

SENATE BILL No. 1(ss)

AM000125 has been incorporated into July 29, 2022 printing.

Synopsis: Abortion.

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Special Session of the 122nd General Assembly (2022)(ss)

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 2022 Regular Session of the General Assembly.

SENATE BILL No. 1(ss)

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 16-18-2-1.5 IS REPEALED [EFFECTIVE
2 SEPTEMBER 1, 2022]. Sec. 1.5. (a) "Abortion clinic", for purposes of
3 IC 16-21-2, IC 16-34-2-4.7, IC 16-34-3, and IC 16-41-16, means a
4 health care provider (as defined in section 163(e)(1) of this chapter)
5 that:

6 (1) performs surgical abortion procedures; or
7 (2) beginning January 1, 2014, provides an abortion inducing
8 drug for the purpose of inducing an abortion.

9 (b) The term does not include the following:
10 (1) A hospital that is licensed as a hospital under IC 16-21-2.
11 (2) An ambulatory outpatient surgical center that is licensed as
12 an ambulatory outpatient surgical center under IC 16-21-2.
13 (3) A health care provider that provides, prescribes, administers,
14 or dispenses an abortion inducing drug to fewer than five (5)
15 patients per year for the purposes of inducing an abortion.

16 SECTION 2. IC 16-18-2-9.4 IS REPEALED [EFFECTIVE
17 SEPTEMBER 1, 2022]. Sec. 9.4. "Affiliate", for purposes of

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1 **IC 16-21-2-11**, means any person who directly or indirectly controls,
2 is controlled by, or is under common control of another person.

3 SECTION 3. IC 16-18-2-14, AS AMENDED BY P.L.2-2019,
4 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
5 SEPTEMBER 1, 2022]: Sec. 14. (a) "Ambulatory outpatient surgical
6 center", for purposes of IC 16-21, IC 16-32-5, and IC 16-38-2, means
7 a public or private institution that meets the following conditions:

8 (1) Is established, equipped, and operated primarily for the
9 purpose of performing surgical procedures and services.

10 (2) Is operated under the supervision of at least one (1) licensed
11 physician or under the supervision of the governing board of the
12 hospital if the center is affiliated with a hospital.

13 (3) Permits a surgical procedure to be performed only by a
14 physician, dentist, or podiatrist who meets the following
15 conditions:

16 (A) Is qualified by education and training to perform the
17 surgical procedure.

18 (B) Is legally authorized to perform the procedure.

19 (C) Is privileged to perform surgical procedures in at least
20 one (1) hospital within the county or an Indiana county
21 adjacent to the county in which the ambulatory outpatient
22 surgical center is located.

23 (D) Is admitted to the open staff of the ambulatory
24 outpatient surgical center.

25 (4) Requires that a licensed physician with specialized training
26 or experience in the administration of anesthetic supervise the
27 administration of the anesthetic to a patient and remain present
28 in the facility during the surgical procedure, except when only a
29 local infiltration anesthetic is administered.

30 (5) Provides at least one (1) operating room and, if anesthetics
31 other than local infiltration anesthetics are administered, at least
32 one (1) postanesthesia recovery room.

33 (6) Is equipped to perform diagnostic x-ray and laboratory
34 examinations required in connection with any surgery
35 performed.

36 (7) Does not provide accommodations for patient stays of longer
37 than twenty-four (24) hours.

38 (8) Provides full-time services of registered and licensed nurses
39 for the professional care of the patients in the postanesthesia
40 recovery room.

41 (9) Has available the necessary equipment and trained personnel
42 to handle foreseeable emergencies such as a defibrillator for



1 cardiac arrest, a tracheotomy set for airway obstructions, and a
2 blood bank or other blood supply.

3 (10) Maintains a written agreement with at least one (1) hospital
4 for immediate acceptance of patients who develop complications
5 or require postoperative confinement.

6 (11) Provides for the periodic review of the center and the
7 center's operations by a committee of at least three (3) licensed
8 physicians having no financial connections with the center.

9 (12) Maintains adequate medical records for each patient.

10 (13) Meets all additional minimum requirements as established
11 by the state department for building and equipment
12 requirements.

13 (14) Meets the rules and other requirements established by the
14 state department for the health, safety, and welfare of the
15 patients.

16 (b) The term does not include a birthing center.

