

SENATE BILL No. 217

DIGEST OF INTRODUCED BILL

Citations Affected: IC 4-6-2-1.1; IC 5-10-8.1-9; IC 12-15-35.5-10; IC 16-18-2-1; IC 16-34; IC 16-42-22.5; IC 25-1-9.5-8; IC 27-8-13.4-3; IC 27-13-7-7.6; IC 34-6-2-55; IC 35-46-5-1.5; IC 35-52-16-90.5.

Synopsis: Abortion matters. Prohibits the prescribing or possessing of an abortion inducing drug. Provides for the discipline of a practitioner and a Class A misdemeanor for a violation of the prohibition with a Level 6 felony for subsequent offenses. Establishes a defense to possessing an abortion inducing drug. Prohibits a nonprofit organization in Indiana from providing or offering to provide financial assistance to pay for, offset the cost of, or reimburse the cost of an abortion inducing drug. Gives the attorney general concurrent jurisdiction of actions concerning abortion inducing drugs. Prohibits the state or a political subdivision of the state from assisting an individual in seeking or obtaining an abortion. Allows for the state or a political subdivision to inform an individual of alternatives to an abortion. Requires a woman who is pregnant as a result of rape or incest to provide to her physician an affidavit attesting to the rape or incest before the physician performs the abortion. Prohibits state employee health plans, the state Medicaid program, policies of accident and sickness insurance, and health maintenance contracts from providing coverage for an abortion inducing drug. Makes conforming amendments.

Effective: July 1, 2024.

Young M

January 10, 2024, read first time and referred to Committee on Corrections and Criminal Law.



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. 217

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 4-6-2-1.1, AS AMENDED BY P.L.205-2013,
2 SECTION 54, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2024]: Sec. 1.1. The attorney general has concurrent
4 jurisdiction with the prosecuting attorney in the prosecution of the
5 following:

- 6 (1) Actions in which a person is accused of committing, while a
7 member of an unlawful assembly as defined in IC 35-45-1-1, a
8 homicide (IC 35-42-1).
- 9 (2) Actions in which a person is accused of assisting a criminal
10 (IC 35-44.1-2-5), if the person alleged to have been assisted is a
11 person described in subdivision (1).
- 12 (3) Actions in which a sheriff is accused of any offense that
13 involves a failure to protect the life of a prisoner in the sheriff's
14 custody.
- 15 (4) Actions in which a violation of IC 2-8.2-4-6 (concerning
16 constitutional convention delegates) has occurred.
- 17 (5) **Actions concerning abortion inducing drugs under**



1 **IC 16-42-22.5.**

2 SECTION 2. IC 5-10-8.1-9 IS ADDED TO THE INDIANA CODE
3 AS A **NEW SECTION** TO READ AS FOLLOWS [EFFECTIVE JULY
4 1, 2024]: **Sec. 9. (a) As used in this section, "abortion inducing
5 drug" has the meaning set forth in IC 16-18-2-1.6.**

6 **(b) A health benefit plan shall not provide coverage for the
7 administration of an abortion inducing drug to a covered
8 individual in violation of IC 16-42-22.5.**

9 SECTION 3. IC 12-15-35.5-10 IS ADDED TO THE INDIANA
10 CODE AS A **NEW SECTION** TO READ AS FOLLOWS
11 [EFFECTIVE JULY 1, 2024]: **Sec. 10. The office of the secretary
12 may not reimburse under Medicaid for an abortion inducing drug
13 (as defined in IC 16-18-2-1.6).**

14 SECTION 4. IC 16-18-2-1, AS AMENDED BY P.L.136-2013,
15 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
16 JULY 1, 2024]: Sec. 1. "Abortion" means the termination of human
17 pregnancy with an intention other than to produce a live birth or to
18 remove a dead fetus. The term includes abortions by surgical
19 procedures and by abortion inducing drugs **in violation of
20 IC 16-42-22.5.**

21 SECTION 5. IC 16-34-1-2 IS AMENDED TO READ AS
22 FOLLOWS [EFFECTIVE JULY 1, 2024]: Sec. 2. Neither the state nor
23 any political subdivision of the state may:

24 (1) make a payment from any fund under its control for the
25 performance of an abortion; **or**

26 **(2) assist an individual in seeking or obtaining an abortion;**
27 unless the abortion is necessary to preserve the life of the pregnant
28 woman. **However, the state or a political subdivision of the state
29 may inform an individual of alternatives to an abortion.**

30 SECTION 6. IC 16-34-1-4, AS AMENDED BY P.L.218-2021,
31 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
32 JULY 1, 2024]: Sec. 4. No:

33 (1) physician;

34 (2) nurse;

35 (3) physician assistant;

36 (4) pharmacist;

37 (5) employee or member of the staff of a hospital or other facility
38 in which an abortion may be performed; **or**

39 (6) mental health provider;

40 shall be required to perform an abortion, to prescribe, administer, or
41 dispense an abortion inducing drug **in violation of IC 16-42-22.5**, to
42 provide advice or counsel to a pregnant woman concerning medical



1 procedures resulting in, or intended to result in, an abortion, to assist
 2 or participate in medical procedures resulting in, or intended to result
 3 in an abortion, or to handle or dispose of aborted remains, if that
 4 individual objects to such procedures on ethical, moral, or religious
 5 grounds.

