# SENATE BILL No. 208

### DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 16-18-2; IC 16-21; IC 16-31-6.5-2; IC 16-34; IC 16-41-16-1; IC 25-1-9.8-10; IC 25-22.5-8-6; IC 25-36.1-2-1; IC 27-1-46-10; IC 27-2-25-11; IC 27-8-33; IC 27-13-7-7.5; IC 35-41-3-12; IC 35-42.

**Synopsis:** Abortion. Reestablishes the licensure of abortion clinics. Changes statutes concerning when an abortion may be performed. Removes the eight week limitation on the use of an abortion inducing drug. Allows, rather then requires, the revocation of a physician's license for the performance of an abortion in violation of the law.

Effective: Upon passage.

# Yoder

January 9, 2024, read first time and referred to Committee on Health and Provider Services.



### Second Regular Session of the 123rd General Assembly (2024)

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 2023 Regular Session of the General Assembly.

# SENATE BILL No. 208

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 16-18-2-1.3 IS ADDED TO THE INDIANA CODE
2	AS A <b>NEW</b> SECTION TO READ AS FOLLOWS [EFFECTIVE
3	UPON PASSAGE]: Sec. 1.3. (a) "Abortion clinic", for purposes of
4	IC 16-21, IC 16-31-6.5, IC 16-34, and IC 16-41-16, means a health
5	care provider that:
6	(1) performs surgical abortion procedures; or
7	(2) provides an abortion inducing drug for the purpose of
8	inducing an abortion.
9	(b) The term does not include the following:
10	(1) A hospital that is licensed as a hospital under IC 16-21-2.
11	(2) An ambulatory outpatient surgical center that is licensed
12	as an ambulatory outpatient surgical center under IC 16-21-2.
13	(3) A health care provider that provides, prescribes,
14	administers, or dispenses an abortion inducing drug to fewer
15	than five (5) patients per year for the purposes of inducing an
16	abortion.
17	SECTION 2. IC 16-18-2-8.5 IS ADDED TO THE INDIANA CODE



1	AS A <b>NEW</b> SECTION TO READ AS FOLLOWS [EFFECTIVE
2	UPON PASSAGE]: Sec. 8.5. "Affiliate", for purposes of
3	IC 16-21-2-11, means any person who directly or indirectly
4	controls, is controlled by, or is under common control of another
5	person.
6	SECTION 3. IC 16-18-2-14, AS AMENDED BY P.L.179-2022(ss),
7	SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
8	UPON PASSAGE]: Sec. 14. (a) "Ambulatory outpatient surgical
9	center", for purposes of IC 16-21, IC 16-32-5, and IC 16-38-2, means
10	a public or private institution that meets the following conditions:
11	(1) Is established, equipped, and operated primarily for the
12	purpose of performing surgical procedures and services.
13	(2) Is operated under the supervision of at least one (1) licensed
14	physician or under the supervision of the governing board of the
15	hospital if the center is affiliated with a hospital.
16	(3) Permits a surgical procedure to be performed only by a
17	physician, dentist, or podiatrist who meets the following
18	conditions:
19	(A) Is qualified by education and training to perform the
20	surgical procedure.
21	(B) Is legally authorized to perform the procedure.
22	(C) Is privileged to perform surgical procedures in at least one
23	(1) hospital within the county or an Indiana county adjacent to
24	the county in which the ambulatory outpatient surgical center
25	is located.
26	(D) Is admitted to the open staff of the ambulatory outpatient
27	surgical center.
28	(4) Requires that a licensed physician with specialized training or
29	experience in the administration of an anesthetic supervise the
30	administration of the anesthetic to a patient and remain present in
31	the facility during the surgical procedure, except when only a
32	local infiltration anesthetic is administered.
33	(5) Provides at least one (1) operating room and, if anesthetics
34	other than local infiltration anesthetics are administered, at least
35	one (1) postanesthesia recovery room.
36	(6) Is equipped to perform diagnostic x-ray and laboratory
37	examinations required in connection with any surgery performed.
38	(7) Does not provide accommodations for patient stays of longer
39	than twenty-four (24) hours.
40	(8) Provides full-time services of registered and licensed nurses

for the professional care of the patients in the postanesthesia



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recovery room.

1	(9) Has available the necessary equipment and trained personnel
2	to handle foreseeable emergencies such as a defibrillator for
3	cardiac arrest, a tracheotomy set for airway obstructions, and a
4	blood bank or other blood supply.
5	(10) Maintains a written agreement with at least one (1) hospital
6	for immediate acceptance of patients who develop complications
7	or require postoperative confinement.
8	(11) Provides for the periodic review of the center and the center's
9	operations by a committee of at least three (3) licensed physicians
10	having no financial connections with the center.
11	(12) Maintains adequate medical records for each patient.
12	(13) Meets all additional minimum requirements as established by
13	the state department for building and equipment requirements.
14	(14) Meets the rules and other requirements established by the
15	state department for the health, safety, and welfare of the patients.
16	(b) The term does not include a birthing center.
17	(c) "Ambulatory outpatient surgical center", for purposes of
18	IC 16-34, refers to an institution described in subsection (a) and that
19	has a majority ownership by a hospital licensed under IC 16-21.
20	SECTION 4. IC 16-18-2-163, AS AMENDED BY
21	P.L.179-2022(ss), SECTION 4, IS AMENDED TO READ AS
22	FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 163. (a) Except as
23	provided in subsection (c), "health care provider", for purposes of
24	IC 16-21 and IC 16-41, means any of the following:
25	(1) An individual, a partnership, a corporation, a professional
26	corporation, a facility, or an institution licensed or legally
27	authorized by this state to provide health care or professional
28	services as a licensed physician, a psychiatric hospital, a hospital,
29	a health facility, an emergency ambulance service (IC 16-31-3),
30	a dentist, a registered or licensed practical nurse, a midwife, an
31	optometrist, a pharmacist, a podiatrist, a chiropractor, a physical
32	therapist, a respiratory care practitioner, an occupational therapist,
33	a psychologist, a paramedic, an emergency medical technician, an
34	advanced emergency medical technician, an athletic trainer, or a
35	person who is an officer, employee, or agent of the individual,
36	partnership, corporation, professional corporation, facility, or
37	institution acting in the course and scope of the person's
38	employment.
39	(2) A college, university, or junior college that provides health
40	care to a student, a faculty member, or an employee, and the
41	governing board or a person who is an officer, employee, or agent
42	of the college, university, or junior college acting in the course



1	and scope of the person's employment.
2	(3) A blood bank, community mental health center, community
3	intellectual disability center, community health center, or migran
4	health center.
5	(4) A home health agency (as defined in IC 16-27-1-2).
6	(5) A health maintenance organization (as defined in
7	IC 27-13-1-19).
8	(6) A health care organization whose members, shareholders, or
9	partners are health care providers under subdivision (1).
10	(7) A corporation, partnership, or professional corporation no
l 1	otherwise qualified under this subsection that:
12	(A) provides health care as one (1) of the corporation's
13	partnership's, or professional corporation's functions;
14	(B) is organized or registered under state law; and
15	(C) is determined to be eligible for coverage as a health care
16	provider under IC 34-18 for the corporation's, partnership's, or
17	professional corporation's health care function.
18	Coverage for a health care provider qualified under this subdivision is
19	limited to the health care provider's health care functions and does no
20	extend to other causes of action.
21	(b) "Health care provider", for purposes of IC 16-35, has the
22	meaning set forth in subsection (a). However, for purposes of IC 16-35
23 24	the term also includes a health facility (as defined in section 167 of this
24	chapter).
25	(c) "Health care provider", for purposes of IC 16-32-5, IC 16-36-5
26	IC 16-36-6, and IC 16-41-10 means an individual licensed or
27	authorized by this state to provide health care or professional services
28	as:
29	(1) a licensed physician;
30	(2) a registered nurse;
31	(3) a licensed practical nurse;
32	(4) an advanced practice registered nurse;
33	(5) a certified nurse midwife;
34	(6) a paramedic;
35	(7) an emergency medical technician;
36	(8) an advanced emergency medical technician;
37	(9) an emergency medical responder, as defined by section 109.8
38	of this chapter;
39	(10) a licensed dentist;
10	(11) a home health aide, as defined by section 174 of this chapter
<b>1</b> 1	or
12	(12) a licensed physician assistant.



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1 2 3	The term includes an individual who is an employee or agent of a health care provider acting in the course and scope of the individual's employment.
4	(d) "Health care provider", for purposes of IC 16-36-7, has the
5	meaning set forth in IC 16-36-7-12.
6	(e) "Health care provider", for purposes of section 1.3 of this
7	<b>chapter and</b> IC 16-40-4, means any of the following:
8	(1) An individual, a partnership, a corporation, a professional
9	corporation, a facility, or an institution licensed or authorized by
10	the state to provide health care or professional services as a
11	licensed physician, a psychiatric hospital, a hospital, a health
12	facility, an emergency ambulance service (IC 16-31-3), an
13	ambulatory outpatient surgical center, a dentist, an optometrist, a
14	pharmacist, a podiatrist, a chiropractor, a psychologist, or a
15	person who is an officer, employee, or agent of the individual,
16	partnership, corporation, professional corporation, facility, or
17	institution acting in the course and scope of the person's
18	employment.
19	(2) A blood bank, laboratory, community mental health center,
20	community intellectual disability center, community health
21	center, or migrant health center.
22	(3) A home health agency (as defined in IC 16-27-1-2).
23 24	(4) A health maintenance organization (as defined in
24	IC 27-13-1-19).
25	(5) A health care organization whose members, shareholders, or
26	partners are health care providers under subdivision (1).
27	(6) A corporation, partnership, or professional corporation not
28	otherwise specified in this subsection that:
29	(A) provides health care as one (1) of the corporation's,
30	partnership's, or professional corporation's functions;
31	(B) is organized or registered under state law; and
32	(C) is determined to be eligible for coverage as a health care
33	provider under IC 34-18 for the corporation's, partnership's, or
34	professional corporation's health care function.
35	(7) A person that is designated to maintain the records of a person
36	described in subdivisions (1) through (6).

