SENATE BILL No. 313

DIGEST OF INTRODUCED BILL

Citations Affected: IC 16-18-2; IC 16-25-4.5; IC 16-34; IC 22-9-1-3; IC 25-1-9-4; IC 25-22.5-8-6.

Synopsis: Abortion matters. Requires the state department of health to develop certain information concerning perinatal hospice care. Requires physicians to provide information about perinatal hospice care to a pregnant woman who is considering an abortion because the unborn child has been diagnosed with a lethal fetal anomaly. Requires documentation as a matter of informed consent to an abortion that the pregnant woman received the required information about perinatal hospice care. Provides that the medical indication by diagnosis code for the fetus and the mother must be reported on the pregnancy termination form for an early pre-viability termination. Prohibits a person from performing an abortion if the person knows that the pregnant woman is seeking the abortion solely because of: (1) the race, color, national origin, ancestry, or sex of the fetus; or (2) a diagnosis or potential diagnosis of the fetus having Down syndrome or any other disability. Provides for: (1) disciplinary sanctions; and (2) civil liability for wrongful death and medical malpractice; if a person knowingly or intentionally performs a sex selective abortion or an abortion conducted because of a diagnosis or potential diagnosis of Down syndrome or any other disability. Provides that the performance of an abortion solely because of the race, color, sex, disability, national origin, or ancestry of the fetus or a violation of certain statutes protecting the right of conscience regarding abortion is a discriminatory practice for purposes of the civil rights law. Provides for disciplinary action and the revocation of a physician's license if the physician is found to have performed an abortion in violation of the informed consent procedures relating to a pregnant woman's decision to have an abortion or the woman's decision to continue a pregnancy through perinatal hospice care after the unborn child is diagnosed with a lethal fetal anomaly.

Effective: July 1, 2016.

2016

Holdman

January 7, 2016, read first time and referred to Committee on Health & Provider Services.



Second Regular Session 119th General Assembly (2016)

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 2015 Regular Session of the General Assembly.

SENATE BILL No. 313

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 16-18-2-18.5 IS ADDED TO THE INDIANA
2	CODE AS A NEW SECTION TO READ AS FOLLOWS
3	[EFFECTIVE JULY 1, 2016]: Sec. 18.5. "Any other disability", for
4	purposes of IC 16-34, has the meaning set forth in IC 16-34-4-1.
5	SECTION 2. IC 16-18-2-100.5 IS ADDED TO THE INDIANA
6	CODE AS A NEW SECTION TO READ AS FOLLOWS
7	[EFFECTIVE JULY 1, 2016]: Sec. 100.5. "Down syndrome", for
8	purposes of IC 16-34, has the meaning set forth in IC 16-34-4-2.
9	SECTION 3. IC 16-18-2-201.5 IS ADDED TO THE INDIANA
10	CODE AS A NEW SECTION TO READ AS FOLLOWS
11	[EFFECTIVE JULY 1, 2016]: Sec. 201.5. "Lethal fetal anomaly", for
12	purposes of IC 16-25-4.5 and IC 16-34, has the meaning set forth
13	in IC 16-25-4.5-3.
14	SECTION 4. IC 16-18-2-273.5 IS ADDED TO THE INDIANA
15	CODE AS A NEW SECTION TO READ AS FOLLOWS
16	[EFFECTIVE JULY 1, 2016]: Sec. 273.5. "Perinatal hospice", for
17	purposes of IC 16-25-4.5 and IC 16-34, has the meaning set forth