6 SECTION 7. IC 16-34-2-1, AS AMENDED BY P.L.179-2022(ss),
 7 SECTION 21, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 8 JULY 1, 2024]: Sec. 1. (a) Abortion shall in all instances be a criminal
 9 act, except when performed under the following circumstances:

10 (1) Except as prohibited in IC 16-34-4, before the earlier of
 11 viability of the fetus or twenty (20) weeks of postfertilization age
 12 of the fetus, if:

13 (A) for reasons based upon the professional, medical judgment
 14 of the pregnant woman's physician, if either:

15 (i) the abortion is necessary when reasonable medical
 16 judgment dictates that performing the abortion is necessary
 17 to prevent any serious health risk to the pregnant woman or
 18 to save the pregnant woman's life; or

19 (ii) the fetus is diagnosed with a lethal fetal anomaly;

20 (B) the abortion is performed by the physician in a hospital
 21 licensed under IC 16-21 or an ambulatory outpatient surgical
 22 center (as defined in IC 16-18-2-14) that has a majority
 23 ownership by a hospital licensed under IC 16-21;

24 (C) the woman submitting to the abortion has filed her consent
 25 with her physician. However, if in the judgment of the
 26 physician the abortion is necessary to preserve the life of the
 27 woman, her consent is not required;

28 (D) the woman submitting to the abortion has filed with her
 29 physician the written consent of her parent or legal guardian
 30 if required under section 4 of this chapter; and

31 (E) before the abortion, the attending physician shall certify in
 32 writing to the hospital or ambulatory outpatient surgical center
 33 in which the abortion is to be performed, that:

34 (i) in the attending physician's reasonable medical judgment,
 35 performing the abortion is necessary to prevent any serious
 36 health risk to the pregnant woman or to save the pregnant
 37 woman's life; or

38 (ii) the fetus has been diagnosed with a lethal fetal anomaly.

39 All facts and reasons supporting the certification shall be set
 40 forth by the physician in writing and attached to the certificate.

41 However, under this article, an abortion inducing drug may not be
 42 dispensed, prescribed, administered, or otherwise given to a



1 pregnant woman. after eight (8) weeks of postfertilization age. A
 2 physician must dispense the abortion inducing drug in person and
 3 have the pregnant woman consume the drug in the presence of the
 4 physician. A physician shall examine a pregnant woman in person
 5 before prescribing or dispensing an abortion inducing drug. The
 6 physician shall provide the pregnant woman with a copy of the
 7 manufacturer's instruction sheets and require that the pregnant
 8 woman sign the manufacturer's patient agreement form. A
 9 physician shall also provide, orally and in writing, along with
 10 other discharge information, the following statement: "Some
 11 evidence suggests that the effects of Mifepristone may be
 12 avoided, ceased, or reversed if the second pill, Misoprostol, has
 13 not been taken. Immediately contact the following for more
 14 information at (insert applicable abortion inducing drug reversal
 15 Internet web site and corresponding hotline number)." The
 16 physician shall retain a copy of the signed patient agreement
 17 form, and the signed physician's agreement form required by the
 18 manufacturer, in the patient's file. As used in this subdivision, "in
 19 person" does not include the use of telehealth or telemedicine
 20 services.

21 (2) Except as prohibited by IC 16-34-4, during the first ten (10)
 22 weeks of postfertilization age of the fetus, if:

23 (A) the pregnancy is a result of rape or incest;

24 (B) all the circumstances and provisions required for legal
 25 abortion set forth in subdivision (1)(C) ~~through~~ and (1)(D) are
 26 present and adhered to;

27 (C) the abortion is performed in a hospital licensed under
 28 IC 16-21 or ambulatory outpatient surgical center (as defined
 29 in IC 16-18-2-14) that has a majority ownership by a hospital
 30 licensed under IC 16-21; and

31 (D) before the abortion, the attending physician shall certify in
 32 writing to the ambulatory outpatient surgical center or hospital
 33 in which the abortion is to be performed; after proper
 34 examination, the abortion is being performed at the woman's
 35 request because the pregnancy is the result of rape or incest.
 36 All facts and reasons supporting the certification shall be set
 37 forth by the physician in writing and attached to the certificate.
 38 **the pregnant woman provides the physician with an**
 39 **affidavit, signed under penalties of perjury, attesting to the**
 40 **rape or incest. The affidavit provided under this clause is**
 41 **confidential.**

42 (3) Except as provided in subsection (b) or as prohibited by



1 IC 16-34-4, at the earlier of viability of the fetus or twenty (20)
 2 weeks of postfertilization age and any time after, for reasons
 3 based upon the professional, medical judgment of the pregnant
 4 woman's physician if:

5 (A) based on reasonable medical judgment, performing the
 6 abortion is necessary to prevent any serious health risk to the
 7 pregnant woman or to save the pregnant woman's life;

8 (B) all the circumstances and provisions required for legal
 9 abortion set forth in subdivision (1)(C) ~~through~~ and (1)(D) are
 10 present and adhered to;

11 (C) the abortion is performed in a hospital licensed under
 12 IC 16-21;

13 (D) the abortion is performed in compliance with section 3 of
 14 this chapter; and

15 (E) before the abortion, the attending physician shall certify in
 16 writing to the hospital in which the abortion is to be
 17 performed, that in the attending physician's reasonable medical
 18 judgment, performing the abortion is necessary to prevent any
 19 serious health risk to the pregnant woman or to save the
 20 pregnant woman's life. All facts and reasons supporting the
 21 certification shall be set forth by the physician in writing and
 22 attached to the certificate.

23 (b) A person may not knowingly or intentionally perform a partial
 24 birth abortion unless a physician reasonably believes that:

25 (1) performing the partial birth abortion is necessary to save the
 26 mother's life; and

27 (2) no other medical procedure is sufficient to save the mother's
 28 life.

29 (c) A person may not knowingly or intentionally perform a
 30 dismemberment abortion unless reasonable medical judgment dictates
 31 that performing the dismemberment abortion is necessary:

32 (1) to prevent any serious health risk to the mother; or

33 (2) to save the mother's life.

34 (d) Telehealth and telemedicine may not be used to provide any
 35 abortion, including the writing or filling of a prescription for any
 36 purpose that is intended to result in an abortion.

