

February 15, 2021

HOUSE BILL No. 1577

DIGEST OF HB 1577 (Updated February 15, 2021 2:29 pm - DI 77)

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

Synopsis: Telemedicine and abortion related services. Adds mental health providers 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 objects to such procedures and practices on the basis of ethical, moral, or religious belief. Provides that an abortion inducing drug may not be dispensed, prescribed, or given to a woman after eight weeks of postfertilization age. Requires a physician to dispense the abortion inducing drug in person and have the pregnant woman consume the drug in the presence of the physician. Removes FDA guidelines from a provision concerning manufacturer instruction sheets and patient agreement forms pertaining to abortion inducing drugs. Requires an ultrasound image of a pregnant woman's fetus to be provided: (1) to a 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 (Continued next page)

Effective: July 1, 2021.

Mayfield, King, Davis

January 14, 2021, read first time and referred to Committee on Public Health. February 15, 2021, amended, reported — Do Pass.



Digest Continued

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 license if noncompliance discovered during an annual inspection is not remedied. Prohibits the use of telemedicine to provide any abortion, including the writing or filling of a prescription for any purpose that is intended to result in an abortion. 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:

SECTION 1. IC 16-18-2-225.8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 225.8. "Mental health provider", for purposes of IC 16-36-1.5 and **IC 16-34-1-4**, has the meaning set forth in IC 16-36-1.5-2.

SECTION 2. IC 16-18-2-267 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 267. "Parental consent", for purposes of IC 16-34, means the **notarized** written consent of the parent or legal guardian of an unemancipated pregnant woman less than eighteen (18) years of age to the performance of an abortion on the minor pregnant woman or for the final disposition of the aborted fetus by interment in compliance with IC 23-14-54 or cremation through a licensee (as defined in IC 25-15-2-19) and in compliance with IC 23-14-31.

SECTION 3. IC 16-34-1-4, AS AMENDED BY P.L.72-2019,
SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
JULY 1, 2021]: Sec. 4. No:

(1) physician;

HB 1577—LS 7427/DI 123



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1 (2) nurse; 2 (3) physician assistant; 3 (4) pharmacist; or 4 (5) employee or member of the staff of a hospital or other facility 5 in which an abortion may be performed; or 6 (6) mental health provider; 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 medical procedures resulting in, or intended to result in an abortion, or 11 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 JULY 1, 2021]: Sec. 1. (a) Abortion shall in all instances be a criminal 17 act, except when performed under the following circumstances: 18 (1) Except as prohibited in IC 16-34-4, during the first trimester 19 of pregnancy for reasons based upon the professional, medical 20 judgment of the pregnant woman's physician if: 21 (A) the abortion is performed by the physician; 22 (B) the woman submitting to the abortion has filed her consent 23 with her physician. However, if in the judgment of the 24 physician the abortion is necessary to preserve the life of the 25 woman, her consent is not required; and 26 (C) the woman submitting to the abortion has filed with her 27 physician the written consent of her parent or legal guardian if required under section 4 of this chapter. 28 29 However, an abortion inducing drug may not be dispensed, 30 prescribed, administered, or otherwise given to a pregnant woman 31 after nine (9) weeks eight (8) weeks of postfertilization age. 32 unless the Food and Drug Administration has approved the 33 abortion inducing drug to be used for abortions later than nine (9) 34 weeks of postfertilization age. A physician must dispense the 35 abortion inducing drug in person and have the pregnant 36 woman consume the drug in the presence of the physician. A 37 physician shall examine a pregnant woman in person before 38 prescribing or dispensing an abortion inducing drug. In 39 accordance with FDA guidelines, The physician shall provide the 40 pregnant woman with a copy of the manufacturer's instruction 41 sheets and require that the pregnant woman sign the 42 manufacturer's patient agreement form. A physician shall also