1	in IC 16-25-4.5-4.
2	SECTION 5. IC 16-18-2-287.9 IS ADDED TO THE INDIANA
3	CODE AS A NEW SECTION TO READ AS FOLLOWS
4	[EFFECTIVE JULY 1, 2016]: Sec. 287.9. "Potential diagnosis", for
5	purposes of IC 16-34, has the meaning set forth in IC 16-34-4-3.
6	SECTION 6. IC 16-18-2-328.6 IS ADDED TO THE INDIANA
7	CODE AS A NEW SECTION TO READ AS FOLLOWS
8	[EFFECTIVE JULY 1, 2016]: Sec. 328.6. "Sex selective abortion",
9	for purposes of IC 16-34-4, has the meaning set forth in
10	IC 16-34-4-4.
11	SECTION 7. IC 16-25-4.5 IS ADDED TO THE INDIANA CODE
12	AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
13	JULY 1, 2016]:
14	Chapter 4.5. Perinatal Hospice
15	Sec. 1. The general assembly finds the following:
16	(1) As prenatal diagnosis improves, lethal fetal anomalies are
17	increasingly diagnosed earlier in pregnancy.
18	(2) Parents of an unborn child diagnosed with a lethal fetal
19	anomaly are often given only minimal options, such as:
20	(A) terminating the pregnancy; or
21	(B) waiting for the child to die.
22	(3) Only twenty percent (20%) of parents decide to continue
23	the pregnancy after receiving a diagnosis of a lethal fetal
24	anomaly.
25	(4) Studies indicate that choosing to terminate the pregnancy
26	after receiving a diagnosis of a lethal fetal anomaly can pose
27	severe long-term psychological risks for the woman, including
28	the risks of developing posttraumatic stress, depression, and
29	anxiety.
30	(5) Parents who, after receiving a diagnosis of a lethal fetal
31	anomaly, choose to continue pregnancy in the care of a
32	perinatal hospice team report being emotionally and
33	spiritually prepared for the deaths of their children.
34	(6) Studies indicate that at least eighty percent (80%) of the
35	parents who receive a diagnosis of a lethal fetal anomaly and
36	are informed of the availability of perinatal hospice care
37	choose to continue pregnancy.
38	Sec. 2. The purpose of this chapter is to ensure that:
39	(1) women considering abortion after receiving a diagnosis of
40	a lethal fetal anomaly are informed of the availability of
41	perinatal hospice care; and

(2) women choosing abortion after receiving a diagnosis of a



1	lethal fatal anomaly are making a fully informed decision.
2	Sec. 3. As used in this chapter, "lethal fetal anomaly" means a
3	fetal condition diagnosed before birth that, if the pregnancy results
4	in a live birth, will with reasonable certainty result in the death of
5	the child not more than three (3) months after the child's birth.
6	Sec. 4. As used in this chapter, "perinatal hospice" means the
7	provision of comprehensive, supportive care to a pregnant woman
8	and her family beginning with the diagnosis of a lethal fetal
9	anomaly and continuing through the live birth and death of the
10	woman's child as a result of the lethal fetal anomaly. The term
11	includes counseling and medical care provided by maternal-fetal
12	medical specialists, obstetricians, neonatologists, anesthesia
13	specialists, specialty nurses, clergy, and social workers that are
14	focused on alleviating fear and ensuring that the woman and her
15	family experience the life and death of the child in a comfortable
16	and supportive environment.
17	Sec. 5. (a) The state department shall develop a perinatal
18	hospice brochure and post the perinatal hospice brochure on the
19	state department's Internet web site.
20	(b) The perinatal brochure developed under this section must
21	include the following:
22	(1) A description of the health care and other services
23	available from perinatal hospice.
24	(2) Objective scientific information concerning the
25	psychological risks associated with terminating a pregnancy
26	because of the diagnosis of a lethal fetal anomaly.
27	(3) Objective scientific information concerning the outcomes
28	of parents who have received perinatal hospice care.
29	(4) Information that medical assistance benefits may be
30	available for prenatal care, childbirth, and perinatal hospice.
31	(5) Information regarding telephone 211 dialing code services
32	for accessing grief counseling and other human services as
33	described in IC 8-1-19.5, and the types of services that are
34	available through this service.
35	Sec. 6. The state department shall publish the perinatal hospice
36	brochure in English, Spanish, and any other language considered
37	appropriate by the state department.
38	Sec. 7. The state department shall develop and regularly update
39	a list of all perinatal hospice providers in the United States. The
40	state department shall organize the list by state and by region to
41	include out-of-state providers offering perinatal hospice care to

Indiana residents. The state department shall post the list of



42

1	permatar nospice providers on the state department's internet web
2	site.
2 3	Sec. 8. The state department shall develop a form on which a
4	pregnant woman whose unborn child has been diagnosed with a
5	lethal fetal anomaly may certify in writing under IC 16-34-2-1.1(d)
6	that the pregnant woman has:
7	(1) received copies of the perinatal hospice brochure
8	developed under section 5 of this chapter and the list of
9	perinatal hospice providers developed under section 7 of this
0	chapter;
1	(2) decided not to continue the pregnancy through perinatal
2	hospice care; and
3	(3) chosen to have an abortion.
4	Sec. 9. This chapter is severable as specified in IC 1-1-1-8.
5	SECTION 8. IC 16-34-2-1, AS AMENDED BY P.L.136-2013,
6	SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
7	JULY 1, 2016]: Sec. 1. (a) Abortion shall in all instances be a criminal
8	act, except when performed under the following circumstances:
9	(1) Except as prohibited in IC 16-34-4, during the first trimester
0.0	of pregnancy for reasons based upon the professional, medical
21	judgment of the pregnant woman's physician if:
22	(A) the abortion is performed by the physician;
22 23 24	(B) the woman submitting to the abortion has filed her consent
24	with her physician. However, if in the judgment of the
25	physician the abortion is necessary to preserve the life of the
26	woman, her consent is not required; and
27	(C) the woman submitting to the abortion has filed with her
28	physician the written consent of her parent or legal guardian
.9	if required under section 4 of this chapter.
0	However, an abortion inducing drug may not be dispensed,
1	prescribed, administered, or otherwise given to a pregnant woman
2	after nine (9) weeks of postfertilization age unless the Food and
3	Drug Administration has approved the abortion inducing drug to
4	be used for abortions later than nine (9) weeks of postfertilization
5	age. A physician shall examine a pregnant woman in person
6	before prescribing or dispensing an abortion inducing drug. As
7	used in this subdivision, "in person" does not include the use of
8	telehealth or telemedicine services.
9	(2) Except as prohibited by IC 16-34-4, for an abortion
0	performed by a surgical procedure, after the first trimester of
-1	pregnancy and before the earlier of viability of the fetus or twenty
-2	(20) weeks of postfertilization age, for reasons based upon the