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(f) "Health care provider", for purposes of IC 16-45-4, has the meaning set forth in 47 CFR 54.601(a).

SECTION 5. IC 16-21-1-7, AS AMENDED BY P.L.179-2022(ss),
 SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 UPON PASSAGE]: Sec. 7. The executive board may adopt rules under

UPON PASSAGE]: Sec. 7. The executive board may adopt rules under IC 4-22-2 necessary to protect the health, safety, rights, and welfare of



1	patients, including the following:
2	(1) Rules pertaining to the operation and management of
3	hospitals, ambulatory outpatient surgical centers, abortion
4	clinics, and birthing centers.
5	(2) Rules establishing standards for equipment, facilities, and
6	staffing required for efficient and quality care of patients.
7	SECTION 6. IC 16-21-2-1, AS AMENDED BY P.L.147-2023,
8	SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
9	UPON PASSAGE]: Sec. 1. (a) Except as provided in subsection (b).
10	this chapter applies to all hospitals, rural emergency hospitals,
11	ambulatory outpatient surgical centers, abortion clinics, and birthing
12	centers.
13	(b) This chapter does not apply to a hospital operated by the federal
14	government.
15	(c) This chapter does not affect a statute pertaining to the placement
16	and adoption of children.
17	SECTION 7. IC 16-21-2-2, AS AMENDED BY P.L.147-2023,
18	SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
19	UPON PASSAGE]: Sec. 2. The state department shall license and
20	regulate:
21	(1) hospitals;
22	(2) ambulatory outpatient surgical centers;
23	(3) birthing centers; and
24	(4) rural emergency hospitals; and
25	(5) abortion clinics.
26	SECTION 8. IC 16-21-2-2.5, AS AMENDED BY P.L.179-2022(ss),
27	SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
28	UPON PASSAGE]: Sec. 2.5. (a) The state department shall adopt rules
29	under IC 4-22-2 to do the following concerning birthing centers and
30	other facilities as specified: abortion clinics:
31	(1) Establish minimum license qualifications.
32	(2) Establish the following requirements:
33	(A) Sanitation standards.
34	(B) Staff qualifications.
35	(C) Necessary emergency equipment.
36	(D) Procedures to provide emergency care.
37	(E) Procedures to monitor patients after the administration of
38	anesthesia.
39	(F) Procedures to provide follow-up care for patient
40	complications.
41	(G) Quality assurance standards.
12	(U) Infaction control



1	(I) Provision of informed consent brochures, as described in
2	IC 16-34-2-1.5, to hospitals and ambulatory outpatient surgical
3	centers in English, Spanish, and a third language determined
4	by the state department, inside abortion clinics.
5	(J) Provision of a hotline telephone number that provides
6	assistance for patients who are:
7	(i) coerced into an abortion; or
8	(ii) victims of sex trafficking.
9	(K) Annual training by law enforcement officers on identifying
10	and assisting women who are:
l 1	(i) coerced into an abortion; or
12	(ii) victims of sex trafficking.
13	(3) Prescribe the operating policies, supervision, and maintenance
14	of medical records, including the requirement that all forms that
15	require a patient signature be stored in the patient's medical
16	record.
17	(4) Establish procedures for the issuance, renewal, denial, and
18	revocation of licenses under this chapter. The rules adopted under
19	this subsection must address the following:
20	(A) The form and content of the license.
21	(B) The collection of an annual license fee.
22 23 24 25	(5) Prescribe the procedures and standards for inspections.
23	(6) Prescribe procedures for:
24	(A) implementing a plan of correction to address any
	violations of any provision of this chapter or any rules adopted
26	under this chapter; and
27	(B) implementing a system for the state department to follow
28	if the birthing center or abortion clinic fails to comply with
29	the plan of correction described in clause (A) and disciplinary
30	action is needed.
31	(b) A person who knowingly or intentionally:
32	(1) operates a birthing center or abortion clinic that is not
33	licensed under this chapter; or
34	(2) advertises the operation of a birthing center <b>or abortion clinic</b>
35	that is not licensed under this chapter;
36	commits a Class A misdemeanor.
37	SECTION 9. IC 16-21-2-2.7 IS ADDED TO THE INDIANA CODE
38	AS A <b>NEW</b> SECTION TO READ AS FOLLOWS [EFFECTIVE
39	UPON PASSAGE]: Sec. 2.7. The state department shall inspect an
10	abortion clinic at least one (1) time per calendar year and may
11	conduct a complaint inspection as needed.
12	SECTION 10 IC 16-21-2-10 AS AMENDED BY



1	P.L.179-2022(ss), SECTION 12, IS AMENDED TO READ AS
2	FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 10. A:
3	(1) person;
4	(2) state, county, or local governmental unit; or
5	(3) division, a department, a board, or an agency of a state,
6	county, or local governmental unit;
7	must obtain a license from the state health commissioner under
8	IC 4-21.5-3-5 before establishing, conducting, operating, or
9	maintaining a hospital, an ambulatory outpatient surgical center, an
10	abortion clinic, or a birthing center.
11	SECTION 11. IC 16-21-2-11, AS AMENDED BY P.L.56-2023,
12	SECTION 148, IS AMENDED TO READ AS FOLLOWS
13	[EFFECTIVE UPON PASSAGE]: Sec. 11. (a) An applicant must
14	submit an application for a license on a form prepared by the state
15	department showing that:
16	(1) the applicant is of reputable and responsible character;
17	(2) the applicant is able to comply with the minimum standards
18	for a hospital, an ambulatory outpatient surgical center, an
19	<b>abortion clinic</b> , or a birthing center, and with rules adopted under
20	this chapter; and
21	(3) the applicant has complied with section 15.4 of this chapter.
22	(b) The application must contain the following additional
23	information:
24	(1) The name of the applicant.
25	(2) The type of institution to be operated.
26	(3) The location of the institution.
27	(4) The name of the person to be in charge of the institution.
28	(5) If the applicant is a hospital, the range and types of services to
29	be provided under the general hospital license, including any
30	service that would otherwise require licensure by the state
31	department under the authority of IC 16-19.
32	(6) Other information the state department requires.
33	(c) If the department of state revenue notifies the state department
34	that a person is on the most recent tax warrant list, the state department
35	shall not issue or renew the person's license until:
36	(1) the person provides to the state department a statement from
37	
38	the department of state revenue that the person's tax warrant has
39	been satisfied; or
	(2) the state department receives a notice from the commissioner
40	of the department of state revenue under IC 6-8.1-8-2(k).
41	(d) An application for an abortion clinic license must require the



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applicant to do the following:

1	(1) Disclose whether the applicant, or an owner or affiliate of
2	the applicant, operated an abortion clinic that was closed as
3	a direct result of patient health and safety concerns.
4	(2) Disclose whether a principal or clinic staff member was
5	convicted of a felony.
6	(3) Disclose whether a principal or clinic staff member was
7	ever employed by a facility owned or operated by the
8	applicant that closed as a result of administrative or legal
9	action.
10	(4) Provide copies of:
11	(A) administrative and legal documentation relating to the
12	information required under subdivisions (1) and (2);
13	(B) inspection reports; and
14	(C) violation remediation contracts;
15	if any.
16	SECTION 12. IC 16-21-2-14, AS AMENDED BY P.L.147-2023,
17	SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
18	UPON PASSAGE]: Sec. 14. A license to operate a hospital, an
19	ambulatory outpatient surgical center, a rural emergency hospital, an
20	abortion clinic, or a birthing center:
21	(1) expires:
22	(A) one (1) year after the date of issuance for:
23	(i) an ambulatory outpatient surgical center; and
24	(ii) a birthing center; <b>and</b>
25	(iii) an abortion clinic;
26	(B) beginning May 1, 2020, two (2) years after the date of
27	issuance for a hospital; and
28	(C) beginning January 1, 2023, two (2) years after the date of
29	issuance for a rural emergency hospital;
30	(2) is not assignable or transferable;
31	(3) is issued only for the premises named in the application;
32	(4) must be posted in a conspicuous place in the facility; and
33	(5) may be renewed each year, or every two (2) years for a
34	hospital or rural emergency hospital, upon the payment of a
35	renewal fee at the rate adopted by the state department under
36	IC 4-22-2.
37	SECTION 13. IC 16-21-2-16, AS AMENDED BY
38	P.L.179-2022(ss), SECTION 15, IS AMENDED TO READ AS
39	FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 16. A hospital, an
40	ambulatory outpatient surgical center, an abortion clinic, or a birthing
41	center that provides to a patient notice concerning a third party billing
42	for a service provided to the patient shall ensure that the notice:



- (1) conspicuously states that the notice is not a bill;
- (2) does not include a tear-off portion; and
- (3) is not accompanied by a return mailing envelope.

SECTION 14. IC 16-31-6.5-2, AS AMENDED BY P.L.179-2022(ss), SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 2. This chapter does not apply to the following:

(1) A licensed physician.

- (2) A hospital, an ambulatory outpatient surgical center, **an abortion clinic**, or a birthing center.
- (3) A person providing health care in a hospital, an ambulatory outpatient surgical center, **an abortion clinic**, or a birthing center licensed under IC 16-21.
- (4) A person or entity certified under IC 16-31-3.