1 provide, orally and in writing, along with other applicable 2 information, the following statement: "Some evidence 3 suggests that the effects of an abortion inducing drug can be 4 avoided, ceased, or reversed if the second dose of the abortion 5 inducing drug has not been taken. (Insert applicable abortion 6 inducing drug reversal web site and corresponding hotline number). The physician shall retain a copy of the signed patient 7 8 agreement form, and the signed physician's agreement form 9 required by the manufacturer, in the patient's file. As used in this 10 subdivision, "in person" does not include the use of telehealth or 11 telemedicine services. 12 (2) Except as prohibited by IC 16-34-4, after the first trimester of 13 pregnancy and before the earlier of viability of the fetus or twenty 14 (20) weeks of postfertilization age, for reasons based upon the 15 professional, medical judgment of the pregnant woman's physician if: 16 17 (A) all the circumstances and provisions required for legal 18 abortion during the first trimester are present and adhered to; 19 and 20 (B) the abortion is performed in a hospital or ambulatory 21 outpatient surgical center (as defined in IC 16-18-2-14). 22 (3) Except as provided in subsection (b) or as prohibited by 23 IC 16-34-4, at the earlier of viability of the fetus or twenty (20) 24 weeks of postfertilization age and any time after, for reasons 25 based upon the professional, medical judgment of the pregnant 26 woman's physician if: 27 (A) all the circumstances and provisions required for legal 28 abortion before the earlier of viability of the fetus or twenty 29 (20) weeks of postfertilization age are present and adhered to; 30 (B) the abortion is performed in compliance with section 3 of 31 this chapter; and 32 (C) before the abortion the attending physician shall certify in 33 writing to the hospital in which the abortion is to be 34 performed, that in the attending physician's professional, 35 medical judgment, after proper examination and review of the 36 woman's history, the abortion is necessary to prevent a 37 substantial permanent impairment of the life or physical health of the pregnant woman. All facts and reasons supporting the 38 39 certification shall be set forth by the physician in writing and 40 attached to the certificate. 41 (b) A person may not knowingly or intentionally perform a partial 42 birth abortion unless a physician reasonably believes that:



1 (1) performing the partial birth abortion is necessary to save the 2 mother's life; and 3 (2) no other medical procedure is sufficient to save the mother's 4 life. 5 (c) A person may not knowingly or intentionally perform a 6 dismemberment abortion unless reasonable medical judgment dictates 7 that performing the dismemberment abortion is necessary: 8 (1) to prevent any serious health risk to the mother; or 9 (2) to save the mother's life. 10 SECTION 5. IC 16-34-2-1.1, AS AMENDED BY P.L.77-2020, 11 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 12 JULY 1, 2021]: Sec. 1.1. (a) An abortion shall not be performed except 13 with the voluntary and informed consent of the pregnant woman upon 14 whom the abortion is to be performed. Except in the case of a medical 15 emergency, consent to an abortion is voluntary and informed only if the 16 following conditions are met: 17 (1) At least eighteen (18) hours before the abortion and in the 18 private, not group, presence of the pregnant woman, the physician 19 who is to perform the abortion, the referring physician or a 20 physician assistant (as defined in IC 25-27.5-2-10), an advanced 21 practice registered nurse (as defined in IC 25-23-1-1(b)), or a 22 certified nurse midwife (as defined in IC 34-18-2-6.5) to whom 23 the responsibility has been delegated by the physician who is to 24 perform the abortion or the referring physician has informed the 25 pregnant woman orally and in writing of the following: 26 (A) The name of the physician performing the abortion, the 27 physician's medical license number, and an emergency 28 telephone number where the physician or the physician's 29 designee may be contacted on a twenty-four (24) hour a day, 30 seven (7) day a week basis. 31 (B) That follow-up care by the physician or the physician's 32 designee (if the designee is licensed under IC 25-22.5) is 33 available on an appropriate and timely basis when clinically 34 necessary. 35 (C) The nature of the proposed procedure or information 36 concerning the abortion inducing drug that includes the 37 following statement: "Some evidence suggests that 38 mifepristone effects may be avoided, ceased, or reversed if 39 the misoprostol has not been taken." (Insert applicable 40 abortion inducing drug reversal Internet web site and 41 corresponding hotline number). 42