2	physician if:
3	(A) all the circumstances and provisions required for legal
4	abortion during the first trimester are present and adhered to;
5	and
6	(B) the abortion is performed in a hospital or ambulatory
7	outpatient surgical center (as defined in IC 16-18-2-14).
8	(3) Except as provided in subsection (b) or as prohibited by
9	IC 16-34-4, and for an abortion performed by a surgical
10	procedure, at the earlier of viability of the fetus or twenty (20)
11	weeks of postfertilization age and any time after, for reasons
12	based upon the professional, medical judgment of the pregnant
13	woman's physician if:
14	(A) all the circumstances and provisions required for legal
15	abortion before the earlier of viability of the fetus or twenty
16	(20) weeks of postfertilization age are present and adhered to;
17	(B) the abortion is performed in compliance with section 3 of
18	this chapter; and
19	(C) before the abortion the attending physician shall certify in
20	writing to the hospital in which the abortion is to be
21	performed, that in the attending physician's professional,
22	medical judgment, after proper examination and review of the
23	woman's history, the abortion is necessary to prevent a
24	substantial permanent impairment of the life or physical health
25	of the pregnant woman. All facts and reasons supporting the
26	certification shall be set forth by the physician in writing and
27	attached to the certificate.
28	(b) A person may not knowingly or intentionally perform a partial
29	birth abortion unless a physician reasonably believes that:
30	(1) performing the partial birth abortion is necessary to save the
31	mother's life; and
32	(2) no other medical procedure is sufficient to save the mother's
33	life.
34	SECTION 9. IC 16-34-2-1.1, AS AMENDED BY P.L.113-2015,
35	SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
36	JULY 1,2016]: Sec. 1.1. (a) An abortion shall not be performed except
37	with the voluntary and informed consent of the pregnant woman upon
38	whom the abortion is to be performed. Except in the case of a medical
39	emergency, consent to an abortion is voluntary and informed only if the
40	following conditions are met:
41	(1) At least eighteen (18) hours before the abortion and in the

presence of the pregnant woman, the physician who is to perform



42

1	the abortion, the referring physician or a physician assistant (as
2	defined in IC 25-27.5-2-10), an advanced practice nurse (as
2 3	defined in IC 25-23-1-1(b)), or a certified nurse midwife (as
4	defined in IC 34-18-2-6.5) to whom the responsibility has been
5	delegated by the physician who is to perform the abortion or the
6	referring physician has informed the pregnant woman orally and
7	in writing of the following:
8	(A) The name of the physician performing the abortion, the
9	physician's medical license number, and an emergency
10	telephone number where the physician or the physician's
11	designee may be contacted on a twenty-four (24) hour a day
12	seven (7) day a week basis.
13	(B) That follow-up care by the physician or the physician's
14	designee (if the designee is licensed under IC 25-22.5) and is
15	available on an appropriate and timely basis when clinically
16	necessary.
17	(C) The nature of the proposed procedure or information
18	concerning the abortion inducing drug.
19	(D) Objective scientific information of the risks of and
20	alternatives to the procedure or the use of an abortion inducing
21	drug, including:
22	(i) the risk of infection and hemorrhage;
23	(ii) the potential danger to a subsequent pregnancy; and
24	(iii) the potential danger of infertility.
25	(E) That human physical life begins when a human ovum is
26	fertilized by a human sperm.
27	(F) The probable gestational age of the fetus at the time the
28	abortion is to be performed, including:
29	(i) a picture of a fetus;
30	(ii) the dimensions of a fetus; and
31	(iii) relevant information on the potential survival of ar
32	unborn fetus;
33	at this stage of development.
34	(G) That objective scientific information shows that a fetus
35	can feel pain at or before twenty (20) weeks of postfertilization
36	age.
37	(H) The medical risks associated with carrying the fetus to
38	term.
39	(I) The availability of fetal ultrasound imaging and
40	auscultation of fetal heart tone services to enable the pregnan
41	woman to view the image and hear the heartbeat of the fetus
42	and how to obtain access to these services.