SECTION 15. IC 16-34-1-8, AS AMENDED BY P.L.179-2022(ss), SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 8. A qualified health plan (as defined in IC 27-8-33-3) offered under Subtitle D of Title 1 of the federal Patient Protection and Affordable Care Act (P.L. 111-148) may not provide coverage for abortion, unless the abortion is permitted under IC 16-34-2-1. except in the following cases:

- (1) The pregnant woman became pregnant through an act of rape or incest.
- (2) An abortion is necessary to avert the pregnant woman's death or a substantial and irreversible impairment of a major bodily function of the pregnant woman.

SECTION 16. IC 16-34-1-10, AS AMENDED BY P.L.179-2022(ss), SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 10. If the state or an agency of the state has wardship or guardianship of an unemancipated pregnant minor, the state or agency of the state may not consent to an abortion unless the abortion is permitted under IC 16-34-2-1. necessary to avert the unemancipated pregnant minor's death or a substantial and irreversible impairment of a major bodily function of the unemancipated pregnant minor, as determined by the physician who certifies the determination in writing.

SECTION 17. IC 16-34-2-1, AS AMENDED BY P.L.179-2022(ss), SECTION 21, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 1. (a) Abortion shall in all instances be a criminal act, except when performed under the following circumstances:



1	(1) Except as prohibited in IC 16-34-4, before the earlier of
2	viability of the fetus or twenty (20) weeks of postfertilization age
3	of the fetus, if: during the first trimester of pregnancy for
4	reasons based upon the professional, medical judgment of the
5	pregnant woman's physician if:
6	(A) for reasons based upon the professional, medical judgment
7	of the pregnant woman's physician, if either:
8	(i) the abortion is necessary when reasonable medical
9	judgment dictates that performing the abortion is necessary
10	to prevent any serious health risk to the pregnant woman or
11	to save the pregnant woman's life; or
12	(ii) the fetus is diagnosed with a lethal fetal anomaly;
13	(B) (A) the abortion is performed by the physician; in a
14	hospital licensed under IC 16-21 or an ambulatory outpatient
15	surgical center (as defined in IC 16-18-2-14) that has a
16	majority ownership by a hospital licensed under IC 16-21;
17	(C) (B) the woman submitting to the abortion has filed her
18	consent with her physician. However, if in the judgment of the
19	physician the abortion is necessary to preserve the life of the
20	woman, her consent is not required; and
21	(D) (C) the woman submitting to the abortion has filed with
22	her physician the written consent of her parent or legal
23	guardian if required under section 4 of this chapter. and
24	(E) before the abortion, the attending physician shall certify in
25	writing to the hospital or ambulatory outpatient surgical center
26	in which the abortion is to be performed, that:
27	(i) in the attending physician's reasonable medical judgment,
28	performing the abortion is necessary to prevent any serious
29	health risk to the pregnant woman or to save the pregnant
30	woman's life; or
31	(ii) the fetus has been diagnosed with a lethal fetal anomaly.
32	All facts and reasons supporting the certification shall be set
33	forth by the physician in writing and attached to the certificate.
34	However, under this article, an abortion inducing drug may not be
35	dispensed, prescribed, administered, or otherwise given to a
36	pregnant woman after eight (8) weeks of postfertilization age. A
37	physician must dispense the abortion inducing drug in person and
38	have the pregnant woman consume the drug in the presence of the
39	physician. A physician shall examine a pregnant woman in person
40	before prescribing or dispensing an abortion inducing drug. The
41	physician shall provide the pregnant woman with a copy of the
42	manufacturer's instruction sheets and require that the pregnant



1	woman sign the manufacturer's patient agreement form. A
2	physician shall also provide, orally and in writing, along with
3	other discharge information, the following statement: "Some
4	evidence suggests that the effects of Mifepristone may be
5	avoided, ceased, or reversed if the second pill, Misoprostol, has
6	not been taken. Immediately contact the following for more
7	information at (insert applicable abortion inducing drug reversal
8	Internet web site website and corresponding hotline number).".
9	The physician shall retain a copy of the signed patient agreement
10	form, and the signed physician's agreement form required by the
11	manufacturer, in the patient's file. As used in this subdivision, "in
12	person" does not include the use of telehealth or telemedicine
13	services.
14	(2) Except as prohibited by IC 16-34-4, during the first ten (10)
15	after the first trimester of pregnancy and before the earlier of
16	viability of the fetus or twenty (20) weeks of postfertilization
17	age of the fetus, for reasons based upon the professional,
18	medical judgment of the pregnant woman's physician if:
19	(A) the pregnancy is a result of rape or incest;
20	(B) (A) all the circumstances and provisions required for legal
21	abortion set forth in subdivision (1)(C) through (1)(D) (1)
22	during the first trimester are present and adhered to; and
23	(C) (B) the abortion is performed in a hospital or an abortion
24	clinic licensed under IC 16-21. or ambulatory outpatient
25	surgical center (as defined in IC 16-18-2-14) that has a
26	majority ownership by a hospital licensed under IC 16-21; and
27	(D) before the abortion, the attending physician shall certify in
28	writing to the ambulatory outpatient surgical center or hospital
29	in which the abortion is to be performed, after proper
30	examination, the abortion is being performed at the woman's
31	request because the pregnancy is the result of rape or incest.
32	All facts and reasons supporting the certification shall be set
33	forth by the physician in writing and attached to the certificate.
34	(3) Except as provided in subsection (b) or as prohibited by
35	IC 16-34-4, at the earlier of viability of the fetus or twenty (20)
36	weeks of postfertilization age and any time after, for reasons
37	based upon the professional, medical judgment of the pregnant
38	woman's physician if:
39	(A) based on reasonable medical judgment, performing the
40	abortion is necessary to prevent any serious health risk to the
41	pregnant woman or to save the pregnant woman's life;



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(B) (A) all the circumstances and provisions required for legal

1	abortion set forth in subdivision (1)(C) through (1)(D) before
2	the earlier of viability of the fetus or twenty (20) weeks of
3	postfertilization age are present and adhered to;
4	(C) (B) the abortion is performed in a hospital licensed under
5	<del>IC 16-21;</del>
6	(D) the abortion is performed in compliance with section 3 of
7	this chapter; and
8	(E) (C) before the abortion, the attending physician shall
9	certify in writing to the hospital in which the abortion is to be
10	performed, that in the attending physician's reasonable
11	professional, medical judgment, performing after proper
12	examination and review of the woman's history, the
13	abortion is necessary to prevent any serious health risk to the
14	pregnant woman or to save the pregnant woman's life. a
15	substantial permanent impairment of the life or physical
16	health of the pregnant woman. All facts and reasons
17	supporting the certification shall be set forth by the physician
18	in writing and attached to the certificate.
19	(b) A person may not knowingly or intentionally perform a partial
20	birth abortion unless a physician reasonably believes that:
21	(1) performing the partial birth abortion is necessary to save the
22	mother's life; and
23	(2) no other medical procedure is sufficient to save the mother's
24	life.
25	(c) A person may not knowingly or intentionally perform a
26	dismemberment abortion unless reasonable medical judgment dictates
27	that performing the dismemberment abortion is necessary:
28	(1) to prevent any serious health risk to the mother; or
29	(2) to save the mother's life.
30	(d) Telehealth and telemedicine may not be used to provide any
31	abortion, including the writing or filling of a prescription for any
32	purpose that is intended to result in an abortion.
33	SECTION 18. IC 16-34-2-1.1, AS AMENDED BY P.L.56-2023,
34	SECTION 153, IS AMENDED TO READ AS FOLLOWS
35	[EFFECTIVE UPON PASSAGE]: Sec. 1.1. (a) An abortion shall not
36	be performed except with the voluntary and informed consent of the
37	pregnant woman upon whom the abortion is to be performed. Except
38	in the case of a medical emergency, consent to an abortion is voluntary
39	and informed only if the following conditions are met:
40	(1) At least eighteen (18) hours before the abortion and in the
41	private, not group, presence of the pregnant woman, the physician
42	who is to perform the abortion, the referring physician or a



1	physician assistant (as defined in IC 25-27.5-2-10), an advanced
2	practice registered nurse (as defined in IC 25-23-1-1(b)), or a
3	certified nurse midwife (as defined in IC 34-18-2-6.5) to whom
4	the responsibility has been delegated by the physician who is to
5	perform the abortion or the referring physician has informed the
6	pregnant woman orally and in writing of the following:
7	(A) The name of the physician performing the abortion, the
8	physician's medical license number, and an emergency
9	telephone number where the physician or the physician's
10	designee may be contacted on a twenty-four (24) hour a day,
11	seven (7) day a week basis.
12	(B) That follow-up care by the physician or the physician's
13	designee (if the designee is licensed under IC 25-22.5) is
14	available on an appropriate and timely basis when clinically
15	necessary.
16	(C) The nature of the proposed procedure or information
17	concerning the abortion inducing drug that includes the
18	following statement: "Some evidence suggests that effects of
19	Mifespristone Mifepristone may be avoided, ceased, or
20	reversed if the second pill, Misoprostol, has not been taken.
21	Immediately contact the following for more information at
22	(insert applicable abortion inducing drug reversal website and
23	corresponding hotline number).".
24	(D) Objective scientific information of the risks of and
25	alternatives to the procedure or the use of an abortion inducing
26	drug, including:
27	(i) the risk of infection and hemorrhage;
28	(ii) the potential danger to a subsequent pregnancy; and
29	(iii) the potential danger of infertility.
30	(E) That human physical life begins when a human ovum is
31	fertilized by a human sperm.
32	(F) The probable gestational age of the fetus at the time the
33	abortion is to be performed, including:
34	(i) a picture of a fetus;
35	(ii) the dimensions of a fetus; and
36	(iii) relevant information on the potential survival of an
37	unborn fetus;
38	at this stage of development.
39	(G) That objective scientific information shows that a fetus
40	can feel pain at or before twenty (20) weeks of postfertilization
41	age.
42	(H) The medical risks associated with carrying the fetus to