(D) Objective scientific information of the risks of and



1 alternatives to the procedure or the use of an abortion inducing 2 drug, including: 3 (i) the risk of infection and hemorrhage; 4 (ii) the potential danger to a subsequent pregnancy; and 5 (iii) the potential danger of infertility. 6 (E) That human physical life begins when a human ovum is 7 fertilized by a human sperm. 8 (F) The probable gestational age of the fetus at the time the 9 abortion is to be performed, including: 10 (i) a picture of a fetus; 11 (ii) the dimensions of a fetus; and 12 (iii) relevant information on the potential survival of an 13 unborn fetus; 14 at this stage of development. 15 (G) That objective scientific information shows that a fetus 16 can feel pain at or before twenty (20) weeks of postfertilization 17 age. 18 (H) The medical risks associated with carrying the fetus to 19 term. 20 (I) The availability of fetal ultrasound imaging and 21 auscultation of fetal heart tone services. 24 (J) That the pregnancy of a child less than		
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1	and neonatal care.
2	(D) That there are physical risks to the pregnant woman in
3	having an abortion, both during the abortion procedure and
4	after.
5	(E) That Indiana has enacted the safe haven law under
6	IC 31-34-2.5.
7	(F) The:
8	(i) Internet web site address of the state department of
9	health's web site; and
10	(ii) description of the information that will be provided on
11	the web site and that are;
12	described in section 1.5 of this chapter.
13	(G) For the facility in which the abortion is to be performed,
14	an emergency telephone number that is available and
15	answered on a twenty-four (24) hour a day, seven (7) day a
16	week basis.
17	(H) On a form developed by the state department and as
18	described in IC 16-34-3, that the pregnant woman has a right
19	to determine the final disposition of the remains of the aborted
20	fetus.
21	(I) On a form developed by the state department, that the
22	pregnant woman has a right, after a surgical abortion, to:
23	(i) dispose of the remains of the aborted fetus by interment
24	in compliance with IC 23-14-54, or cremation through a
25	licensee (as defined in IC 25-15-2-19) and in compliance
26	with IC 23-14-31; or
27	(ii) have the health care facility or abortion clinic dispose of
28	the remains of the aborted fetus by interment in compliance
29	with IC 23-14-54, or cremation through a licensee (as
30	defined in IC 25-15-2-19) and in compliance with
31	IC 23-14-31, and ask which method of disposition will be
32	used by the health care facility or abortion clinic.
33	(J) On a form developed by the state department:
34	(i) that a pregnant woman, after an abortion induced by an
35	abortion inducing drug, will expel an aborted fetus; and
36	(ii) the disposition policy of the health care facility or the
37	abortion clinic concerning the disposition of the aborted
38	fetus. The disposition policy must allow the pregnant
39 40	woman to return the aborted fetus to the health care facility
40	or abortion clinic for disposition by interment in compliance
41	with IC 23-14-54, or cremation through a licensee (as
42	defined in IC 25-15-2-19) and in compliance with



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



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

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1 ensure the inclusion of, a copy of a pregnant woman's ultrasound 2 report in the pregnant woman's patient file. 3 SECTION 6. IC 16-34-2-4, AS AMENDED BY P.L.173-2017, 4 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 5 JULY 1, 2021]: Sec. 4. (a) No physician shall perform an abortion on 6 an unemancipated pregnant minor less than eighteen (18) years of age without first having obtained from one (1) of the parents, a legal 7 8 guardian, or a custodian accompanying the unemancipated pregnant 9 minor: 10 (1) the **notarized** written consent of the parent, legal guardian, or 11 custodian of the unemancipated pregnant minor; 12 (2) government issued proof of identification of the parent or the 13 legal guardian or custodian of the unemancipated pregnant minor; 14 and 15 (3) some evidence, which may include identification or other written documentation that provides an articulable basis for a 16 17 reasonably prudent person to believe that the person is the parent 18 or legal guardian or custodian of the unemancipated pregnant 19 minor. 20 The physician shall keep records of the documents required under this subsection in the unemancipated pregnant minor's medical file for at 21 22 least seven (7) years. 23 (b) A minor: 24 (1) who objects to having to obtain the written consent of her 25 parent or legal guardian or custodian under this section; or (2) whose parent or legal guardian or custodian refuses to consent 26 27 to an abortion: 28 may petition, on her own behalf or by next friend, the juvenile court in 29 the county in which the pregnant minor resides or in which the abortion 30 is to be performed, for a waiver of the parental consent requirement 31 under subsection (a) and the parental notification requirement under 32 subsection (d). A next friend may not be a physician or provider of 33 abortion services, representative of the physician or provider, or other 34 person that may receive a direct financial benefit from the performance 35 of an abortion. 36 (c) A physician who feels that compliance with the parental consent 37 requirement in subsection (a) would have an adverse effect on the 38 welfare of the pregnant minor or on her pregnancy may petition the 39 juvenile court within twenty-four (24) hours of the abortion request for 40 a waiver of the parental consent requirement under subsection (a) and 41 the parental notification requirement under subsection (d). 42 (d) Unless the juvenile court finds that it is in the best interests of