1	(J) That the pregnancy of a child less than fifteen (15) years of
2	age may constitute child abuse under Indiana law if the act
3	included an adult and must be reported to the department of
4	child services or the local law enforcement agency under
5	IC 31-33-5.
6	(K) That Indiana does not allow a fetus to be aborted solely
7	because of the fetus's race, color, national origin, ancestry
8	sex, or diagnosis or potential diagnosis of the fetus having
9	Down syndrome or any other disability.
10	(2) At least eighteen (18) hours before the abortion, the pregnant
11	woman will be informed orally and in writing of the following:
12	(A) That medical assistance benefits may be available for
13	prenatal care, childbirth, and neonatal care from the county
14	office of the division of family resources.
15	(B) That the father of the unborn fetus is legally required to
16	assist in the support of the child. In the case of rape, the
17	information required under this clause may be omitted.
18	(C) That adoption alternatives are available and that adoptive
19	parents may legally pay the costs of prenatal care, childbirth
20	and neonatal care.
21	(D) That there are physical risks to the pregnant woman in
22	having an abortion, both during the abortion procedure and
23	after.
24	(E) That Indiana has enacted the safe haven law under
25	IC 31-34-2.5.
26	(F) The:
27	(i) Internet web site address of the state department of
28	health's web site; and
29	(ii) description of the information that will be provided on
30	the web site and that are;
31	described in section 1.5 of this chapter.
32	(G) For the facility in which the abortion is to be performed
33	an emergency telephone number that is available and
34	answered on a twenty-four (24) hour a day, seven (7) day a
35	week basis.
36	(H) On a form developed by the state department and as
37	described in IC 16-34-3, that the pregnant woman has a right
38	to determine the final disposition of the remains of the aborted
39	fetus.
40	(I) On a form developed by the state department, information
41	concerning the available options for disposition of the aborted
42	fetus.



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

the pregnant woman shall view, the fetal ultrasound imaging and hear



42

the auscultation of the fetal heart tone if the fetal heart tone is audible unless the pregnant woman certifies in writing, on a form developed by the state department, before the abortion is performed, that the pregnant woman:

- (1) does not want to view the fetal ultrasound imaging; and
- (2) does not want to listen to the auscultation of the fetal heart tone if the fetal heart tone is audible.
- (c) 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 twenty-four (24) hours before an abortion is performed on the pregnant woman, the referring physician or 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 16-25-4.5-5 and the list of perinatal hospice providers developed under IC 16-25-4.5-7, by printing the perinatal hospice brochure and list of perinatal hospice providers from the state department's Internet web site.
- (d) If a pregnant woman described in subsection (c) 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 16-25-4.5-8, before the abortion is performed, that the pregnant woman has:
 - (1) been provided the information described in subsection (c) in the manner required by subsection (c);
 - (2) decided not to continue the pregnancy through perinatal hospice care; and
 - (3) chosen to have an abortion.

SECTION 10. IC 16-34-2-5, AS AMENDED BY P.L.92-2015, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 5. (a) Every health care provider who performs a surgical abortion or provides, prescribes, administers, or dispenses an abortion inducing drug for the purposes of inducing an abortion shall report the performance of the abortion or the provision, prescribing, administration, or dispensing of an abortion inducing drug on a form drafted by the state department, the purpose and function of which shall be the improvement of maternal health and life through the compilation of relevant maternal life and health factors and data, and a further purpose and function shall be to monitor all abortions performed in