1	term.
2	(I) The availability of fetal ultrasound imaging and
3	auscultation of fetal heart tone services to enable the pregnant
4	woman to view the image and hear the heartbeat of the fetus
5	and how to obtain access to these services.
6	(J) That the pregnancy of a child less than fifteen (15) years of
7	age may constitute child abuse under Indiana law if the act
8	included an adult and must be reported to the department of
9	child services or the local law enforcement agency under
0	IC 31-33-5.
1	(K) That Indiana does not allow a fetus to be aborted solely
2	because of the fetus's race, color, national origin, ancestry, sex,
3	or diagnosis or potential diagnosis of the fetus having Down
4	syndrome or any other disability.
5	(L) That no one has the right to coerce the pregnant woman to
6	have an abortion.
7	(2) At least eighteen (18) hours before the abortion, the pregnant
8	woman will be informed orally and in writing of the following:
9	(A) That medical assistance benefits may be available for
20	prenatal care, childbirth, and neonatal care from the county
21	office of the division of family resources.
	(B) That the father of the unborn fetus is legally required to
22 23 24	assist in the support of the child. In the case of rape, the
.4	information required under this clause may be omitted.
25	(C) That adoption alternatives are available and that adoptive
26	parents may legally pay the costs of prenatal care, childbirth,
.7	and neonatal care.
28	(D) That there are physical risks to the pregnant woman in
.9	having an abortion, both during the abortion procedure and
0	after.
1	(E) That Indiana has enacted the safe haven law under
2	IC 31-34-2.5.
3	(F) The:
4	(i) website address of the state department's website; and
5	(ii) description of the information that will be provided on
66	the website and that is;
7	described in section 1.5 of this chapter.
8	(G) For the facility in which the abortion is to be performed,
9	an emergency telephone number that is available and
.0	answered on a twenty-four (24) hour a day, seven (7) day a
-1	week basis.
-2	(H) On a form developed by the state department and as
	· · ·



1	described in IC 16-34-3, that the pregnant woman has a right
2	to determine the final disposition of the remains of the aborted
3	fetus.
4	(I) On a form developed by the state department, that the
5	pregnant woman has a right, after a surgical abortion, to:
6	(i) dispose of the remains of the aborted fetus by interment
7	in compliance with IC 23-14-54, or cremation through a
8	licensee (as defined in IC 25-15-2-19) and in compliance
9	with IC 23-14-31; or
10	(ii) have the health care facility or abortion clinic dispose
11	of the remains of the aborted fetus by interment in
12	compliance with IC 23-14-54, or cremation through a
13	licensee (as defined in IC 25-15-2-19) and in compliance
14	with IC 23-14-31, and ask which method of disposition will
15	be used by the health care facility or abortion clinic.
16	(J) On a form developed by the state department:
17	(i) that a pregnant woman, after an abortion induced by an
18	abortion inducing drug, will expel an aborted fetus; and
19	(ii) the disposition policy of the health care facility or
20	abortion clinic concerning the disposition of the aborted
21	fetus. The disposition policy must allow the pregnant
22	woman to return the aborted fetus to the health care facility
23	or abortion clinic for disposition by interment in
24	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.
27	(K) On a form developed by the state department, information
28	concerning any counseling that is available to a pregnant
29	woman after having an abortion.
30	The state department shall develop and distribute the forms
31	required by clauses (H) through (K).
32	(3) The pregnant woman certifies in writing, on a form developed
33	by the state department, before the abortion is performed, that:
34	(A) the information required by subdivisions (1) and (2) has
35	been provided to the pregnant woman;
36	(B) the pregnant woman has been offered by the provider the
37	opportunity to view the fetal ultrasound imaging and hear the
38	auscultation of the fetal heart tone if the fetal heart tone is
39	audible and that the woman has:
40	(i) viewed or refused to view the offered fetal ultrasound
41	imaging; and
42	(ii) listened to or refused to listen to the offered auscultation
	* *



1	of the fetal heart tone if the fetal heart tone is audible; and
2	(C) the pregnant woman has been given a written copy of the
3	printed materials described in section 1.5 of this chapter.
4	(4) At least eighteen (18) hours before the abortion and in the
5	presence of the pregnant woman, the physician who is to perform
6	the abortion, the referring physician or a physician assistant (as
7	defined in IC 25-27.5-2-10), an advanced practice registered
8	nurse (as defined in IC 25-23-1-1(b)), or a certified nurse midwife
9	(as defined in IC 34-18-2-6.5) to whom the responsibility has
10	been delegated by the physician who is to perform the abortion or
11	the referring physician has provided the pregnant woman with a
12	color copy of the informed consent brochure described in section
13	1.5 of this chapter by printing the informed consent brochure from
14	the state department's website and including the following
15	information on the back cover of the brochure:
16	(A) The name of the physician performing the abortion and the
17	physician's medical license number.
18	(B) An emergency telephone number where the physician or
19	the physician's designee may be contacted twenty-four (24)
20	hours a day, seven (7) days a week.
21	(C) A statement that follow-up care by the physician or the
22	physician's designee who is licensed under IC 25-22.5 is
23	available on an appropriate and timely basis when clinically
24	necessary.
25	(5) At least eighteen (18) hours before an abortion is performed
26	and at the same time that the pregnant woman receives the
27	information required by subdivision (1), the provider shall
28	perform, and the pregnant woman shall view, the fetal ultrasound
29	imaging and hear the auscultation of the fetal heart tone if the
30	fetal heart tone is audible unless the pregnant woman certifies in
31	writing, on a form developed by the state department, before the
32	abortion is performed, that the pregnant woman:
33	(A) does not want to view the fetal ultrasound imaging; and
34	(B) does not want to listen to the auscultation of the fetal heart
35	tone if the fetal heart tone is audible.
36	A pregnant woman must be advised, prior to the pregnant
37	woman's decision concerning fetal ultrasound imaging, that an
38	ultrasound image of the fetus will be provided to the pregnant
39	woman to keep at no charge to the pregnant woman if the fetal
40	ultrasound is performed.
41	(6) At least eighteen (18) hours before the abortion, the physician
42	who is to perform the abortion, the referring physician or a



- physician assistant (as defined in IC 25-27.5-2-10), an advanced practice registered nurse (as defined in IC 25-23-1-1(b)), or a certified nurse midwife (as defined in IC 34-18-2-6.5) to whom the responsibility has been delegated by the physician who is to perform the abortion or the referring physician shall, in the private, not group, presence of the pregnant woman, verbally ask the pregnant woman if she is being coerced to have an abortion.
- (b) This subsection applies to a pregnant woman whose unborn child has been diagnosed with a lethal fetal anomaly. The requirements of this subsection are in addition to the other requirements of this section. At least eighteen (18) hours before an abortion is performed on the pregnant woman, the physician who will perform the abortion shall:
  - (1) orally and in person, inform the pregnant woman of the availability of perinatal hospice services; and
  - (2) provide the pregnant woman copies of the perinatal hospice brochure developed by the state department under IC 16-25-4.5-4 and the list of perinatal hospice providers and programs developed under IC 16-25-4.5-5, by printing the perinatal hospice brochure and list of perinatal hospice providers from the state department's website.
- (c) If a pregnant woman described in subsection (b) chooses to have an abortion rather than continuing the pregnancy in perinatal hospice care, the pregnant woman shall certify in writing, on a form developed by the state department under IC 16-25-4.5-6, at least eighteen (18) hours before the abortion is performed, that the pregnant woman has been provided the information described in subsection (b) in the manner required by subsection (b).
- (d) For any abortion performed under this article, the physician who is to perform the abortion, the referring physician or a physician assistant (as defined in IC 25-27.5-2-10), an advanced practice registered nurse (as defined in IC 25-23-1-1(b)), or a certified nurse midwife (as defined in IC 34-18-2-6.5) to whom the responsibility has been delegated by the physician who is to perform the abortion or the referring physician shall include, or ensure the inclusion of, a copy of a pregnant woman's ultrasound report in the pregnant woman's patient file.
- (e) If the physician who is to perform the abortion, the referring physician, a physician assistant (as defined in IC 25-27.5-2-10), an advanced practice registered nurse (as defined in IC 25-23-1-1(b)), or a certified nurse midwife (as defined in IC 34-18-2-6.5) suspects a pregnant woman is being coerced to have an abortion after making the inquiry required under subsection (a)(6), the physician, physician