37 SECTION 8. IC 16-34-2-1.1, AS AMENDED BY P.L.56-2023,
 38 SECTION 153, IS AMENDED TO READ AS FOLLOWS
 39 [EFFECTIVE JULY 1, 2024]: Sec. 1.1. (a) An abortion shall not be
 40 performed except with the voluntary and informed consent of the
 41 pregnant woman upon whom the abortion is to be performed. Except
 42 in the case of a medical emergency, consent to an abortion is voluntary



1 and informed only if the following conditions are met:

2 (1) At least eighteen (18) hours before the abortion and in the
 3 private, not group, presence of the pregnant woman, the physician
 4 who is to perform the abortion, the referring physician or a
 5 physician assistant (as defined in IC 25-27.5-2-10), an advanced
 6 practice registered nurse (as defined in IC 25-23-1-1(b)), or a
 7 certified nurse midwife (as defined in IC 34-18-2-6.5) to whom
 8 the responsibility has been delegated by the physician who is to
 9 perform the abortion or the referring physician has informed the
 10 pregnant woman orally and in writing of the following:

11 (A) The name of the physician performing the abortion, the
 12 physician's medical license number, and an emergency
 13 telephone number where the physician or the physician's
 14 designee may be contacted on a twenty-four (24) hour a day,
 15 seven (7) day a week basis.

16 (B) That follow-up care by the physician or the physician's
 17 designee (if the designee is licensed under IC 25-22.5) is
 18 available on an appropriate and timely basis when clinically
 19 necessary.

20 (C) The nature of the proposed procedure. ~~or information~~
 21 ~~concerning the abortion inducing drug that includes the~~
 22 ~~following statement: "Some evidence suggests that effects of~~
 23 ~~Mifepristone may be avoided, ceased, or reversed if the~~
 24 ~~second pill, Misoprostol, has not been taken. Immediately~~
 25 ~~contact the following for more information at (insert~~
 26 ~~applicable abortion inducing drug reversal website and~~
 27 ~~corresponding hotline number)."~~

28 (D) Objective scientific information of the risks of and
 29 alternatives to the procedure, ~~or the use of an abortion~~
 30 ~~inducing drug~~, including:

- 31 (i) the risk of infection and hemorrhage;
- 32 (ii) the potential danger to a subsequent pregnancy; and
- 33 (iii) the potential danger of infertility.

34 (E) That human physical life begins when a human ovum is
 35 fertilized by a human sperm.

36 (F) The probable gestational age of the fetus at the time the
 37 abortion is to be performed, including:

- 38 (i) a picture of a fetus;
- 39 (ii) the dimensions of a fetus; and
- 40 (iii) relevant information on the potential survival of an
 41 unborn fetus;

42 at this stage of development.



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



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



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



1 ultrasound is performed.

2 (6) At least eighteen (18) hours before the abortion, the physician
3 who is to perform the abortion, the referring physician or a
4 physician assistant (as defined in IC 25-27.5-2-10), an advanced
5 practice registered nurse (as defined in IC 25-23-1-1(b)), or a
6 certified nurse midwife (as defined in IC 34-18-2-6.5) to whom
7 the responsibility has been delegated by the physician who is to
8 perform the abortion or the referring physician shall, in the
9 private, not group, presence of the pregnant woman, verbally ask
10 the pregnant woman if she is being coerced to have an abortion.

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

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

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

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

31 (d) For any abortion performed under this article, the physician who
32 is to perform the abortion, the referring physician or a physician
33 assistant (as defined in IC 25-27.5-2-10), an advanced practice
34 registered nurse (as defined in IC 25-23-1-1(b)), or a certified nurse
35 midwife (as defined in IC 34-18-2-6.5) to whom the responsibility has
36 been delegated by the physician who is to perform the abortion or the
37 referring physician shall include, or ensure the inclusion of, a copy of
38 a pregnant woman's ultrasound report in the pregnant woman's patient
39 file.

40 (e) If the physician who is to perform the abortion, the referring
41 physician, a physician assistant (as defined in IC 25-27.5-2-10), an
42 advanced practice registered nurse (as defined in IC 25-23-1-1(b)), or



1 a certified nurse midwife (as defined in IC 34-18-2-6.5) suspects a
 2 pregnant woman is being coerced to have an abortion after making the
 3 inquiry required under subsection (a)(6), the physician, physician
 4 assistant, advanced practice registered nurse, or certified nurse midwife
 5 shall:

6 (1) inform the pregnant woman that coercing a pregnant woman
 7 to have an abortion is illegal;

8 (2) inform the pregnant woman that a demand by the father to
 9 have an abortion does not relieve him of financial support
 10 responsibilities; and

11 (3) provide the pregnant woman with:

12 (A) information about:

13 (i) assistance;

14 (ii) counseling; and

15 (iii) protective services offered by social programs and local
 16 or state law enforcement agencies;

17 (B) access to a telephone if she needs to make a private
 18 telephone call; and

19 (C) access to an alternate exit from the health care facility.

20 (f) Except as provided in subsection (g), if a physician, physician
 21 assistant (as defined in IC 25-27.5-2-10), advanced practice registered
 22 nurse (as defined in IC 25-23-1-1(b)), or certified nurse midwife (as
 23 defined in IC 34-18-2-6.5) has specific and credible information that
 24 a pregnant woman is being coerced into having an abortion, then an
 25 abortion may not be provided to the pregnant woman during the
 26 twenty-four (24) hour period after the physician, physician assistant (as
 27 defined in IC 25-27.5-2-10), advanced practice registered nurse (as
 28 defined in IC 25-23-1-1(b)), or certified nurse midwife (as defined in
 29 IC 34-18-2-6.5) makes a report under IC 16-34-6-6(b).

30 (g) The twenty-four (24) hour period described in subsection (f) may
 31 be waived if a physician, in the physician's best medical judgment,
 32 determines that an abortion is necessary to prevent the death of the
 33 pregnant woman or to prevent substantial and irreversible injury to a
 34 major bodily function of the pregnant woman.