17 (c) **"Ambulatory outpatient surgical center", for purposes of**
18 **IC 16-34, refers to an institution described in subsection (a) and**
19 **that has a majority ownership by a hospital licensed under**
20 **IC 16-21.**

21 SECTION 4. IC 16-18-2-163, AS AMENDED BY P.L.50-2021,
22 SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
23 SEPTEMBER 1, 2022]: Sec. 163. (a) Except as provided in subsection
24 (c), "health care provider", for purposes of IC 16-21 and IC 16-41,
25 means any of the following:

26 (1) An individual, a partnership, a corporation, a professional
27 corporation, a facility, or an institution licensed or legally
28 authorized by this state to provide health care or professional
29 services as a licensed physician, a psychiatric hospital, a
30 hospital, a health facility, an emergency ambulance service
31 (IC 16-31-3), a dentist, a registered or licensed practical nurse,
32 a midwife, an optometrist, a pharmacist, a podiatrist, a
33 chiropractor, a physical therapist, a respiratory care practitioner,
34 an occupational therapist, a psychologist, a paramedic, an
35 emergency medical technician, an advanced emergency medical
36 technician, an athletic trainer, or a person who is an officer,
37 employee, or agent of the individual, partnership, corporation,
38 professional corporation, facility, or institution acting in the
39 course and scope of the person's employment.

40 (2) A college, university, or junior college that provides health
41 care to a student, a faculty member, or an employee, and the
42 governing board or a person who is an officer, employee, or



1 agent of the college, university, or junior college acting in the
2 course and scope of the person's employment.

3 (3) A blood bank, community mental health center, community
4 intellectual disability center, community health center, or
5 migrant health center.

6 (4) A home health agency (as defined in IC 16-27-1-2).

7 (5) A health maintenance organization (as defined in
8 IC 27-13-1-19).

9 (6) A health care organization whose members, shareholders, or
10 partners are health care providers under subdivision (1).

11 (7) A corporation, partnership, or professional corporation not
12 otherwise qualified under this subsection that:

13 (A) provides health care as one (1) of the corporation's,
14 partnership's, or professional corporation's functions;

15 (B) is organized or registered under state law; and

16 (C) is determined to be eligible for coverage as a health care
17 provider under IC 34-18 for the corporation's, partnership's,
18 or professional corporation's health care function.

19 Coverage for a health care provider qualified under this subdivision is
20 limited to the health care provider's health care functions and does not
21 extend to other causes of action.

22 (b) "Health care provider", for purposes of IC 16-35, has the
23 meaning set forth in subsection (a). However, for purposes of IC 16-35,
24 the term also includes a health facility (as defined in section 167 of this
25 chapter).

26 (c) "Health care provider", for purposes of IC 16-32-5, IC 16-36-5,
27 IC 16-36-6, and IC 16-41-10 means an individual licensed or
28 authorized by this state to provide health care or professional services
29 as:

30 (1) a licensed physician;

31 (2) a registered nurse;

32 (3) a licensed practical nurse;

33 (4) an advanced practice registered nurse;

34 (5) a certified nurse midwife;

35 (6) a paramedic;

36 (7) an emergency medical technician;

37 (8) an advanced emergency medical technician;

38 (9) an emergency medical responder, as defined by section 109.8
39 of this chapter;

40 (10) a licensed dentist;

41 (11) a home health aide, as defined by section 174 of this
42 chapter; or

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1 (12) a licensed physician assistant.

2 The term includes an individual who is an employee or agent of a
3 health care provider acting in the course and scope of the individual's
4 employment.

5 (d) "Health care provider", for purposes of IC 16-36-7, has the
6 meaning set forth in IC 16-36-7-12.

(e) "Health care provider", for purposes of section 1.5 of this chapter and IC 16-40-4, means any of the following:

9 (1) An individual, a partnership, a corporation, a professional
10 corporation, a facility, or an institution licensed or authorized by
11 the state to provide health care or professional services as a
12 licensed physician, a psychiatric hospital, a hospital, a health
13 facility, an emergency ambulance service (IC 16-31-3), an
14 ambulatory outpatient surgical center, a dentist, an optometrist,
15 a pharmacist, a podiatrist, a chiropractor, a psychologist, or a
16 person who is an officer, employee, or agent of the individual,
17 partnership, corporation, professional corporation, facility, or
18 institution acting in the course and scope of the person's
19 employment.