1 2	assistant, advanced practice registered nurse, or certified nurse midwife shall:
3	(1) inform the pregnant woman that coercing a pregnant woman
4	to have an abortion is illegal;
5	(2) inform the pregnant woman that a demand by the father to
6	have an abortion does not relieve him of financial support
7	responsibilities; and
8	(3) provide the pregnant woman with:
9	(A) information about:
10	(i) assistance;
11	(ii) counseling; and
12	(iii) protective services offered by social programs and local
13	or state law enforcement agencies;
14	(B) access to a telephone if she needs to make a private
15	telephone call; and
16	(C) access to an alternate exit from the health care facility.
17	(f) Except as provided in subsection (g), if a physician, physician
18	assistant (as defined in IC 25-27.5-2-10), advanced practice registered
19	nurse (as defined in IC 25-23-1-1(b)), or certified nurse midwife (as
20	defined in IC 34-18-2-6.5) has specific and credible information that
21	a pregnant woman is being coerced into having an abortion, then an
22	abortion may not be provided to the pregnant woman during the
23	twenty-four (24) hour period after the physician, physician assistant (as
24	defined in IC 25-27.5-2-10), advanced practice registered nurse (as
25	defined in IC 25-23-1-1(b)), or certified nurse midwife (as defined in
26	IC 34-18-2-6.5) makes a report under IC 16-34-6-6(b).
27	(g) The twenty-four (24) hour period described in subsection (f) may
28	be waived if a physician, in the physician's best medical judgment,
29	determines that an abortion is necessary to prevent the death of the
30	pregnant woman or to prevent substantial and irreversible injury to a
31	major bodily function of the pregnant woman.
32	SECTION 19. IC 16-34-2-3, AS AMENDED BY P.L.179-2022(ss),
33	SECTION 23, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
34	UPON PASSAGE]: Sec. 3. (a) All abortions performed on and after the
35	earlier of the time a fetus is viable or the time the postfertilization age
36	of the fetus is at least twenty (20) weeks shall be:
37	(1) governed by section + 1(a)(3) and 1(b) of this chapter;
38	(2) performed in a hospital having premature birth intensive care
39	units, unless compliance with this requirement would result in an
40	increased risk to the life or health of the mother; and
41	(3) performed in the presence of a second physician as provided



in subsection (b).

- (b) An abortion may be performed after the earlier of the time a fetus is viable or the time the postfertilization age of the fetus is at least twenty (20) weeks only if there is in attendance a physician, other than the physician performing the abortion, who shall take control of and provide immediate care for a child born alive as a result of the abortion. During the performance of the abortion, the physician performing the abortion, and after the abortion, the physician required by this subsection to be in attendance, shall take all reasonable steps in keeping with good medical practice, consistent with the procedure used, to preserve the life and health of the viable unborn child. However, this subsection does not apply if compliance would result in an increased risk to the life or health of the mother.
- (c) Any fetus born alive shall be treated as a person under the law, and a birth certificate shall be issued certifying the child's birth even though the child may subsequently die, in which event a death certificate shall be issued. Failure to take all reasonable steps, in keeping with good medical practice, to preserve the life and health of the live born person shall subject the responsible persons to Indiana laws governing homicide, manslaughter, and civil liability for wrongful death and medical malpractice.
- (d) If, before the abortion, the mother, and if married, her husband, has or have stated in writing that she does or they do not wish to keep the child in the event that the abortion results in a live birth, and this writing is not retracted before the abortion, the child, if born alive, shall immediately upon birth become a ward of the department of child services.
- SECTION 20. IC 16-34-2-4.5, AS AMENDED BY P.L.179-2022(ss), SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 4.5. (a) A physician may not perform an abortion including an abortion using an abortion inducing drug, unless the physician:
  - (1) has admitting privileges in writing at a hospital located in the county where abortions are provided or in a contiguous county; or (2) has entered into a written agreement with a physician who has written admitting privileges at a hospital in the county or contiguous county concerning the management of possible complications of the services provided.
- A written agreement described in subdivision (2) must be renewed annually.
- (b) A physician who performs an abortion including an abortion using an abortion inducing drug, shall notify the patient of the location of the hospital at which the physician or a physician with whom the



1	physician has entered into an agreement under subsection (a)(2) has
2	admitting privileges and where the patient may receive follow-up care
3	by the physician if complications arise.
4	(c) A hospital or ambulatory outpatient surgical center in which
5	abortions are performed An abortion clinic shall:
6	(1) keep at the hospital or ambulatory outpatient surgical center
7	abortion clinic a copy of the admitting privileges of a physician
8	described in subsection (a)(1) and (a)(2); who is performing
9	abortions at the hospital or ambulatory outpatient surgical center;
10	and
11	(2) submit a copy of the admitting privileges described in
12	subdivision (1) to the state department as part of the abortion
13	clinic's licensure. The state department shall verify the validity
14	of the admitting privileges document. The state department shall
15	remove any identifying information from the admitting privileges
16	document before releasing the document under IC 5-14-3.
17	(d) The state department shall annually submit a copy of the
18	admitting privileges described in subsection (a)(1) and a copy of the
19	written agreement described in subsection (a)(2) to:
20	(1) each hospital located in the county in which the hospital
21	granting the admitting privileges described in subsection (a) is
22	located; and
23	(2) each hospital located in a county that is contiguous to the
24	county described in subdivision (1);
25	where abortions are performed.
26	(e) The state department shall confirm to a member of the public,
27	upon request, that the admitting privileges required to be submitted
28	under this section for a hospital or ambulatory outpatient surgical
29	center an abortion clinic have been received by the state department.
30	(f) Notwithstanding IC 5-14-3-6 and IC 5-14-3-6.5, this section only
31	allows for the redaction of information that is described in subsection
32	(c). This section does not allow the state department to limit the
33	disclosure of information in other public documents.
34	SECTION 21. IC 16-34-2-4.7, AS AMENDED BY
35	P.L.179-2022(ss), SECTION 26, IS AMENDED TO READ AS
36	FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 4.7. (a) As used in
37	this section, "abortion complication" means only the following physical
38	or psychological conditions arising from the induction or performance
39	of an abortion:
40	(1) Uterine perforation.
41	(2) Cervical laceration.



(3) Infection.

1	(4) Vaginal bleeding that qualifies as a Grade 2 or higher adverse
2	event according to the Common Terminology Criteria for Adverse
3	Events (CTCAE).
4	(5) Pulmonary embolism.
5	(6) Deep vein thrombosis.
6	(7) Failure to terminate the pregnancy.
7	(8) Incomplete abortion (retained tissue).
8	(9) Pelvic inflammatory disease.
9	(10) Missed ectopic pregnancy.
10	(11) Cardiac arrest.
11	(12) Respiratory arrest.
12	(13) Renal failure.
13	(14) Shock.
14	(15) Amniotic fluid embolism.
15	(16) Coma.
16	(17) Placenta previa in subsequent pregnancies.
17	(18) Pre-term delivery in subsequent pregnancies.
18	(19) Free fluid in the abdomen.
19	(20) Hemolytic reaction due to the administration of
20	ABO-incompatible blood or blood products.
21	(21) Hypoglycemia occurring while the patient is being treated at
22	the hospital or ambulatory outpatient surgical center. an abortion
23	clinic.
24	(22) Allergic reaction to anesthesia or abortion inducing drugs.
25	(23) Psychological complications, including depression, suicidal
26	ideation, anxiety, and sleeping disorders.
27	(24) Death.
28	(25) Any other adverse event as defined by criteria provided in
29	the Food and Drug Administration Safety Information and
30	Adverse Event Reporting Program.
31	(b) The following persons shall report to the state department each
32	case in which the person treated a patient suffering from an abortion
33	complication:
34	(1) A physician licensed under IC 25-22.5.
35	(2) A hospital licensed under IC 16-21.
36	(3) Beginning September 1, 2022, An ambulatory outpatient
37	surgical center licensed under IC 16-21-2. abortion clinic
38	licensed under IC 16-21-2-2.
39	(c) The state department shall develop a process for the submission
40	of a report under this section.
41	(d) A report under this section shall be submitted to the state

department in the manner prescribed by the state department.



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1	(e) The report under this section must include the following
2	information concerning the abortion complication:
3	(1) The date the patient presented for treatment for the abortion
4	complication.
5	(2) The age of the patient.
6	(3) The race of the patient.
7	(4) The county and state of the patient's residence.
8	(5) The type of abortion obtained by the patient.
9	(6) The date of abortion obtained by the patient.
0	(7) The name of the:
1	(A) abortion clinic;
2	(B) medical facility; or
3	(A) (C) hospital; or
4	(B) ambulatory outpatient surgical center;
5	where the patient obtained the abortion.
6	(8) Whether the patient obtained abortion medication via mail
7	order or Internet web site, website, and if so, information
8	identifying the source of the medication.
9	(9) Whether the complication was previously managed by the
0.	abortion provider or the abortion provider's required back-up
1	physician.
22	(10) The name of the medications taken by the patient as part of
23 24	the pharmaceutical abortion regimen, if any.
4	(11) A list of each diagnosed complication.
25 26	(12) A list of each treated complication, with a description of the
	treatment provided.
27	(13) Whether the patient's visit to treat the complications was the
28	original visit or a follow-up visit.
9	(14) The date of each follow-up visit, if any.
0	(15) A list of each complication diagnosed at a follow-up visit, if
1	any.
2	(16) A list of each complication treated at a follow-up visit, if any.
3	(f) On a quarterly basis, Not later than June 30 of each year, the
4	state department shall compile a public report summarizing the
5	information collected under this section. The report must include
6	statistics for the previous calendar quarter, year, with updated
7	information for the most recent calendar quarter. year.
8	(g) The state department shall summarize the aggregate data from
9	the data submitted under this section and submit the data, on or before
0	June 30 of each year, to the United States Centers for Disease Control
-1	and Prevention for its inclusion in the annual Vital Statistics Report.
-2	(h) The state department shall ensure that no identifying information