35 SECTION 9. IC 16-34-2-1.5, AS AMENDED BY P.L.170-2021,
 36 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 37 JULY 1, 2024]: Sec. 1.5. (a) The state department shall develop an
 38 informed consent brochure and post the informed consent brochure on
 39 the state department's ~~Internet web site:~~ **website.**

40 (b) The state department shall develop an informed consent
 41 brochure that includes the following:

42 (1) Objective scientific information concerning the probable



- 1 anatomical and physiological characteristics of a fetus every two
 2 (2) weeks of gestational age, including the following:
 3 (A) Realistic pictures in color for each age of the fetus,
 4 including the dimensions of the fetus.
 5 (B) Whether there is any possibility of the fetus surviving
 6 outside the womb.
 7 (2) Objective scientific information concerning the medical risks
 8 associated with each abortion procedure, ~~or the use of an abortion~~
 9 ~~inducing drug~~, including the following:
 10 (A) The risks of infection and hemorrhaging.
 11 (B) The potential danger:
 12 (i) to a subsequent pregnancy; or
 13 (ii) of infertility.
 14 (3) Information concerning the medical risks associated with
 15 carrying the child to term.
 16 (4) Information that medical assistance benefits may be available
 17 for prenatal care, childbirth, and neonatal care.
 18 (5) Information that the biological father is liable for assistance in
 19 support of the child, regardless of whether the biological father
 20 has offered to pay for an abortion.
 21 (6) Information regarding telephone 211 dialing code services for
 22 accessing human services as described in IC 12-13-16, and the
 23 types of services that are available through this service.
 24 (7) Information concerning Indiana's safe haven law under
 25 IC 31-34-2.5-1.
 26 (8) Information that, under certain conditions, a pregnant woman
 27 may relinquish a child who is, or who appears to be, not more
 28 than thirty (30) days of age:
 29 (A) to an emergency medical services provider (as defined in
 30 IC 16-41-10-1); or
 31 (B) in a newborn safety device described in IC 31-34-2.5-1.
 32 (c) In the development of the informed consent brochure described
 33 in this section, the state department shall use information and pictures
 34 that are available at no cost or nominal cost to the state department.
 35 (d) The informed consent brochure must include the requirements
 36 specified in this chapter.
 37 SECTION 10. IC 16-34-2-4.5, AS AMENDED BY
 38 P.L.179-2022(ss), SECTION 25, IS AMENDED TO READ AS
 39 FOLLOWS [EFFECTIVE JULY 1, 2024]: Sec. 4.5. (a) A physician
 40 may not perform an abortion ~~including an abortion using an abortion~~
 41 ~~inducing drug~~, unless the physician:
 42 (1) has admitting privileges in writing at a hospital located in the



1 county where abortions are provided or in a contiguous county; or
 2 (2) has entered into a written agreement with a physician who has
 3 written admitting privileges at a hospital in the county or
 4 contiguous county concerning the management of possible
 5 complications of the services provided.

6 A written agreement described in subdivision (2) must be renewed
 7 annually.

8 (b) A physician who performs an abortion ~~including an abortion~~
 9 ~~using an abortion inducing drug~~, shall notify the patient of the location
 10 of the hospital at which the physician or a physician with whom the
 11 physician has entered into an agreement under subsection (a)(2) has
 12 admitting privileges and where the patient may receive follow-up care
 13 by the physician if complications arise.

14 (c) A hospital or ambulatory outpatient surgical center in which
 15 abortions are performed shall:

16 (1) keep at the hospital or ambulatory outpatient surgical center
 17 a copy of the admitting privileges of a physician described in
 18 subsection (a)(1) and (a)(2) who is performing abortions at the
 19 hospital or ambulatory outpatient surgical center; and

20 (2) submit a copy of the admitting privileges described in
 21 subdivision (1) to the state department. The state department shall
 22 verify the validity of the admitting privileges document. The state
 23 department shall remove any identifying information from the
 24 admitting privileges document before releasing the document
 25 under IC 5-14-3.

26 (d) The state department shall annually submit a copy of the
 27 admitting privileges described in subsection (a)(1) and a copy of the
 28 written agreement described in subsection (a)(2) to:

29 (1) each hospital located in the county in which the hospital
 30 granting the admitting privileges described in subsection (a) is
 31 located; and

32 (2) each hospital located in a county that is contiguous to the
 33 county described in subdivision (1);

34 where abortions are performed.

35 (e) The state department shall confirm to a member of the public,
 36 upon request, that the admitting privileges required to be submitted
 37 under this section for a hospital or ambulatory outpatient surgical
 38 center have been received by the state department.

39 (f) Notwithstanding IC 5-14-3-6 and IC 5-14-3-6.5, this section only
 40 allows for the redaction of information that is described in subsection
 41 (c). This section does not allow the state department to limit the
 42 disclosure of information in other public documents.



