.

(b) A minor:

- (1) who objects to having to obtain the written consent of her parent or legal guardian or custodian under this section; or
- (2) whose parent or legal guardian or custodian refuses to consent to an abortion;

may petition, on her own behalf or by next friend, the juvenile court in the county in which the pregnant minor resides or in which the abortion is to be performed, for a waiver of the parental consent requirement under subsection (a) and the parental notification requirement under subsection (d). A next friend may not be a physician or provider of abortion services, representative of the physician or provider, or other person that may receive a direct financial benefit from the performance of an abortion.

- (c) A physician who feels that compliance with the parental consent requirement in subsection (a) would have an adverse effect on the welfare of the pregnant minor or on her pregnancy may petition the juvenile court within twenty-four (24) hours of the abortion request for a waiver of the parental consent requirement under subsection (a) and the parental notification requirement under subsection (d).
- (d) Unless the juvenile court finds that it is in the best interests of an unemancipated pregnant minor to obtain an abortion without parental notification following a hearing on a petition filed under subsection (b) or (c), a parent, legal guardian, or custodian of a pregnant unemancipated minor is entitled to receive notice of the emancipated minor's intent to obtain an abortion before the abortion is performed on the unemancipated pregnant minor. The attorney



representing the unemancipated pregnant minor shall serve the notice required by this subsection by certified mail or by personal service and provide the court with documentation of the attorney's good faith effort to serve the notice, including any return receipt for a certified mailing. The court shall retain the documentation provided in the confidential records of the waiver proceedings held under this section.

- (e) The juvenile court must rule on a petition filed by a pregnant minor under subsection (b) or by her physician under subsection (c) within forty-eight (48) hours of the filing of the petition. Before ruling on the petition, the court shall consider the concerns expressed by the pregnant minor and her physician. The requirement of parental consent under this section shall be waived by the juvenile court if the court finds that the minor is mature enough to make the abortion decision independently or that an abortion would be in the minor's best interests. The juvenile court shall waive the requirement of parental notification under subsection (d) if the court finds that obtaining an abortion without parental notification is in the best interests of the unemancipated pregnant minor. If the juvenile court does not find that obtaining an abortion without parental notification is in the best interests of the unemancipated pregnant minor, the court shall, subject to an appeal under subsection (g), order the attorney representing the unemancipated pregnant minor to serve the notice required under subsection (d).
- (f) Unless the juvenile court finds that the pregnant minor is already represented by an attorney, the juvenile court shall appoint an attorney to represent the pregnant minor in a waiver proceeding brought by the minor under subsection (b) and on any appeals. The cost of legal representation appointed for the minor under this section shall be paid by the county.
- (g) A minor or the minor's physician who desires to appeal an adverse judgment of the juvenile court in a waiver proceeding under subsection (b) or (c) is entitled to an expedited appeal, under rules to be adopted by the supreme court.
- (h) All records of the juvenile court and of the supreme court or the court of appeals that are made as a result of proceedings conducted under this section are confidential.
- (i) A minor who initiates legal proceedings under this section is exempt from the payment of filing fees.
- (j) This section does not apply where there is an emergency need for a medical procedure to be performed to avert the pregnant minor's death or a substantial and irreversible impairment of a major bodily function of the pregnant minor, and the attending physician certifies



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1	this in writing.
2	(k) A physician receiving parental consent under subsection (a)
3	shall execute an affidavit for inclusion in the unemancipated pregnant
4	minor's medical record. The affidavit must contain the following
5	information:
6	(1) The physician's name.
7	(2) Certification that, to the physician's best information and
8	belief, a reasonable person under similar circumstances would
9	rely on the information provided by the unemancipated pregnant
10	minor and the unemancipated pregnant minor's parent or legal
11	guardian or custodian as sufficient evidence of identity and
12	relationship.
13	(3) The physician's signature.
14	(l) A person who, with intent to avoid the parental notification
15	requirements described in subsection (a), falsely claims to be the parent
16	or legal guardian or custodian of an unemancipated pregnant minor by:
17	(1) making a material misstatement while purportedly providing
18	the written consent described in subsection (a)(1); or
19	(2) providing false or fraudulent identification to meet the
20	requirement described in subsection (a)(2);
21	commits a Level 6 felony.
22	SECTION 7. IC 16-34-2-5, AS AMENDED BY P.L.205-2018,
23	SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
24	UPON PASSAGE]: Sec. 5. (a) Every health care provider who
25	performs a surgical abortion or provides, prescribes, administers, or
26	dispenses an abortion inducing drug for the purposes of inducing an
27	abortion shall report the performance of the abortion or the provision,
28	prescribing, administration, or dispensing of an abortion inducing drug
29	on a form drafted by the state department, the purpose and function of
30	which shall be the improvement of maternal health and life through the
31	compilation of relevant maternal life and health factors and data, and
32	a further purpose and function shall be to monitor all abortions
33	performed in Indiana to assure the abortions are done only under the
34	authorized provisions of the law. For each abortion performed and
35	abortion inducing drug provided, prescribed, administered, or
36	dispensed, the report shall include, among other things, the following:
37	(1) The age of the patient.
38	(2) Whether a waiver of consent under section 4 of this chapter
39	was obtained.
40	(3) Whether a waiver of notification under section 4 of this



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(4) The date and location, including the facility name and city

chapter was obtained.