1	of a pregnant woman is included in the report described in subsection
2	(f).
3	(i) This subsection applies after August 31, 2020. Each failure to
4	report an abortion complication as required under this section is a Class
5	B misdemeanor.
6	(j) The state department shall adopt rules under IC 4-22-2 to
7	implement this section.
8	SECTION 22. IC 16-34-2-5, AS AMENDED BY P.L.56-2023,
9	SECTION 154, IS AMENDED TO READ AS FOLLOWS
10	[EFFECTIVE UPON PASSAGE]: Sec. 5. (a) Every health care
11	provider who performs a surgical abortion or provides, prescribes,
12	administers, or dispenses an abortion inducing drug for the purposes of
13	inducing an abortion shall report the performance of the abortion or the
14	provision, prescribing, administration, or dispensing of an abortion
15	inducing drug on a form drafted by the state department, the purpose
16	and function of which shall be the improvement of maternal health and
17	life through the compilation of relevant maternal life and health factors
18	and data, and a further purpose and function shall be to monitor all
19	abortions performed in Indiana to assure the abortions are done only
20	under the authorized provisions of the law. For each abortion
21	performed and abortion inducing drug provided, prescribed,
22	administered, or dispensed, the report shall include, among other
23	things, the following:
24	(1) The age of the patient.
25	(2) Whether a waiver of consent under section 4 of this chapter
26	was obtained.
27	(3) Whether a waiver of notification under section 4 of this
28	chapter was obtained.
29	(4) The date and location, including the facility name and city or
30	town, where the:
31	(A) pregnant woman:
32	(i) provided consent; and
33	(ii) received all information;
34	required under section 1.1 of this chapter; and
35	(B) abortion was performed or the abortion inducing drug was
36	provided, prescribed, administered, or dispensed.
37	(5) The health care provider's full name and address, including the
38	name of the physicians performing the abortion or providing,
39	prescribing, administering, or dispensing the abortion inducing



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drug.

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occurred.

(6) The city and county where the pregnancy termination

1	(7) The age of the father, or the approximate age of the father if
2	the father's age is unknown.
2 3	(8) The patient's county and state of residence.
4	(9) The marital status of the patient.
5	(10) The educational level of the patient.
6	(11) The race of the patient.
7	(12) The ethnicity of the patient.
8	(13) The number of the patient's previous live births.
9	(14) The number of the patient's deceased children.
10	(15) The number of the patient's spontaneous pregnancy
11	terminations.
12	(16) The number of the patient's previous induced terminations.
13	(17) The date of the patient's last menses.
14	(18) The physician's determination of the gestation of the fetus in
15	weeks.
16	(19) The reason for the abortion.
17	(20) (19) Whether the patient indicated that the patient was
18	seeking an abortion as a result of being:
19	(A) abused;
20	(B) coerced;
21	(C) harassed; or
22	(D) trafficked.
23	(21) (20) The following information concerning the abortion or
24	the provision, prescribing, administration, or dispensing of the
25	abortion inducing drug:
26	(A) The postfertilization age of the fetus (in weeks).
27	(B) The manner in which the postfertilization age was
28	determined.
29	(C) The gender of the fetus, if detectable.
30	(D) Whether the fetus has been diagnosed with or has a
31	potential diagnosis of having Down syndrome or any other
32	disability.
33	(E) If after the earlier of the time the fetus obtains viability or
34	the time the postfertilization age of the fetus is at least twenty
35	(20) weeks, the medical reason for the performance of the
36	abortion or the provision, prescribing, administration, or
37	dispensing of the abortion inducing drug.
38	(22) (21) For a surgical abortion, the medical procedure used for
39	the abortion and, if the fetus <b>was viable or</b> had a postfertilization
40	age of at least twenty (20) weeks:
41	(A) whether the procedure, in the reasonable judgment of the
42	health care provider, gave the fetus the best opportunity to
	insular sare provider, gave the retus the best opportunity to



1	survive;
2	(B) the basis for the determination that the pregnant woman
3	had a condition described in this chapter that required the
4	abortion to avert the death of or serious impairment to the
5	pregnant woman; and
6	(C) the name of the second doctor present, as required under
7	IC 16-34-2-3(a)(3).
8	(23) (22) For a nonsurgical abortion, the precise drugs provided,
9	prescribed, administered, or dispensed, and the means of delivery
10	of the drugs to the patient.
11	(24) (23) For a nonsurgical abortion, that the manufacturer's
12	instructions were provided to the patient and that the patient
13	signed the patient agreement.
14	$\frac{(25)}{(24)}$ For an abortion performed before twenty (20) weeks of
15	postfertilization age of the fetus, the medical indication by
16	diagnosis code for the fetus and the mother.
17	(26) (25) The mother's obstetrical history, including dates of other
18	abortions, if any.
19	(27) (26) Any preexisting medical conditions of the patient that
20	may complicate the abortion.
21	(28) (27) The results of pathological examinations if performed.
22	(29) (27) The results of pathological examinations if performed.  (29) (28) For a surgical abortion, whether the fetus was delivered
23	alive, and if so, how long the fetus lived.
24	(30) (29) Records of all maternal deaths occurring at the location
25	where the abortion was performed or the abortion inducing drug
26	was provided, prescribed, administered, or dispensed.
27	(31) (30) The date the form was transmitted to the state
28	department and, if applicable, separately to the department of
29	child services.
30	
31	(b) The health care provider shall complete the form provided for in
32	subsection (a) and shall transmit the completed form to the state
33	department, in the manner specified on the form, within thirty (30) days
	after the date of each abortion. However, if an abortion is for a female
34	who is less than sixteen (16) years of age, the health care provider shall
35	transmit the form to the state department and separately to the
36	department of child services within three (3) days after the abortion is
37	performed.
38	(c) The dates supplied on the form may not be redacted for any
39	reason before the form is transmitted as provided in this section.
40	(d) Each failure to complete or timely transmit a form, as required
41	under this section, for each abortion performed or abortion inducing
42	drug that was provided, prescribed, administered, or dispensed, is a



1	Class B misdemeanor.
2	(e) On a quarterly basis, Not later than June 30 of each year, the
3	state department shall compile a public report providing the following:
4	(1) Statistics for the previous calendar quarter year from the
5	information submitted under this section.
6	(2) Statistics for previous calendar years compiled by the state
7	department under this subsection, with updated information for
8	the calendar quarter year that was submitted to the state
9	department after the compilation of the statistics.
10	The state department shall ensure that no identifying information of a
11	pregnant woman is contained in the report.
12	(f) The state department shall:
13	(1) summarize aggregate data from all data submitted under this
14	section; and
15	(2) submit the data, before July 1 of each year, to the United
16	States Centers for Disease Control and Prevention for its inclusion
17	in the annual Vital Statistics Report.
18	SECTION 23. IC 16-34-2-7, AS AMENDED BY P.L.179-2022(ss),
19	SECTION 28, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
20	UPON PASSAGE]: Sec. 7. (a) Except as provided in subsections (b)
21	and (c), a person who knowingly or intentionally performs an abortion
22	prohibited by section 1 of not expressly provided for in this chapter
23	commits a Level 5 felony.
24	(b) A physician who performs an abortion intentionally or
25	knowingly in violation of section $\frac{1(a)(1)(D)}{1(a)(1)(C)}$ or 4 of this
26	chapter commits a Class A misdemeanor.
27	(c) A person who knowingly or intentionally performs an abortion
28	in violation of section 1.1 of this chapter commits a Class A infraction.
29	(d) A woman upon whom a partial birth abortion is performed may
30	not be prosecuted for violating or conspiring to violate section 1(b) of
31	this chapter.
32	(e) A woman upon whom a dismemberment abortion is performed
33	may not be prosecuted for violating or conspiring to violate section 1(c)
34	of this chapter.
35	SECTION 24. IC 16-34-3-2, AS AMENDED BY P.L.179-2022(ss),
36	SECTION 29, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
37	UPON PASSAGE]: Sec. 2. (a) A pregnant woman who has an abortion
38	under this article has the right to have the hospital or ambulatory
39	outpatient surgical center health care facility or abortion clinic
40	dispose of the aborted fetus by interment in compliance with
41	IC 23-14-54, or cremation through a licensee (as defined in
42	IC 25-15-2-19) and in compliance with IC 23-14-31. The pregnant



- woman who selects to have the hospital or ambulatory outpatient surgical center health care facility or abortion clinic dispose of the aborted fetus has the right to ask which method of disposal will be used by the hospital or ambulatory outpatient surgical center. health care facility or abortion clinic.
- (b) After receiving the notification and information required by IC 16-34-2-1.1(a)(2)(H), IC 16-34-2-1.1(a)(2)(I), and IC 16-34-2-1.1(a)(2)(J), the pregnant woman shall inform the hospital or ambulatory outpatient surgical center: health care facility or abortion clinic:
  - (1) in writing; and

- (2) on a form prescribed by the state department; of the pregnant woman's decision for final disposition of the aborted fetus by cremation or interment and, in an abortion induced by an abortion inducing drug, whether the pregnant woman will return the aborted fetus to the hospital or ambulatory outpatient surgical center health care facility or abortion clinic for disposition 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.
- (c) If the pregnant woman is a minor, the hospital or ambulatory outpatient surgical center health care facility or abortion clinic shall obtain parental consent in the disposition of the aborted fetus unless the minor has received a waiver of parental consent under IC 16-34-2-4.
- (d) The hospital or ambulatory outpatient surgical center health care facility or abortion clinic shall document the pregnant woman's decision concerning disposition of the aborted fetus in the pregnant woman's medical record.
- (e) In the case of an abortion induced by an abortion inducing drug, the pregnant woman may return the aborted fetus to the hospital or ambulatory outpatient surgical center health care facility or abortion clinic for disposition 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 25. IC 16-34-3-3, AS AMENDED BY P.L.179-2022(ss), SECTION 30, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 3. If the pregnant woman chooses a location for final disposition other than the location of final disposition that is usual and customary for a hospital or ambulatory outpatient surgical center, health care facility or an abortion clinic, the pregnant woman is responsible for the costs related to the final disposition of the aborted fetus at the chosen location.
- SECTION 26. IC 16-34-3-4, AS AMENDED BY P.L.179-2022(ss),