1 SECTION 11. IC 16-34-2-4.7, AS AMENDED BY
 2 P.L.179-2022(ss), SECTION 26, IS AMENDED TO READ AS
 3 FOLLOWS [EFFECTIVE JULY 1, 2024]: Sec. 4.7. (a) As used in this
 4 section, "abortion complication" means only the following physical or
 5 psychological conditions arising from the induction or performance of
 6 an abortion:

- 7 (1) Uterine perforation.
- 8 (2) Cervical laceration.
- 9 (3) Infection.
- 10 (4) Vaginal bleeding that qualifies as a Grade 2 or higher adverse
 11 event according to the Common Terminology Criteria for Adverse
 12 Events (CTCAE).
- 13 (5) Pulmonary embolism.
- 14 (6) Deep vein thrombosis.
- 15 (7) Failure to terminate the pregnancy.
- 16 (8) Incomplete abortion (retained tissue).
- 17 (9) Pelvic inflammatory disease.
- 18 (10) Missed ectopic pregnancy.
- 19 (11) Cardiac arrest.
- 20 (12) Respiratory arrest.
- 21 (13) Renal failure.
- 22 (14) Shock.
- 23 (15) Amniotic fluid embolism.
- 24 (16) Coma.
- 25 (17) Placenta previa in subsequent pregnancies.
- 26 (18) Pre-term delivery in subsequent pregnancies.
- 27 (19) Free fluid in the abdomen.
- 28 (20) Hemolytic reaction due to the administration of
 29 ABO-incompatible blood or blood products.
- 30 (21) Hypoglycemia occurring while the patient is being treated at
 31 the hospital or ambulatory outpatient surgical center.
- 32 (22) Allergic reaction to anesthesia. ~~or abortion inducing drugs.~~
- 33 (23) Psychological complications, including depression, suicidal
 34 ideation, anxiety, and sleeping disorders.
- 35 (24) Death.
- 36 (25) Any other adverse event as defined by criteria provided in
 37 the Food and Drug Administration Safety Information and
 38 Adverse Event Reporting Program.

39 (b) The following persons shall report to the state department each
 40 case in which the person treated a patient suffering from an abortion
 41 complication:

- 42 (1) A physician licensed under IC 25-22.5.



- 1 (2) A hospital licensed under IC 16-21.
- 2 (3) Beginning September 1, 2022, an ambulatory outpatient
- 3 surgical center licensed under IC 16-21-2.
- 4 (c) The state department shall develop a process for the submission
- 5 of a report under this section.
- 6 (d) A report under this section shall be submitted to the state
- 7 department in the manner prescribed by the state department.
- 8 (e) The report under this section must include the following
- 9 information concerning the abortion complication:
- 10 (1) The date the patient presented for treatment for the abortion
- 11 complication.
- 12 (2) The age of the patient.
- 13 (3) The race of the patient.
- 14 (4) The county and state of the patient's residence.
- 15 (5) The type of abortion obtained by the patient.
- 16 (6) The date of abortion obtained by the patient.
- 17 (7) The name of the:
- 18 (A) hospital; or
- 19 (B) ambulatory outpatient surgical center;
- 20 where the patient obtained the abortion.
- 21 (8) Whether the patient obtained abortion medication via mail
- 22 order or ~~Internet web site~~, **website**, and if so, information
- 23 identifying the source of the medication.
- 24 (9) Whether the complication was previously managed by the
- 25 abortion provider or the abortion provider's required back-up
- 26 physician.
- 27 (10) The name of the medications taken by the patient as part of
- 28 the pharmaceutical abortion regimen, if any.
- 29 (11) A list of each diagnosed complication.
- 30 (12) A list of each treated complication, with a description of the
- 31 treatment provided.
- 32 (13) Whether the patient's visit to treat the complications was the
- 33 original visit or a follow-up visit.
- 34 (14) The date of each follow-up visit, if any.
- 35 (15) A list of each complication diagnosed at a follow-up visit, if
- 36 any.
- 37 (16) A list of each complication treated at a follow-up visit, if any.
- 38 (f) On a quarterly basis, the state department shall compile a public
- 39 report summarizing the information collected under this section. The
- 40 report must include statistics for the previous calendar quarter, with
- 41 updated information for the most recent calendar quarter.
- 42 (g) The state department shall summarize the aggregate data from



1 the data submitted under this section and submit the data, on or before
2 June 30 of each year, to the United States Centers for Disease Control
3 and Prevention for its inclusion in the annual Vital Statistics Report.

4 (h) The state department shall ensure that no identifying information
5 of a pregnant woman is included in the report described in subsection
6 (f).

7 (i) This subsection applies after August 31, 2020. Each failure to
8 report an abortion complication as required under this section is a Class
9 B misdemeanor.

10 (j) The state department shall adopt rules under IC 4-22-2 to
11 implement this section.

12 SECTION 12. IC 16-34-2-5, AS AMENDED BY P.L.56-2023,
13 SECTION 154, IS AMENDED TO READ AS FOLLOWS
14 [EFFECTIVE JULY 1, 2024]: Sec. 5. (a) Every health care provider
15 who performs a surgical abortion ~~or provides, prescribes, administers,~~
16 ~~or dispenses an abortion inducing drug for the purposes of inducing an~~
17 ~~abortion~~ shall report the performance of the abortion ~~or the provision,~~
18 ~~prescribing, administration, or dispensing of an abortion inducing drug~~
19 on a form drafted by the state department, the purpose and function of
20 which shall be the improvement of maternal health and life through the
21 compilation of relevant maternal life and health factors and data, and
22 a further purpose and function shall be to monitor all abortions
23 performed in Indiana to assure the abortions are done only under the
24 authorized provisions of the law. For each abortion performed, ~~and~~
25 ~~abortion inducing drug provided, prescribed, administered, or~~
26 ~~dispensed,~~ the report shall include, among other things, the following:

27 (1) The age of the patient.

28 (2) Whether a waiver of consent under section 4 of this chapter
29 was obtained.

30 (3) Whether a waiver of notification under section 4 of this
31 chapter was obtained.

32 (4) The date and location, including the facility name and city or
33 town, where the:

34 (A) pregnant woman:

35 (i) provided consent; and

36 (ii) received all information;

37 required under section 1.1 of this chapter; and

38 (B) abortion was performed. ~~or the abortion inducing drug was~~
39 ~~provided, prescribed, administered, or dispensed.~~

40 (5) The health care provider's full name and address, including the
41 name of the physicians performing the abortion. ~~or providing,~~
42 ~~prescribing, administering, or dispensing the abortion inducing~~



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



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



1 under this section, for each abortion performed ~~or abortion inducing~~
 2 ~~drug that was provided, prescribed, administered, or dispensed~~, is a
 3 Class B misdemeanor.