(2) A blood bank, laboratory, community mental health center, community intellectual disability center, community health center, or migrant health center.

23 (3) A home health agency (as defined in IC 16-27-1-2).

24 (4) A health maintenance organization (as defined in
25 IC 27-13-1-19).

26 (5) A health care organization whose members, shareholders, or
27 partners are health care providers under subdivision (1).

28 (6) A corporation, partnership, or professional
29 otherwise specified in this subsection that:

(7) A person that is designated to maintain the records of a person described in subdivisions (1) through (6).

SECTION 5. IC 16-18-2-306.7 IS ADDED TO THE INDIANA
CODE AS A NEW SECTION TO READ AS FOLLOWS
[EFFECTIVE SEPTEMBER 1, 2022]: Sec. 306.7. "Rape or incest".

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1 **for purposes of IC 16-34, means:**

2 (1) sexual intercourse with another person if the other person
 3 is related to the person biologically as a parent, child,
 4 grandparent, grandchild, sibling, aunt, uncle, niece, or
 5 nephew;
 6 (2) rape (IC 35-42-4-1);
 7 (3) child molesting (IC 35-42-4-3);
 8 (4) child seduction (IC 35-42-4-7); or
 9 (5) sexual misconduct with a minor (IC 35-42-4-9);

10 even if a person has not been charged with or convicted of the act
 11 or offense. The term includes a delinquent act described in
 12 subdivisions (2) through (5) that would be a crime if committed by
 13 an adult.

14 SECTION 6. IC 16-21-1-7, AS AMENDED BY P.L.264-2019,
 15 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 16 SEPTEMBER 1, 2022]: Sec. 7. (a) The executive board may adopt
 17 rules under IC 4-22-2 necessary to protect the health, safety, rights, and
 18 welfare of patients, including the following:

19 (1) Rules pertaining to the operation and management of
 20 hospitals, ambulatory outpatient surgical centers, ~~abortion~~
 21 clinics, and birthing centers.
 22 (2) Rules establishing standards for equipment, facilities, and
 23 staffing required for efficient and quality care of patients.
 24 (b) Notwithstanding 410 IAC 15-1.7-1 and 410 IAC 15-2.7-1, the
 25 following apply to a publication that is referred to in 410 IAC 15:

26 (1) The Guidelines for Construction and Equipment of Hospital
 27 and Medical Facilities refers to the following:

28 (A) The 2018 edition or most recent publication of the
 29 Guidelines for Design and Construction of Hospitals.
 30 (B) The 2018 edition or most recent publication of the
 31 Guidelines for Design and Construction of Outpatient
 32 Facilities.

33 (2) The National Fire Protection Association (NFPA) 101, Life
 34 Safety Code Handbook publication refers to the 2018 edition or
 35 most recent publication.

36 (3) The National Fire Protection Association 99, Health Care
 37 Facilities publication refers to the 2018 edition or most recent
 38 publication.

39 (4) A publication incorporated by reference is not effective until
 40 one hundred eighty (180) days after the date of publication.

41 The executive board shall amend 410 IAC 15-1.7-1 and 410
 42 IAC 15-2.7-1 to reflect the requirements in this subsection. This

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1 subsection expires July 1, 2021.

2 SECTION 7. IC 16-21-2-1, AS AMENDED BY P.L.96-2005,
 3 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 4 SEPTEMBER 1, 2022]: Sec. 1. (a) Except as provided in subsection
 5 (b), this chapter applies to all hospitals, ambulatory outpatient surgical
 6 centers, ~~abortion clinics~~, and birthing centers.

7 (b) This chapter does not apply to a hospital operated by the
 8 federal government.

9 (c) This chapter does not affect a statute pertaining to the
 10 placement and adoption of children.

11 SECTION 8. IC 16-21-2-2, AS AMENDED BY P.L.96-2005,
 12 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 13 SEPTEMBER 1, 2022]: Sec. 2. The state department shall license and
 14 regulate:

- 15 (1) hospitals;
- 16 (2) ambulatory outpatient surgical centers; **and**
- 17 (3) birthing centers. **and**
- 18 (4) ~~abortion clinics~~.