- SECTION 31, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 4. (a) A hospital or ambulatory outpatient surgical center health care facility or an abortion clinic having possession of an aborted fetus shall provide for the final disposition of the aborted fetus. The burial transit permit requirements of IC 16-37-3 apply to the final disposition of an aborted fetus, which must be interred or cremated. However:
  - (1) a person is not required to designate a name for the aborted fetus on the burial transit permit and the space for a name may remain blank; and
- (2) any information submitted under this section that may be used to identify the pregnant woman is confidential and must be redacted from any public records maintained under IC 16-37-3. Aborted fetuses may be cremated by simultaneous cremation.
- (b) If the hospital or ambulatory outpatient surgical center health care facility or abortion clinic conducts the cremation of aborted fetal remains on site, the hospital or ambulatory outpatient surgical center health care facility or abortion clinic must comply with all state laws concerning the cremation of human remains as prescribed in IC 23-14-31. The hospital or ambulatory outpatient surgical center health care facility or abortion clinic must make the onsite cremation equipment available to the state department for inspection at the time the hospital or ambulatory outpatient surgical center health care facility or abortion clinic is inspected. When the hospital or ambulatory outpatient surgical center health care facility or abortion clinic contracts with a licensed funeral home for the disposal of the aborted fetal remains, the contract must be made available for review by the state department at the time the hospital or ambulatory outpatient surgical center health care facility or abortion clinic is inspected.
- (c) Except in extraordinary circumstances where the required information is unavailable or unknown, a burial transit permit issued under IC 16-37-3 that includes multiple fetal remains must be accompanied by a log prescribed by the state department containing the following information about each fetus included under the burial transit permit:
  - (1) The date of the abortion.
  - (2) Whether the abortion was surgical or induced by an abortion inducing drug.
  - (3) The name of the funeral director licensee who will be retrieving the aborted fetus.
  - (4) In the case of an abortion induced by an abortion inducing



1	drug:
2	(A) whether the pregnant woman will cremate or inter the
3	fetus, or will return the fetus to the hospital or ambulatory
4	outpatient surgical center health care facility or abortion
5	clinic for disposition; and
6	(B) if the pregnant woman returns the fetus to the hospital or
7	ambulatory outpatient surgical center, health care facility or
8	abortion clinic, whether the returned fetus is included in the
9	burial transit permit.
10	The hospital or ambulatory outpatient surgical center health care
11	facility or abortion clinic must keep a copy of the burial transit permit
12	and accompanying log in a permanent file.
13	(d) Each time the fetal remains are transported from one entity to
14	another for disposition, the entity receiving the fetal remains must
15	confirm that the number of fetal remains matches the information
16	contained in the burial transit permit and accompanying log. After final
17	disposition, a copy of the log will be sent back to the hospital or
18	ambulatory outpatient surgical center. health care facility or abortion
19	clinic. The final log will be attached to the original log described in
20	subsection (c) and will be made available for review by the state
21	department at the time of inspection.
22	(e) A hospital or ambulatory outpatient surgical center health care
23	facility or an abortion clinic is responsible for demonstrating to the
24	state department that the hospital or ambulatory outpatient surgical
25	center health care facility or abortion clinic has complied with the
26	protocol provided in this section.
27	(f) A certificate of stillbirth is not required to be issued for an
28	aborted fetus with a gestational age of less than twenty (20) weeks of
29	age.
30	(g) IC 23-14-31-26, IC 23-14-55-2, IC 25-15-9-18, and
31	IC 29-2-19-17 concerning the authorization of disposition of human
32	remains apply to this section.
33	SECTION 27. IC 16-34-4-5, AS AMENDED BY P.L.179-2022(ss),
34	SECTION 32, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
35	UPON PASSAGE]: Sec. 5. (a) A person may not intentionally perform
36	or attempt to perform an abortion allowed under IC 16-34-2 before the
37	earlier of viability of the fetus or twenty (20) weeks of
38	postfertilization age if the person knows that the pregnant woman is
39	seeking a sex selective abortion.
40	(b) A person may not intentionally perform or attempt to perform an
41	abortion allowed under IC 16-34-2 after viability of the fetus or
42	twenty (20) weeks of postfertilization age if the person knows that



the pregnant woman is seeking a sex selective abortion.

(c) This section is severable as specified in IC 1-1-1-8.

SECTION 28. IC 16-34-4-6, AS AMENDED BY P.L.179-2022(ss), SECTION 33, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 6. (a) A person may not intentionally perform or attempt to perform an abortion allowed under IC 16-34-2 before the earlier of viability of the fetus or twenty (20) weeks of postfertilization age if the person knows that the pregnant woman is seeking the abortion solely because the fetus has been diagnosed with Down syndrome or has a potential diagnosis of Down syndrome.

- (b) A person may not intentionally perform or attempt to perform an abortion allowed under IC 16-34-2 after viability of the fetus or twenty (20) weeks of postfertilization age if the person knows that the pregnant woman is seeking the abortion solely because the fetus has been diagnosed with Down syndrome or has a potential diagnosis of Down syndrome.
  - (c) This section is severable as specified in IC 1-1-1-8.

SECTION 29. IC 16-34-4-7, AS AMENDED BY P.L.179-2022(ss), SECTION 34, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 7. (a) A person may not intentionally perform or attempt to perform an abortion allowed under IC 16-34-2 before the earlier of viability of the fetus or twenty (20) weeks of postfertilization age if the person knows that the pregnant woman is seeking the abortion solely because the fetus has been diagnosed with any other disability or has a potential diagnosis of any other disability.

- (b) A person may not intentionally perform or attempt to perform an abortion allowed under IC 16-34-2 after viability of the fetus or twenty (20) weeks of postfertilization age if the person knows that the pregnant woman is seeking the abortion solely because the fetus has been diagnosed with any other disability or has a potential diagnosis of any other disability.
  - (c) This section is severable as specified in IC 1-1-1-8.

SECTION 30. IC 16-34-4-8, AS AMENDED BY P.L.179-2022(ss), SECTION 35, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 8. (a) A person may not intentionally perform or attempt to perform an abortion allowed under IC 16-34-2 before the earlier of viability of the fetus or twenty (20) weeks of postfertilization age if the person knows that the pregnant woman is seeking the abortion solely because of the race, color, national origin, or ancestry of the fetus.

(b) A person may not intentionally perform or attempt to perform an abortion allowed under IC 16-34-2 after viability of the fetus or



1	twenty (20) weeks of postfertilization age if the person knows that
2	the pregnant woman is seeking the abortion solely because of the race
3	color, national origin, or ancestry of the fetus.
4	(c) This section is severable as specified in IC 1-1-1-8.
5	SECTION 31. IC 16-34-5.1 IS ADDED TO THE INDIANA CODI
6	AS A <b>NEW</b> CHAPTER TO READ AS FOLLOWS [EFFECTIVE
7	UPON PASSAGE]:
8	Chapter 5.1. Miscellaneous Provisions
9	Sec. 1. (a) The state department shall consider the results of an
10	abortion clinic inspection when making a determination
11	concerning the renewal of an abortion clinic license.
12	(b) The state department may not renew the license of an
13	abortion clinic until any noncompliance discovered during the
14	course of an inspection is remedied in a manner prescribed by the
15	state department under 410 IAC 26-2-8.
16	Sec. 2. (a) During the course of an abortion clinic's annua
17	inspection, the state department shall randomly select and review
18	patient files to ensure compliance with inspection forn
19	requirements and IC 16-34-2-1.1(d). The number of files selected
20	and reviewed under this subsection must be consistent with
21	applicable administrative state department provisions concerning
21 22	patient file inspections.
23 24	(b) An abortion clinic's failure to comply with IC 16-34-2-1.1(d
24	shall constitute an inspection violation for purposes of section 1(b
25	of this chapter.
26	SECTION 32. IC 16-41-16-1, AS AMENDED BY
27	P.L.179-2022(ss), SECTION 37, IS AMENDED TO READ AS
28	FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 1. (a) This chapte
29	applies to persons and facilities that handle infectious waste, including
30	the following:
31	(1) Hospitals.
32	(2) Ambulatory surgical facilities.
33	(3) Medical laboratories.
34	(4) Diagnostic laboratories.
35	(5) Blood centers.
36	(6) Pharmaceutical companies.
37	(7) Academic research laboratories.
38	(8) Industrial research laboratories.
39	(9) Health facilities.
40	(10) Offices of health care providers.
41	(11) Diet or health care clinics



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(12) Offices of veterinarians.