4 (e) On a quarterly basis, the state department shall compile a public
 5 report providing the following:

6 (1) Statistics for the previous calendar quarter from the
 7 information submitted under this section.

8 (2) Statistics for previous calendar years compiled by the state
 9 department under this subsection, with updated information for
 10 the calendar quarter that was submitted to the state department
 11 after the compilation of the statistics.

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

14 (f) The state department shall:

15 (1) summarize aggregate data from all data submitted under this
 16 section; and

17 (2) submit the data, before July 1 of each year, to the United
 18 States Centers for Disease Control and Prevention for its inclusion
 19 in the annual Vital Statistics Report.

20 SECTION 13. IC 16-34-3-2, AS AMENDED BY P.L. 179-2022(ss),
 21 SECTION 29, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 22 JULY 1, 2024]: Sec. 2. (a) A pregnant woman who has an abortion
 23 under this article has the right to have the hospital or ambulatory
 24 outpatient surgical center dispose of the aborted fetus by interment in
 25 compliance with IC 23-14-54, or cremation through a licensee (as
 26 defined in IC 25-15-2-19) and in compliance with IC 23-14-31. The
 27 pregnant woman who selects to have the hospital or ambulatory
 28 outpatient surgical center dispose of the aborted fetus has the right to
 29 ask which method will be used by the hospital or ambulatory outpatient
 30 surgical center.

31 (b) After receiving the notification and information required by
 32 IC 16-34-2-1.1(a)(2)(H) ~~and~~ IC 16-34-2-1.1(a)(2)(I), ~~and~~
 33 ~~IC 16-34-2-1.1(a)(2)(J)~~, the pregnant woman shall inform the hospital
 34 or ambulatory outpatient surgical center:

35 (1) in writing; and

36 (2) on a form prescribed by the state department;

37 of the pregnant woman's decision for final disposition of the aborted
 38 fetus by cremation or interment, ~~and~~, in an abortion induced by an
 39 abortion inducing drug; whether the pregnant woman will return the
 40 aborted fetus to the hospital or ambulatory outpatient surgical center
 41 for disposition by interment in compliance with IC 23-14-54, or
 42 cremation through a licensee (as defined in IC 25-15-2-19) and in



1 compliance with IC 23-14-31.

2 (c) If the pregnant woman is a minor, the hospital or ambulatory
3 outpatient surgical center shall obtain parental consent in the
4 disposition of the aborted fetus unless the minor has received a waiver
5 of parental consent under IC 16-34-2-4.

6 (d) The hospital or ambulatory outpatient surgical center shall
7 document the pregnant woman's decision concerning disposition of the
8 aborted fetus in the pregnant woman's medical record.

9 ~~(e) In the case of an abortion induced by an abortion inducing drug,~~
10 ~~the pregnant woman may return the aborted fetus to the hospital or~~
11 ~~ambulatory outpatient surgical center for disposition by interment in~~
12 ~~compliance with IC 23-14-54, or cremation through a licensee (as~~
13 ~~defined in IC 25-15-2-19) and in compliance with IC 23-14-31.~~

14 SECTION 14. IC 16-34-3-4, AS AMENDED BY P.L.179-2022(ss),
15 SECTION 31, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
16 JULY 1, 2024]: Sec. 4. (a) A hospital or ambulatory outpatient surgical
17 center having possession of an aborted fetus shall provide for the final
18 disposition of the aborted fetus. The burial transit permit requirements
19 of IC 16-37-3 apply to the final disposition of an aborted fetus, which
20 must be interred or cremated. However:

21 (1) a person is not required to designate a name for the aborted
22 fetus on the burial transit permit and the space for a name may
23 remain blank; and

24 (2) any information submitted under this section that may be used
25 to identify the pregnant woman is confidential and must be
26 redacted from any public records maintained under IC 16-37-3.

27 Aborted fetuses may be cremated by simultaneous cremation.

28 (b) If the hospital or ambulatory outpatient surgical center conducts
29 the cremation of aborted fetal remains on site, the hospital or
30 ambulatory outpatient surgical center must comply with all state laws
31 concerning the cremation of human remains as prescribed in
32 IC 23-14-31. The hospital or ambulatory outpatient surgical center
33 must make the onsite cremation equipment available to the state
34 department for inspection at the time the hospital or ambulatory
35 outpatient surgical center is inspected. When the hospital or
36 ambulatory outpatient surgical center contracts with a licensed funeral
37 home for the disposal of the aborted fetal remains, the contract must be
38 made available for review by the state department at the time the
39 hospital or ambulatory outpatient surgical center is inspected.

40 (c) Except in extraordinary circumstances where the required
41 information is unavailable or unknown, a burial transit permit issued
42 under IC 16-37-3 that includes multiple fetal remains must be



1 accompanied by a log prescribed by the state department containing the
 2 following information about each fetus included under the burial transit
 3 permit:

4 (1) The date of the abortion.

5 ~~(2) Whether the abortion was surgical or induced by an abortion~~
 6 ~~inducing drug.~~

7 ~~(3) (2) The name of the funeral director licensee who will be~~
 8 ~~retrieving the aborted fetus.~~

9 ~~(4) In the case of an abortion induced by an abortion inducing~~
 10 ~~drug:~~

11 ~~(A) whether the pregnant woman will cremate or inter the~~
 12 ~~fetus; or will return the fetus to the hospital or ambulatory~~
 13 ~~outpatient surgical center for disposition; and~~

14 ~~(B) if the pregnant woman returns the fetus to the hospital or~~
 15 ~~ambulatory outpatient surgical center; whether the returned~~
 16 ~~fetus is included in the burial transit permit.~~

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

19 (d) Each time the fetal remains are transported from one entity to
 20 another for disposition, the entity receiving the fetal remains must
 21 confirm that the number of fetal remains matches the information
 22 contained in the burial transit permit and accompanying log. After final
 23 disposition, a copy of the log will be sent back to the hospital or
 24 ambulatory outpatient surgical center. The final log will be attached to
 25 the original log described in subsection (c) and will be made available
 26 for review by the state department at the time of inspection.