1 an unemancipated pregnant minor to obtain an abortion without 2 parental notification following a hearing on a petition filed under 3 subsection (b) or (c), a parent, legal guardian, or custodian of a 4 pregnant unemancipated minor is entitled to receive notice of the 5 emancipated minor's intent to obtain an abortion before the abortion is 6 performed on the unemancipated pregnant minor. The attorney 7 representing the unemancipated pregnant minor shall serve the notice 8 required by this subsection by certified mail or by personal service and 9 provide the court with documentation of the attorney's good faith effort 10 to serve the notice, including any return receipt for a certified mailing. The court shall retain the documentation provided in the confidential 12 records of the waiver proceedings held under this section.

13 (e) The juvenile court must rule on a petition filed by a pregnant 14 minor under subsection (b) or by her physician under subsection (c) 15 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 16 17 pregnant minor and her physician. The requirement of parental consent 18 under this section shall be waived by the juvenile court if the court 19 finds that the minor is mature enough to make the abortion decision 20 independently or that an abortion would be in the minor's best interests. 21 The juvenile court shall waive the requirement of parental notification 22 under subsection (d) if the court finds that obtaining an abortion 23 without parental notification is in the best interests of the 24 unemancipated pregnant minor. If the juvenile court does not find that 25 obtaining an abortion without parental notification is in the best 26 interests of the unemancipated pregnant minor, the court shall, subject 27 to an appeal under subsection (g), order the attorney representing the 28 unemancipated pregnant minor to serve the notice required under 29 subsection (d). 30

(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.

40 (h) All records of the juvenile court and of the supreme court or the 41 court of appeals that are made as a result of proceedings conducted 42 under this section are confidential.



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(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 this in writing.

8 (k) A physician receiving parental consent under subsection (a)
9 shall execute an affidavit for inclusion in the unemancipated pregnant
10 minor's medical record. The affidavit must contain the following
11 information:

(1) The physician's name.

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(2) Certification that, to the physician's best information and
belief, a reasonable person under similar circumstances would
rely on the information provided by the unemancipated pregnant
minor and the unemancipated pregnant minor's parent or legal
guardian or custodian as sufficient evidence of identity and
relationship.

(3) The physician's signature.

(l) A person who, with intent to avoid the parental notification requirements described in subsection (a), falsely claims to be the parent or legal guardian or custodian of an unemancipated pregnant minor by:
 (1) making a material misstatement while purportedly providing the written consent described in subsection (a)(1); or

25 (2) providing false or fraudulent identification to meet the
26 requirement described in subsection (a)(2);

commits a Level 6 felony.

28 SECTION 7. IC 16-34-2-5, AS AMENDED BY P.L.205-2018, 29 SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 30 JULY 1, 2021]: Sec. 5. (a) Every health care provider who performs a 31 surgical abortion or provides, prescribes, administers, or dispenses an 32 abortion inducing drug for the purposes of inducing an abortion shall 33 report the performance of the abortion or the provision, prescribing, 34 administration, or dispensing of an abortion inducing drug on a form 35 drafted by the state department, the purpose and function of which shall 36 be the improvement of maternal health and life through the compilation 37 of relevant maternal life and health factors and data, and a further 38 purpose and function shall be to monitor all abortions performed in 39 Indiana to assure the abortions are done only under the authorized 40 provisions of the law. For each abortion performed and abortion 41 inducing drug provided, prescribed, administered, or dispensed, the 42 report shall include, among other things, the following:



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



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



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1 2 3	was provided, prescribed, administered, or dispensed.(30) The date the form was transmitted to the state department and, if applicable, separately to the department of child services.
4	(b) The health care provider shall complete the form provided for in
5	subsection (a) and shall transmit the completed form to the state
6	department, in the manner specified on the form, within thirty (30) days
7	after the date of each abortion. However, if an abortion is for a female
8	who is less than sixteen (16) years of age, the health care provider shall
9	transmit the form to the state department of health and separately to the
10	department of child services within three (3) days after the abortion is
11	performed.
12	(c) The dates supplied on the form may not be redacted for any
13 14	reason before the form is transmitted as provided in this section.
14	(d) Each failure to complete or timely transmit a form, as required under this section, for each abortion performed or abortion inducing
15 16	drug that was provided, prescribed, administered, or dispensed, is a
10	Class B misdemeanor.
18	(e) Not later than June 30 of each year, the state department shall
19	compile a public report providing the following:
20	(1) Statistics for the previous calendar year from the information
21	submitted under this section.
22	(2) Statistics for previous calendar years compiled by the state
23	department under this subsection, with updated information for
24	the calendar year that was submitted to the state department after
25	the compilation of the statistics.
26	The state department shall ensure that no identifying information of a
27	pregnant woman is contained in the report.
28	(f) The state department shall:
29	(1) summarize aggregate data from all data submitted under this
30	section; and
31	(2) submit the data, before July 1 of each year, to the United
32	States Centers for Disease Control and Prevention for its inclusion
33	in the annual Vital Statistics Report.
34	SECTION 8. IC 16-34-5 IS ADDED TO THE INDIANA CODE AS
35	A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY
36	1, 2021]:
37	Chapter 5. Miscellaneous Provisions
38 39	Sec. 1. (a) The state department shall consider the results of an
39 40	abortion clinic inspection when making a determination concerning the renewal of an abortion clinic license.
40 41	(b) The state department may not renew the license of an
42	abortion clinic until any noncompliance discovered during the
T4	assition that and 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 be consistent with applicable administrative state department provisions concerning patient file inspections.

9 (b) An abortion clinic's failure to comply with IC 16-34-2-1.1(d)
10 shall constitute an inspection violation for purposes of section 1(b)
11 of this chapter.

SECTION 9. IC 25-1-9.5-0.5 IS ADDED TO THE INDIANA
CODE AS A NEW SECTION TO READ AS FOLLOWS
[EFFECTIVE JULY 1, 2021]: Sec. 0.5. Telemedicine may not be
used to provide any abortion, including the writing or filling of a
prescription for any purpose that is intended to result in an
abortion.



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COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1577, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Replace the effective dates in SECTIONS 1 through 9 with "[EFFECTIVE JULY 1, 2021]".

Page 2, line 11, delete "fetus." and insert "fetus by interment in compliance with IC 23-14-54 or cremation through a licensee (as defined in IC 25-15-2-19) and in compliance with IC 23-14-31.".

Page 3, line 3, after "performed;" insert "or".

Page 3, line 4, delete "provider; or" and insert "provider;".

Page 3, delete lines 5 through 6.

Page 3, line 32, strike "nine (9) weeks" and insert "eight (8) weeks".

Page 3, line 35, after "age." insert "A physician must dispense the abortion inducing drug in person and have the pregnant woman consume the drug in the presence of the physician.".

Page 3, line 40, after "form." insert "A physician shall also provide, orally and in writing, along with other applicable information, the following statement: "Some evidence suggests that the effects of an abortion inducing drug can be avoided, ceased, or reversed if the second dose of the abortion inducing drug has not been taken. (Insert applicable abortion inducing drug reversal web site and corresponding hotline number).".

Page 5, line 27, delete "drug. Information provided" and insert "drug that includes the following statement: "Some evidence suggests that mifepristone effects may be avoided, ceased, or reversed if the misoprostol has not been taken." (Insert applicable abortion inducing drug reversal Internet web site and corresponding hotline number).".

Page 5, delete lines 28 through 35.

Page 16, delete lines 9 through 14 and insert "**used to provide any abortion**, **including the writing or filling of a prescription for any purpose that is intended to result in an abortion.**".

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1577 as introduced.)

BARRETT



Committee Vote: yeas 9, nays 3.