1	Indiana to assure the abortions are done only under the authorized
2 3	provisions of the law. For each abortion performed and abortion
4	inducing drug provided, prescribed, administered, or dispensed, the report shall include, among other things, the following:
5	(1) The age of the patient.
6	(2) The date and location the abortion was performed or the
7	abortion inducing drug was provided, prescribed, administered,
8	or dispensed.
9	(3) The health care provider's full name and address, including the
10	name of the physicians performing the abortion or providing,
11	prescribing, administering, or dispensing the abortion inducing
12	drug.
13	(4) The name of the father if known.
14	(5) The age of the father, or the approximate age of the father if
15	the father's age is unknown.
16	(6) The following information concerning the abortion or the
17	provision, prescribing, administration, or dispensing of the
18	abortion inducing drug:
19	(A) The postfertilization age of the fetus.
20	(B) The manner in which the postfertilization age was
21	determined. and,
22	(C) Whether the fetus has been diagnosed with or has a
23	potential diagnosis of having Down syndrome or any other
24	disability.
25	(D) If after the earlier of the time the fetus obtains viability or
26	the time the postfertilization age of the fetus is at least twenty
27	(20) weeks, the medical reason for the performance of the
28	abortion or the provision, prescribing, administration, or
29	dispensing of the abortion inducing drug.
30	(7) For a surgical abortion, the medical procedure used for the
31	abortion and, if the fetus was viable or had a postfertilization age
32	of at least twenty (20) weeks:
33 34	(A) whether the procedure, in the reasonable judgment of the
	health care provider, gave the fetus the best opportunity to
35	survive; and
36 37	(B) the basis for the determination that the pregnant woman
	had a condition described in this chapter that required the
38 39	abortion to avert the death of or serious impairment to the
10	pregnant woman.
+0 11	(8) For a nonsurgical abortion, the precise drugs provided, prescribed, administered, or dispensed, and the means of delivery
r 1	preserioca, auministerea, or dispensea, and the means of derivery

of the drugs to the patient.



1	(7) For an early pre-viability termination, the incure
2	indication by diagnosis code for the fetus and the mother.
3	(9) (10) The mother's obstetrical history, including dates of other
4	abortions, if any.
5	(10) (11) The results of pathological examinations if performed
6	(11) (12) For a surgical abortion, whether the fetus was delivered
7	alive, and if so, how long the fetus lived.
8	(12) (13) Records of all maternal deaths occurring at the location
9	where the abortion was performed or the abortion inducing drug
10	was provided, prescribed, administered, or dispensed.
11	(13) (14) The date the form was transmitted to the state
12	department and, if applicable, separately to the department of
13	child services.
14	(b) The health care provider shall complete the form provided for in
15	subsection (a) and shall transmit the completed form to the state
16	department, in the manner specified on the form, not later than July 30
17	for each abortion occurring in the first six (6) months of that year and
18	not later than January 30 for each abortion occurring in the last six (6
19	months of the preceding year. However, if an abortion is for a female
20	who is less than fourteen (14) years of age, the health care provider
21	shall transmit the form to the state department of health and separately
22	to the department of child services within three (3) days after the
23	abortion is performed.
24	(c) The dates supplied on the form may not be redacted for any
25	reason before the form is transmitted as provided in this section.
26	(d) Each failure to complete or timely transmit a form, as required
27	under this section, for each abortion performed or abortion inducing
28	drug that was provided, prescribed, administered, or dispensed, is a
29	Class B misdemeanor.
30	(e) Not later than June 30 of each year, the state department shal
31	compile a public report providing the following:
32	(1) Statistics for the previous calendar year from the information
33	submitted under this section.
34	(2) Statistics for previous calendar years compiled by the state
35	department under this subsection, with updated information for
36	the calendar year that was submitted to the state department after
37	the compilation of the statistics.
38	The state department shall ensure that no identifying information of a
39	pregnant woman is contained in the report.
40	SECTION 11. IC 16-34-4 IS ADDED TO THE INDIANA CODE
41	AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
42	JULY 1, 2016]:



1	Chapter 4. Sex Selective and Disability Abortion Ban
2	Sec. 1. As used in this chapter, "any other disability" means any
3	disease, defect, or disorder that is genetically inherited. The term
4	includes the following:
5	(1) A physical disability.
6	(2) A mental disability or retardation.
7	(3) A physical disfigurement.
8	(4) Scoliosis.
9	(5) Dwarfism.
10	(6) Down syndrome.
11	(7) Albinism.
12	(8) Amelia.
13	(9) A physical or mental disease.
14	Sec. 2. As used in this chapter, "Down syndrome" means a
15	chromosomal disorder associated with an extra chromosome 21 or
16	an effective trisomy for chromosome 21.
17	Sec. 3. As used in this chapter, "potential diagnosis" refers to
18	the presence of some risk factors that indicate that a health
19	problem may occur.
20	Sec. 4. As used in this chapter, "sex selective abortion" means
21	an abortion that is performed solely because of the sex of the fetus.
22	Sec. 5. (a) A person may not intentionally perform or attempt to
23	perform an abortion before the earlier of viability of the fetus or
24	twenty (20) weeks of postfertilization age if the person knows that
25	the pregnant woman is seeking a sex selective abortion.
26	(b) A person may not intentionally perform or attempt to
27	perform an abortion after viability of the fetus or twenty (20)
28	weeks of postfertilization age if the person knows that the pregnant
29	woman is seeking a sex selective abortion.
30	(c) This section is severable as specified in IC 1-1-1-8.
31	Sec. 6. (a) A person may not intentionally perform or attempt to
32	perform an abortion before the earlier of viability of the fetus or
33	twenty (20) weeks of postfertilization age if the person knows that
34	the pregnant woman is seeking the abortion solely because the
35	fetus has been diagnosed with Down syndrome or has a potential
36	diagnosis of Down syndrome.
37	(b) A person may not intentionally perform or attempt to
38	perform an abortion after viability of the fetus or twenty (20)
39	weeks of postfertilization age if the person knows that the pregnant
40	woman is seeking the abortion solely because the fetus has been
41	diagnosed with Down syndrome or has a potential diagnosis of
42	Down syndrome.