27 (e) A hospital or ambulatory outpatient surgical center is responsible
 28 for demonstrating to the state department that the hospital or
 29 ambulatory outpatient surgical center has complied with the protocol
 30 provided in this section.

31 (f) A certificate of stillbirth is not required to be issued for an
 32 aborted fetus with a gestational age of less than twenty (20) weeks of
 33 age.

34 (g) IC 23-14-31-26, IC 23-14-55-2, IC 25-15-9-18, and
 35 IC 29-2-19-17 concerning the authorization of disposition of human
 36 remains apply to this section.

37 SECTION 15. IC 16-42-22.5 IS ADDED TO THE INDIANA
 38 CODE AS A NEW CHAPTER TO READ AS FOLLOWS
 39 [EFFECTIVE JULY 1, 2024]:

40 **Chapter 22.5. Drugs: Prohibition on Abortion Inducing Drugs**

41 **Sec. 1. This chapter does not apply to the transport of an**
 42 **abortion inducing drug from a person in another state in**



1 continuous transit through Indiana to a person in another state.

2 **Sec. 2. (a) A person may not prescribe or possess an abortion**
3 **inducing drug.**

4 **(b) It is a defense to a prosecution for a crime under this section**
5 **that the abortion inducing drug was possessed by a pregnant**
6 **woman who intended to use the abortion inducing drug to**
7 **terminate her pregnancy.**

8 **Sec. 3. (a) A practitioner (as defined in IC 25-1-9-2) who violates**
9 **section 2 of this chapter is subject to discipline by the practitioner's**
10 **regulating licensing board.**

11 **(b) The board regulating the practitioner's profession shall,**
12 **after appropriate notice and an opportunity for a hearing, suspend**
13 **the practitioner's license, certificate, permit, or registration for at**
14 **least one (1) year from the date of the hearing.**

15 **Sec. 4. A person who knowingly or intentionally violates section**
16 **2 of this chapter commits a Class A misdemeanor. However, the**
17 **offense is a Level 6 felony if the person has a prior unrelated**
18 **conviction for a violation of section 2 of this chapter.**

19 **Sec. 5. A nonprofit organization that is registered in, operates,**
20 **or provides services in Indiana may not:**

21 **(1) provide financial assistance; or**

22 **(2) offer to provide financial assistance;**

23 **to a person with the intent that the financial assistance be used to**
24 **pay for, offset the cost of, or reimburse the cost of an abortion**
25 **inducing drug.**

26 SECTION 16. IC 25-1-9.5-8, AS AMENDED BY P.L.85-2021,
27 SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
28 JULY 1, 2024]: Sec. 8. (a) A prescriber may issue a prescription to a
29 patient who is receiving services through the use of telehealth if the
30 patient has not been examined previously by the prescriber in person
31 if the following conditions are met:

32 (1) The prescriber has satisfied the applicable standard of care in
33 the treatment of the patient.

34 (2) The issuance of the prescription by the prescriber is within the
35 prescriber's scope of practice and certification.

36 (3) The prescription:

37 (A) meets the requirements of subsection (b); and

38 (B) is not for an opioid. However, an opioid may be prescribed
39 if the opioid is a partial agonist that is used to treat or manage
40 opioid dependence.

41 (4) The prescription is not for an abortion inducing drug (as
42 defined in IC 16-18-2-1.6) **as prohibited by IC 16-42-22.5.**



1 (5) If the prescription is for a medical device, including an
 2 ophthalmic device, the prescriber must use telehealth technology
 3 that is sufficient to allow the provider to make an informed
 4 diagnosis and treatment plan that includes the medical device
 5 being prescribed. However, a prescription for an ophthalmic
 6 device is also subject to the conditions in section 13 of this
 7 chapter.

8 (b) Except as provided in subsection (a), a prescriber may issue a
 9 prescription for a controlled substance (as defined in IC 35-48-1-9) to
 10 a patient who is receiving services through the use of telehealth, even
 11 if the patient has not been examined previously by the prescriber in
 12 person, if the following conditions are met:

13 (1) The prescriber maintains a valid controlled substance
 14 registration under IC 35-48-3.

15 (2) The prescriber meets the conditions set forth in 21 U.S.C. 829
 16 et seq.

17 (3) A practitioner acting in the usual course of the practitioner's
 18 professional practices issues the prescription for a legitimate
 19 medical purpose.

20 (4) The telehealth communication is conducted using an
 21 audiovisual, real time, two-way interactive communication
 22 system.

23 (5) The prescriber complies with the requirements of the
 24 INSPECT program (IC 25-26-24).

25 (6) All other applicable federal and state laws are followed.

26 (c) A prescription for a controlled substance under this section must
 27 be prescribed and dispensed in accordance with IC 25-1-9.3 and
 28 IC 25-26-24.