1	or town, where the:
2	(A) pregnant woman:
3	(i) provided consent; and
4	(ii) received all information;
5	required under section 1.1 of this chapter; and
6	(B) the abortion was performed or the abortion inducing drug
7	was provided, prescribed, administered, or dispensed.
8	(5) The health care provider's full name and address, including the
9	name of the physicians performing the abortion or providing,
10	prescribing, administering, or dispensing the abortion inducing
1	drug.
12	(6) The city and county where the pregnancy termination
13	occurred.
14	(7) The age of the father, or the approximate age of the father if
15	the father's age is unknown.
16	(8) The patient's county and state of residence.
17	(9) The marital status of the patient.
18	(10) The educational level of the patient.
19	(11) The race of the patient.
20	(12) The ethnicity of the patient.
21	(13) The number of the patient's previous live births.
22 23	(14) The number of the patient's deceased children.
23	(15) The number of the patient's spontaneous pregnancy
24	terminations.
25	(16) The number of the patient's previous induced terminations.
26	(17) The date of the patient's last menses.
27	(18) The physician's determination of the gestation of the fetus in
28	weeks.
29	(19) Whether the patient indicated that the patient was seeking an
30	abortion as a result of being:
31	(A) abused;
32	(B) coerced;
33	(C) harassed; or
34	(D) trafficked.
35	(20) The following information concerning the abortion or the
36	provision, prescribing, administration, or dispensing of the
37	abortion inducing drug:
38	(A) The postfertilization age of the fetus (in weeks).
39	(B) The manner in which the postfertilization age was
10	determined.
1 1	(C) The gender of the fetus, if detectable.
12	(D) Whether the fetus has been diagnosed with or has a



1	potential diagnosis of having Down syndrome or any other
2	disability.
3	(E) If after the earlier of the time the fetus obtains viability or
4	the time the postfertilization age of the fetus is at least twenty
5	(20) weeks, the medical reason for the performance of the
6	abortion or the provision, prescribing, administration, or
7	dispensing of the abortion inducing drug.
8	(21) For a surgical abortion, the medical procedure used for the
9	abortion and, if the fetus was viable or had a postfertilization age
10	of at least twenty (20) weeks:
11	(A) whether the procedure, in the reasonable judgment of the
12	health care provider, gave the fetus the best opportunity to
13	survive;
14	(B) the basis for the determination that the pregnant woman
15	had a condition described in this chapter that required the
16	abortion to avert the death of or serious impairment to the
17	pregnant woman; and
18	(C) the name of the second doctor present, as required under
19	IC 16-34-2-3(a)(3).
20	(22) For a nonsurgical abortion, the precise drugs provided,
21	prescribed, administered, or dispensed, and the means of delivery
22	of the drugs to the patient.
23	(23) For a nonsurgical abortion, that the manufacturer's
24	instructions were provided to the patient and that the patient
25	signed the patient agreement.
26	(24) For an early pre-viability termination, the medical indication
27	by diagnosis code for the fetus and the mother.
28	(25) The mother's obstetrical history, including dates of other
29	abortions, if any.
30	(26) Any preexisting medical conditions of the patient that may
31	complicate the abortion.
32	(27) The results of pathological examinations if performed.
33	(28) For a surgical abortion, whether the fetus was delivered
34	alive, and if so, how long the fetus lived.
35	(29) Records of all maternal deaths occurring at the location
36	where the abortion was performed or the abortion inducing drug
37	was provided, prescribed, administered, or dispensed.
38	(30) The date the form was transmitted to the state department
39	and, if applicable, separately to the department of child services.
40	
40	(b) The health care provider shall complete the form provided for in
41	subsection (a) and shall transmit the completed form to the state

department, in the manner specified on the form, within thirty (30) days



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after the date of each abortion. However, if an abortion is for a female
who is less than sixteen (16) years of age, the health care provider shall
transmit the form to the state department of health and separately to the
department of child services within three (3) days after the abortion is
performed.

- (c) The dates supplied on the form may not be redacted for any reason before the form is transmitted as provided in this section.
- (d) Each failure to complete or timely transmit a form, as required under this section, for each abortion performed or abortion inducing drug that was provided, prescribed, administered, or dispensed, is a Class B misdemeanor.
- (e) Not later than June 30 of each year, the state department shall compile a public report providing the following:
 - (1) Statistics for the previous calendar year from the information submitted under this section.
 - (2) Statistics for previous calendar years compiled by the state department under this subsection, with updated information for the calendar year that was submitted to the state department after the compilation of the statistics.

The state department shall ensure that no identifying information of a pregnant woman is contained in the report.

- (f) The state department shall:
 - (1) summarize aggregate data from all data submitted under this section; and
 - (2) submit the data, before July 1 of each year, to the United States Centers for Disease Control and Prevention for its inclusion in the annual Vital Statistics Report.

SECTION 8. IC 16-34-5 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]:

Chapter 5. Miscellaneous Provisions

- Sec. 1. (a) The state department shall consider the results of an abortion clinic inspection when making a determination concerning the renewal of an abortion clinic license.
- (b) The state department may not renew the license of an abortion clinic until any noncompliance discovered during the course of an inspection is remedied in a manner prescribed by the state department under 410 IAC 26-2-8.
- Sec. 2. (a) During the course of an abortion clinic's annual inspection, the state department shall randomly select and review patient files to ensure compliance with IC 16-34-2-1.1(d). The number of files selected and reviewed under this subsection shall



1	be consistent with applicable administrative state department
2	provisions concerning patient file inspections.
3	(b) An abortion clinic's failure to comply with IC 16-34-2-1.1(d)
4	shall constitute an inspection violation for purposes of section 1(b)
5	of this chapter.
6	SECTION 9. IC 25-1-9.5-0.5 IS ADDED TO THE INDIANA
7	CODE AS A NEW SECTION TO READ AS FOLLOWS
8	[EFFECTIVE UPON PASSAGE]: Sec. 0.5. Telemedicine may not be
9	used to provide:
10	(1) any service, including the writing or filling of a
11	prescription; or
12	(2) advice, counseling, or therapy;
13	for any purpose that is intended to result in an abortion.
14	SECTION 10. An emergency is declared for this act