	15
1	(c) This section is severable as specified in IC 1-1-1-8.
2	Sec. 7. (a) A person may not intentionally perform or attempt to
3	perform an abortion before the earlier of viability of the fetus or
4	twenty (20) weeks of postfertilization age if the person knows that
5	the pregnant woman is seeking the abortion solely because the
6	fetus has been diagnosed with any other disability or has a
7	potential diagnosis of any other disability.
8	(b) A person may not intentionally perform or attempt to
9	perform an abortion after viability of the fetus or twenty (20)
10	weeks of postfertilization age if the person knows that the pregnant
11	woman is seeking the abortion solely because the fetus has been
12	diagnosed with any other disability or has a potential diagnosis of
13	any other disability.
14	(c) This section is severable as specified in IC 1-1-1-8.
15	Sec. 8. (a) A person may not intentionally perform or attempt to
16	perform an abortion before the earlier of viability of the fetus or
17	twenty (20) weeks of postfertilization age if the person knows that
18	the pregnant woman is seeking the abortion solely because of the
19	race, color, national origin, or ancestry of the fetus.
20	(b) A person may not intentionally perform or attempt to
21	perform an abortion after viability of the fetus or twenty (20)
22	weeks of postfertilization age if the person knows that the pregnant
23	woman is seeking the abortion solely because of the race, color,
24	national origin, or ancestry of the fetus.
25	(c) This section is severable as specified in IC 1-1-1-8.
26	Sec. 9. (a) A person who knowingly or intentionally performs an
27	abortion in violation of this chapter may be subject to:
28	(1) disciplinary sanctions under IC 25-1-9; and
29	(2) civil liability for wrongful death and medical malpractice
30	(b) A pregnant woman upon whom an abortion is performed in
31	violation of this chapter may not be prosecuted for violating or
32	conspiring to violate this chapter.
33	SECTION 12. IC 22-9-1-3, AS AMENDED BY P.L.136-2014,
34	SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
35	JULY 1, 2016]: Sec. 3. As used in this chapter:
36	(a) "Person" means one (1) or more individuals, partnerships,
37	associations, organizations, limited liability companies, corporations,
38	labor organizations, cooperatives, legal representatives, trustees,
39	trustees in bankruptcy, receivers, and other organized groups of

(b) "Commission" means the civil rights commission created under



40

41 42 persons.

2016

section 4 of this chapter.

1	(c) "Director" means the director of the civil rights commission.
2	(d) "Deputy director" means the deputy director of the civil right
3	commission.
4	(e) "Commission attorney" means the deputy attorney general, sucl
5	assistants of the attorney general as may be assigned to the
6	commission, or such other attorney as may be engaged by the
7	commission.
8	(f) "Consent agreement" means a formal agreement entered into in
9	lieu of adjudication.
0	(g) "Affirmative action" means those acts that the commission
1	determines necessary to assure compliance with the Indiana civil right
2	law.
3	(h) "Employer" means the state or any political or civil subdivision
4	thereof and any person employing six (6) or more persons within the
5	state, except that the term "employer" does not include:
6	(1) any nonprofit corporation or association organized exclusively
7	for fraternal or religious purposes;
8	(2) any school, educational, or charitable religious institution
9	owned or conducted by or affiliated with a church or religiou
0.0	institution; or
1	(3) any exclusively social club, corporation, or association that i
22	not organized for profit.
22 23 24 25 26	(i) "Employee" means any person employed by another for wages o
4	salary. However, the term does not include any individual employed
25	(1) by the individual's parents, spouse, or child; or
26	(2) in the domestic service of any person.
27	(j) "Labor organization" means any organization that exists for the
28	purpose in whole or in part of collective bargaining or of dealing with
.9	employers concerning grievances, terms, or conditions of employmen
0	or for other mutual aid or protection in relation to employment.
1	(k) "Employment agency" means any person undertaking with o
2	without compensation to procure, recruit, refer, or place employees.
3	(1) "Discriminatory practice" means:
4	(1) the exclusion of a person from equal opportunities because o
5	race, religion, color, sex, disability, national origin, ancestry, o
6	status as a veteran;
7	(2) a system that excludes persons from equal opportunities
8	because of race, religion, color, sex, disability, national origin
9	ancestry, or status as a veteran;
-0	(3) the promotion of racial segregation or separation in any
-1	manner, including but not limited to the inducing of or the
2	attempting to induce for profit any person to sell or rent any