1	(13) Veterinary hospitals.
2	(14) Emergency medical services providers.
3	(15) Mortuaries.
4	(16) Abortion clinics.
5	(b) Except as provided in sections 2, 4, and 7.5 of this chapter, this
6	chapter does not apply to:
7	(1) home health agencies; or
8	(2) hospice services delivered in the home of a hospice patient.
9	SECTION 33. IC 25-1-9.8-10, AS AMENDED BY
10	P.L.179-2022(ss), SECTION 40, IS AMENDED TO READ AS
11	FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 10. (a) As used in
12	this chapter, "provider facility" means any of the following:
13	(1) A hospital licensed under IC 16-21-2.
14	(2) An ambulatory outpatient surgical center licensed under
15	IC 16-21-2.
16	(3) An abortion clinic licensed under IC 16-21-2.
17	(3) (4) A birthing center licensed under IC 16-21-2.
18	(4) (5) Except for an urgent care facility (as defined by
19	IC 27-1-46-10.5), a facility that provides diagnostic services to
20	the medical profession or the general public.
21	(5) (6) A laboratory where clinical pathology tests are carried out
22	on specimens to obtain information about the health of a patient.
23	(6) (7) A facility where radiologic and electromagnetic images are
24	made to obtain information about the health of a patient.
25	(7) (8) An infusion center that administers intravenous
26	medications.
27	(b) The term does not include the following:
28	(1) A private mental health institution licensed under IC 12-25.
29	(2) A Medicare certified, freestanding rehabilitation hospital.
30	SECTION 34. IC 25-22.5-8-6, AS AMENDED BY P.L.56-2023,
31	SECTION 234, IS AMENDED TO READ AS FOLLOWS
32	[EFFECTIVE UPON PASSAGE]: Sec. 6. (a) As used in this section,
33	"abortion" has the meaning set forth in IC 16-18-2-1.
34	(b) Notwithstanding IC 25-1-9, the board
35	(1) may revoke the license of a physician if, after appropriate
36	notice and an opportunity for a hearing, the attorney general
37	proves by a preponderance of the evidence that the physician:
38	(1) failed to transmit the form to the Indiana department of health
39	as described in IC 16-34-2-5(b); and or
40	(2) shall revoke the license of a physician if, after appropriate
41	notice and an opportunity for a hearing, the attorney general
42	proves by a preponderance of the evidence that the physician



1	performed an abortion in violation of IC 16-34-2-7(a) through
2	IC 16-34-2-7(c) with the intent to avoid the requirements of
3	<del>IC 16-34-2-1.</del> <b>IC 16-34-2.</b>
4	SECTION 35. IC 25-36.1-2-1, AS AMENDED BY
5	P.L.179-2022(ss), SECTION 42, IS AMENDED TO READ AS
6	FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 1. As used in this
7	chapter, "health care facility" means the following:
8	(1) A hospital that is licensed under IC 16-21-2.
9	(2) An ambulatory outpatient surgical center licensed under
10	IC 16-21-2.
11	(3) A birthing center licensed under IC 16-21-2.
12	(4) An abortion clinic licensed under IC 16-21-2.
13	SECTION 36. IC 27-1-46-10, AS AMENDED BY
14	P.L.179-2022(ss), SECTION 43, IS AMENDED TO READ AS
15	FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 10. (a) As used in
16	this chapter, "provider facility" means any of the following:
17	(1) A hospital licensed under IC 16-21-2.
18	(2) An ambulatory outpatient surgical center licensed under
19	IC 16-21-2.
20	(3) An abortion clinic licensed under IC 16-21-2.
21	(3) (4) A birthing center licensed under IC 16-21-2.
22	(4) (5) Except for an urgent care facility, a facility that provides
23	diagnostic services to the medical profession or the general
24	public, including outpatient facilities.
25	(5) (6) A laboratory where clinical pathology tests are carried ou
26	on specimens to obtain information about the health of a patient
27	(6) (7) A facility where radiologic and electromagnetic images are
28	made to obtain information about the health of a patient.
29	(7) (8) An infusion center that administers intravenous
30	medications.
31	(b) The term does not include the following:
32	(1) A private mental health institution licensed under IC 12-25.
33	(2) A Medicare certified, freestanding rehabilitation hospital.
34	SECTION 37. IC 27-2-25-11, AS AMENDED BY
35	P.L.179-2022(ss), SECTION 44, IS AMENDED TO READ AS
36	FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 11. As used in this
37	chapter, "provider facility" means any of the following:
38	(1) A hospital licensed under IC 16-21-2.
39	(2) An ambulatory outpatient surgical center licensed under
40	IC 16-21-2.
41	(3) An abortion clinic licensed under IC 16-21-2.
42	(3) (4) A birthing center licensed under IC 16-21-2.



1	(4) (5) Except for an urgent care facility (as defined by
2	IC 27-1-46-10.5), a facility that provides diagnostic services to
3	the medical profession or the general public.
4	(5) (6) A laboratory where clinical pathology tests are carried out
5	on specimens to obtain information about the health of a patient.
6	(6) (7) A facility where radiologic and electromagnetic images are
7	made to obtain information about the health of a patient.
8	(7) (8) An infusion center that administers intravenous
9	medications.
10	SECTION 38. IC 27-8-33-1, AS AMENDED BY P.L.179-2022(ss),
11	SECTION 45, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
12	UPON PASSAGE]: Sec. 1. As used in this chapter, "abortion" has the
13	meaning set forth in IC 16-18-2-1. means the termination of human
14	pregnancy with an intention other than to produce a live birth or
15	to remove a dead fetus.
16	SECTION 39. IC 27-8-33-4, AS AMENDED BY P.L.179-2022(ss),
17	SECTION 46, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
18	UPON PASSAGE]: Sec. 4. A qualified health plan offered under
19	Subtitle D of Title 1 of the federal Patient Protection and Affordable
20	Care Act may not provide coverage for abortion, except when an
21	abortion is permitted under IC 16-34-2-1. in the following cases:
22	(1) The pregnant woman became pregnant through an act of
23	rape or incest (as defined in IC 16-18-2-306.7).
24	(2) An abortion is necessary to avert the pregnant woman's
25	death or a substantial and irreversible impairment of a major
26	bodily function of the pregnant woman.
27	SECTION 40. IC 27-13-7-7.5, AS AMENDED BY
28	P.L.179-2022(ss), SECTION 47, IS AMENDED TO READ AS
29	FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 7.5. (a) A health
30	maintenance organization that provides coverage for basic health care
31	services and that is entered into, delivered, amended, or renewed after
32	December 31, 2014, under a group contract or an individual contract
33	may not provide coverage for abortion unless the abortion is permitted
34	under IC 16-34-2-1. except in the following cases:
35	(1) The pregnant woman became pregnant through an act of
36	rape or incest (as defined in IC 16-18-2-306.7).
37	(2) An abortion is necessary to avert the pregnant woman's
38	death or a substantial and irreversible impairment of a major
39	bodily function of the pregnant woman.
40	(b) A health maintenance organization that enters into a group
41	contract or an individual contract described in subsection (a) may offer
42	coverage for an abortion permitted under IC 16-34-2-1 through a rider



1	or an endorsement.
2	SECTION 41. IC 35-41-3-12 IS REPEALED [EFFECTIVE UPON
3	PASSAGE]. Sec. 12. (a) It is a defense to any crime involving the death
4	of or injury to a fetus that the defendant was a pregnant woman who
5	committed the unlawful act with the intent to terminate her pregnancy.
6	(b) Except as provided in subsection (c), it is a defense to any crime
7	involving the death of or injury to a fetus that the mother of the fetus
8	requested that the defendant terminate her pregnancy, and that the
9	death or injury to the fetus was the result of the defendant's termination
0	or attempted termination of her pregnancy.
1	(c) Subsection (b) is not a defense to:
2	(1) performing an unlawful abortion under IC 16-34-2-7; or
3	(2) feticide (IC 35-42-1-6).
4	SECTION 42. IC 35-42-1-6, AS AMENDED BY P.L.179-2022(ss),
5	SECTION 49, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
6	UPON PASSAGE]: Sec. 6. (a) This section does not apply to:
7	(1) the pregnant mother whose pregnancy is terminated;
8	(2) a person who in good faith provides medical treatment to a
9	pregnant woman that results in the accidental or unintentional
20	termination of the pregnancy; or
21	(3) a physician licensed under IC 25-22.5 who, upon the request
22	of a pregnant woman, performs a medical procedure to terminate
23	her pregnancy, even if the procedure is not authorized under
24	IC 16-34-2-1.
25	(b) Except as provided in section 6.5 of this chapter, a person
26	who knowingly or intentionally terminates a human pregnancy with an
27	intention other than to produce a live birth or to remove a dead fetus
28	commits feticide, a Level 3 felony.
9	SECTION 43. IC 35-42-1-6.5, AS AMENDED BY
0	P.L.179-2022(ss), SECTION 50, IS AMENDED TO READ AS
1	FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 6.5. (a) The
2	following sections of this chapter do not apply to an abortion performed
3	in compliance with <del>IC 16-34-2:</del> <b>IC 16-34 or IC 35-1-58.5</b> (before its
4	repeal):
5	(1) Section 1 (murder).
6	(2) Section 3 (voluntary manslaughter).
7	(3) Section 4 (involuntary manslaughter).
8	(4) Section 6 (feticide).
9	(b) The following sections of this chapter do not apply to a pregnant
.0	woman who terminates her own pregnancy or kills a fetus that she is
1	carrying:
2	(1) Section 1 (murder).
_	(1) Section 1 (marger).



(2) Section 3 (voluntary manslaughter).
(3) Section 4 (involuntary manslaughter).
(4) Section 6 (feticide).
SECTION 44. [EFFECTIVE UPON PASSAGE] (a) 410 IAC 26
(before being voided by P.L.179-2022(ss), SECTION 51) is
reinstated as if the rule was never voided. The publisher of the
Indiana Administrative Code and Indiana Register shall republish
this article in the Indiana Administrative Code.
(b) 410 IAC 26.5 (before being voided by P.L.179-2022(ss),
SECTION 52) is reinstated as if the rule was never voided. The
publisher of the Indiana Administrative Code and Indiana Register
shall republish this article in the Indiana Administrative Code.
(c) This SECTION expires December 31, 2025.
SECTION 45. An emergency is declared for this act.