29 SECTION 17. IC 27-8-13.4-3 IS ADDED TO THE INDIANA
 30 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
 31 [EFFECTIVE JULY 1, 2024]: **Sec. 3. (a) This section applies to an**
 32 **accident and sickness insurance policy that is issued, delivered,**
 33 **amended, or renewed after June 30, 2024.**

34 **(b) As used in this section, "abortion inducing drug" has the**
 35 **meaning set forth in IC 16-18-2-1.6.**

36 **(c) As used in this section, "covered individual" means an**
 37 **individual who is entitled to coverage under an accident and**
 38 **sickness insurance policy.**

39 **(d) An accident and sickness insurance policy shall not provide**
 40 **coverage for the administration of an abortion inducing drug to a**
 41 **covered individual in violation of IC 16-42-22.5.**

42 SECTION 18. IC 27-13-7-7.6 IS ADDED TO THE INDIANA



1 CODE AS A NEW SECTION TO READ AS FOLLOWS
 2 [EFFECTIVE JULY 1, 2024]: **Sec. 7.6. (a) This section applies to an**
 3 **individual contract or a group contract that is entered into,**
 4 **amended, or renewed after June 30, 2024.**

5 (b) As used in this section, "abortion inducing drug" has the
 6 meaning set forth in IC 16-18-2-1.6.

7 (c) As used in this section, "covered individual" means an
 8 individual who is contractually entitled, either directly or
 9 indirectly, to health care services from a health maintenance
 10 organization.

11 (d) An individual contract or group contract shall not provide
 12 for the administration of an abortion inducing drug to a covered
 13 individual in violation of IC 16-42-22.5.

14 SECTION 19. IC 34-6-2-55, AS AMENDED BY P.L.56-2023,
 15 SECTION 307, IS AMENDED TO READ AS FOLLOWS
 16 [EFFECTIVE JULY 1, 2024]: Sec. 55. (a) "Health care services":

17 (1) except as provided in subdivision (2), for purposes of
 18 IC 34-30-13, has the meaning set forth in IC 27-13-1-18(a); and
 19 (2) for purposes of IC 34-30-13-1.2, means only noninvasive
 20 examinations, treatments, and procedures and the following
 21 invasive procedures:

- 22 (A) Routine dental services.
- 23 (B) Injections.
- 24 (C) Suturing of minor lacerations.
- 25 (D) Incisions of boils or superficial abscesses.

26 The term does not include performance of an abortion, including
 27 abortion by surgical means, by use of an abortion inducing drug
 28 **in violation of IC 16-42-22.5**, or by prescribing a controlled
 29 substance or scheduled drug under IC 35-48.

30 (b) "Health care services", for purposes of IC 34-30-13.5, means:

- 31 (1) any services provided by an individual licensed under:
 - 32 (A) IC 25-2.5;
 - 33 (B) IC 25-10;
 - 34 (C) IC 25-13;
 - 35 (D) IC 25-14;
 - 36 (E) IC 25-19;
 - 37 (F) IC 25-22.5;
 - 38 (G) IC 25-23;
 - 39 (H) IC 25-23.5;
 - 40 (I) IC 25-23.6;
 - 41 (J) IC 25-24;
 - 42 (K) IC 25-26;



- 1 (L) IC 25-27;
 2 (M) IC 25-27.5;
 3 (N) IC 25-29;
 4 (O) IC 25-33;
 5 (P) IC 25-34.5; or
 6 (Q) IC 25-35.6;
- 7 (2) services provided as the result of hospitalization, to an
 8 individual admitted to a health facility licensed under IC 16-28,
 9 or to a person residing in a housing with services establishment
 10 (as defined by IC 12-10-15-3);
- 11 (3) services incidental to the furnishing of services described in
 12 ~~subdivisions~~ **subdivision** (1) or (2);
- 13 (4) any services by individuals:
- 14 (A) licensed as paramedics;
 15 (B) certified as advanced emergency medical technicians; or
 16 (C) certified as emergency medical technicians under
 17 IC 16-31;
- 18 (5) any services provided by individuals certified as emergency
 19 medical responders under IC 16-31;
- 20 (6) any services provided by certified health care professionals
 21 who are registered with the Indiana department of health,
 22 including:
- 23 (A) certified nurse aides certified under IC 16-28-1-11;
 24 (B) qualified medication aides certified under IC 16-28-1-11;
 25 and
 26 (C) home health aides registered under rules adopted under
 27 IC 16-27-1-7;
- 28 (7) any services provided by unlicensed health care professionals
 29 who have successfully completed any applicable training required
 30 by the Indiana department of health;
- 31 (8) any services provided by health care volunteers who are
 32 permitted to practice during an event that is declared a disaster
 33 emergency under IC 10-14-3-12 to respond to COVID-19;
- 34 (9) any services provided by individuals with provisional or
 35 temporary licenses who are permitted to practice during an event
 36 that is declared a disaster emergency under IC 10-14-3-12 to
 37 respond to COVID-19; or
- 38 (10) any other services or goods furnished for the purpose of
 39 preventing, alleviating, curing, or healing human illness, physical
 40 disability, or injury.

41 SECTION 20. IC 35-46-5-1.5, AS ADDED BY P.L.213-2016,
 42 SECTION 30, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE



1 JULY 1, 2024]: Sec. 1.5. (a) As used in this section, "aborted" means
2 the termination of human pregnancy with an intention other than to
3 produce a live birth or to remove a dead fetus. The term includes
4 abortions by surgical procedures and by abortion inducing drugs **in**
5 **violation of IC 16-42-22.5.**
6 (b) As used in this section, "fetal tissue" includes tissue, organs, or
7 any other part of an aborted fetus.
8 (c) This section does not apply to the proper medical disposal of
9 fetal tissue.
10 (d) A person who intentionally acquires, receives, sells, or transfers
11 fetal tissue commits unlawful transfer of fetal tissue, a Level 5 felony.
12 (e) A person may not alter the timing, method, or procedure used to
13 terminate a pregnancy for the purpose of obtaining or collecting fetal
14 tissue. A person who violates this subsection commits the unlawful
15 collection of fetal tissue, a Level 5 felony.
16 SECTION 21. IC 35-52-16-90.5 IS ADDED TO THE INDIANA
17 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
18 [EFFECTIVE JULY 1, 2024]: **Sec. 90.5. IC 16-42-22.5-4 defines a**
19 **crime concerning abortion inducing drugs.**