1	dwelling by representations regarding the entry or prospective
2	entry in the neighborhood of a person or persons of a particular
3	race, religion, color, sex, disability, national origin, or ancestry;
4	or
5	(4) a violation of IC 22-9-5 that occurs after July 25, 1992, and is
6	committed by a covered entity (as defined in IC 22-9-5-4);
7	(5) the performance of an abortion solely because of the race,
8	color, sex, disability, national origin, or ancestry of the fetus;
9	or
10	(6) a violation of any of the following statutes protecting the
11	right of conscience regarding abortion:
12	(A) IC 16-34-1-4.
13	(B) IC 16-34-1-5.
14	(C) IC 16-34-1-6.
15	Every discriminatory practice relating to the acquisition or sale of real
16	estate, education, public accommodations, employment, or the
17	extending of credit (as defined in IC 24-4.5-1-301.5) shall be
18	considered unlawful unless it is specifically exempted by this chapter.
19	(m) "Public accommodation" means any establishment that caters
20	or offers its services or facilities or goods to the general public.
21	(n) "Complainant" means:
22	(1) any individual charging on the individual's own behalf to have
23	been personally aggrieved by a discriminatory practice; or
24	(2) the director or deputy director of the commission charging that
25	a discriminatory practice was committed against a person (other
26	than the director or deputy director) or a class of people, in order
27	to vindicate the public policy of the state (as defined in section 2
28	of this chapter).
29	(o) "Complaint" means any written grievance that is:
30	(1) sufficiently complete and filed by a complainant with the
31	commission; or
32	(2) filed by a complainant as a civil action in the circuit or
33	superior court having jurisdiction in the county in which the
34	alleged discriminatory practice occurred.
35	The original of any complaint filed under subdivision (1) shall be
36	signed and verified by the complainant.
37	(p) "Sufficiently complete" refers to a complaint that includes:
38	(1) the full name and address of the complainant;
39	(2) the name and address of the respondent against whom the
40	complaint is made;
41	(3) the alleged discriminatory practice and a statement of

particulars thereof;



42

1	(4) the date or dates and places of the alleged discriminatory
2	practice and if the alleged discriminatory practice is of a
3	continuing nature the dates between which continuing acts of
4	discrimination are alleged to have occurred; and
5	(5) a statement as to any other action, civil or criminal, instituted
6	in any other form based upon the same grievance alleged in the
7	complaint, together with a statement as to the status or disposition
8	of the other action.
9	No complaint shall be valid unless filed within one hundred eighty
0	(180) days from the date of the occurrence of the alleged
1	discriminatory practice.
2	(q) "Sex" as it applies to segregation or separation in this chapter
3	applies to all types of employment, education, public accommodations,
4	and housing. However:
5	(1) it shall not be a discriminatory practice to maintain separate
6	restrooms;
7	(2) it shall not be an unlawful employment practice for an
8	employer to hire and employ employees, for an employment
9	agency to classify or refer for employment any individual, for a
20	labor organization to classify its membership or to classify or refer
21	for employment any individual, or for an employer, labor
	organization, or joint labor management committee controlling
22 23 24 25 26	apprenticeship or other training or retraining programs to admit
.4	or employ any other individual in any program on the basis of sex
2.5	in those certain instances where sex is a bona fide occupational
26	qualification reasonably necessary to the normal operation of that
27	particular business or enterprise; and
28	(3) it shall not be a discriminatory practice for a private or
.9	religious educational institution to continue to maintain and
0	enforce a policy of admitting students of one (1) sex only.
1	(r) "Disabled" or "disability" means the physical or mental condition
2	of a person that constitutes a substantial disability. In reference to
3	employment under this chapter, "disabled or disability" also means the
4	physical or mental condition of a person that constitutes a substantial
5	disability unrelated to the person's ability to engage in a particular
6	occupation.
7	(s) "Veteran" means:
8	(1) a veteran of the armed forces of the United States;
9	(2) a member of the Indiana National Guard; or
0.	(3) a member of a reserve component.
1	SECTION 13. IC 25-1-9-4, AS AMENDED BY P.L.197-2007,
-2	SECTION 22, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
-2	SECTION 22, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE



1	JULY 1, 2016]: Sec. 4. (a) A practitioner shall conduct the
2	practitioner's practice in accordance with the standards established by
3	the board regulating the profession in question and is subject to the
4	exercise of the disciplinary sanctions under section 9 of this chapter if,
5	after a hearing, the board finds:
6	(1) a practitioner has:
7	(A) engaged in or knowingly cooperated in fraud or material
8	deception in order to obtain a license to practice, including
9	cheating on a licensing examination;
10	(B) engaged in fraud or material deception in the course of
11	professional services or activities;
12	(C) advertised services in a false or misleading manner; or
13	(D) been convicted of a crime or assessed a civil penalty
14	involving fraudulent billing practices, including fraud under:
15	(i) Medicaid (42 U.S.C. 1396 et seq.);
16	(ii) Medicare (42 U.S.C. 1395 et seq.);
17	(iii) the children's health insurance program under
18	IC 12-17.6; or
19	(iv) insurance claims;
20	(2) a practitioner has been convicted of a crime that:
21	(A) has a direct bearing on the practitioner's ability to continue
21 22 23 24 25 26	to practice competently; or
23	(B) is harmful to the public;
24	(3) a practitioner has knowingly violated any state statute or rule,
25	or federal statute or regulation, regulating the profession in
26	question;
27	(4) a practitioner has continued to practice although the
28	practitioner has become unfit to practice due to:
29	(A) professional incompetence that:
30	(i) may include the undertaking of professional activities
31	that the practitioner is not qualified by training or experience
32	to undertake; and
33	(ii) does not include activities performed under
34	IC 16-21-2-9;
35	(B) failure to keep abreast of current professional theory or
36	practice;
37	(C) physical or mental disability; or
38	(D) addiction to, abuse of, or severe dependency upon alcohol
39	or other drugs that endanger the public by impairing a
40	practitioner's ability to practice safely;
41	(5) a practitioner has engaged in a course of lewd or immoral
42	conduct in connection with the delivery of services to the public;



1	(6) a practitioner has allowed the practitioner's name or a license
2	issued under this chapter to be used in connection with an
3	individual who renders services beyond the scope of that
4	individual's training, experience, or competence;
5	(7) a practitioner has had disciplinary action taken against the
6	practitioner or the practitioner's license to practice in any state or
7	jurisdiction on grounds similar to those under this chapter;
8	(8) a practitioner has diverted:
9	(A) a legend drug (as defined in IC 16-18-2-199); or
10	(B) any other drug or device issued under a drug order (as
11	defined in IC 16-42-19-3) for another person;
12	(9) a practitioner, except as otherwise provided by law, has
13	knowingly prescribed, sold, or administered any drug classified
14	as a narcotic, addicting, or dangerous drug to a habitue or addict;
15	(10) a practitioner has failed to comply with an order imposing a
16	sanction under section 9 of this chapter;
17	(11) a practitioner has engaged in sexual contact with a patient
18	under the practitioner's care or has used the practitioner-patient
19	relationship to solicit sexual contact with a patient under the
20	practitioner's care;
21	(12) a practitioner who is a participating provider of a health
22	maintenance organization has knowingly collected or attempted
23	to collect from a subscriber or enrollee of the health maintenance
24	organization any sums that are owed by the health maintenance
25	organization; or
26	(13) a practitioner has assisted another person in committing an
27	act that would be grounds for disciplinary sanctions under this
28	chapter; or
29	(14) a practitioner performed an abortion in violation of
30	IC 16-34-2-1.1(c).
31	(b) A practitioner who provides health care services to the
32	practitioner's spouse is not subject to disciplinary action under
33	subsection (a)(11).
34	(c) A certified copy of the record of disciplinary action is conclusive
35	evidence of the other jurisdiction's disciplinary action under subsection
36	(a)(7).
37	SECTION 14. IC 25-22.5-8-6 IS ADDED TO THE INDIANA
38	CODE AS A NEW SECTION TO READ AS FOLLOWS
39	[EFFECTIVE JULY 1, 2016]: Sec. 6. (a) As used in this section
40	"abortion" has the meaning set forth in IC 16-18-2-1.

(b) Notwithstanding IC 25-1-9, the board shall revoke the license of a physician if, after appropriate notice and an



- opportunity for a hearing, the board finds by clear and convincing evidence that the physician performed an abortion in violation of
- IC 16-34-2-1.1(c).