19 SECTION 9. IC 16-21-2-2.5, AS AMENDED BY P.L.205-2018,
 20 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 21 SEPTEMBER 1, 2022]: Sec. 2.5. (a) The state department shall adopt
 22 rules under IC 4-22-2 to do the following concerning birthing centers
 23 and ~~abortion clinics~~; **and other facilities as specified**:

- 24 (1) Establish minimum license qualifications.
- 25 (2) Establish the following requirements:
 - 26 (A) Sanitation standards.
 - 27 (B) Staff qualifications.
 - 28 (C) Necessary emergency equipment.
 - 29 (D) Procedures to provide emergency care.
 - 30 (E) Procedures to monitor patients after the administration
 31 of anesthesia.
 - 32 (F) Procedures to provide follow-up care for patient
 33 complications.
 - 34 (G) Quality assurance standards.
 - 35 (H) Infection control.
 - 36 (I) Provision of informed consent brochures, as described in
 37 IC 16-34-2-1.5, **to hospitals and ambulatory outpatient**
 38 **surgical centers** in English, Spanish, and a third language
 39 determined by the state department. ~~inside abortion clinics~~.
 - 40 (J) Provision of a hotline telephone number that provides
 41 assistance for patients who are:
 - 42 (i) coerced into an abortion; or

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(ii) victims of sex trafficking.

(K) Annual training by law enforcement officers on identifying and assisting women who are:

(i) coerced into an abortion; or

(ii) victims of sex trafficking.

(3) Prescribe the operating policies, supervision, and maintenance of medical records, including the requirement that all forms that require a patient signature be stored in the patient's medical record.

(4) Establish procedures for the issuance, renewal, denial, and revocation of licenses under this chapter. The rules adopted under this subsection must address the following:

(A) The form and content of the license.

(B) The collection of an annual license fee.

(5) Prescribe the procedures and standards for inspections.

(6) Prescribe procedures for:

(A) implementing a plan of correction to address any violations of any provision of this chapter or any rules adopted under this chapter; and

(B) implementing a system for the state department to follow if the ~~abortion clinic~~ or birthing center fails to comply with the plan of correction described in clause (A) and disciplinary action is needed.

(b) A person who knowingly or intentionally:

(1) operates a birthing center ~~or an abortion clinic~~ that is not licensed under this chapter; or

(2) advertises the operation of a birthing center ~~or an abortion clinic~~ that is not licensed under this chapter;

commits a Class A misdemeanor.

(e) Not later than January 1, 2019, the state department shall:

(1) adopt separate rules under IC 4-22-2, including those required under subsection (a), for existing and future abortion clinics that perform only surgical abortions;

(2) adopt separate rules under IC 4-22-2, including those required under subsection (a), for existing and future abortion clinics that perform abortions only through the provision of an abortion inducing drug; and

(3) establish procedures regarding the issuance of licenses to existing and future abortion clinics that:

(A) perform only surgical abortions;

(B) perform abortions only through the provision of an abortion inducing drug; or

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(E) perform both surgical abortions and abortions through the provision of abortion inducing drugs.

(d) A rule or emergency rule adopted under subsection (c)(1), (c)(2), or (c)(3) applies, respectively, to every abortion clinic of the type described in subsection (c)(1), (c)(2), or (c)(3), regardless of the date of adoption of the rule or emergency rule.

(e) Before January 1, 2019, the state department shall adopt emergency rules in the manner provided under IC 4-22-2-37.1 to carry out the duties established in this section under the following:

- (1) Subsection (a)(2)(E).
- (2) Subsection (a)(2)(F).
- (3) Subsection (a)(2)(I).
- (4) Subsection (a)(2)(J).
- (5) Subsection (a)(2)(K).
- (6) Subsection (a)(3).
- (7) Subsection (a)(5).
- (8) Subsection (a)(6).

This subsection expires July 1, 2019.

SECTION 10. IC 16-21-2-2.6 IS REPEALED [EFFECTIVE SEPTEMBER 1, 2022]. See: 2.6. The state department shall inspect an abortion clinic at least one (1) time per calendar year and may conduct a complaint inspection as needed.

SECTION 11. IC 16-21-2-10, AS AMENDED BY P.L.96-2005, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE SEPTEMBER 1, 2022]: Sec. 10. A:

(1) person;

(2) state, county, or local governmental unit; or

(3) division, a department, a board, or an agency of a state, county, or local governmental unit;

obtain a license from the state health commissioner under 4-21.5-3-5 before establishing, conducting, operating, or maintaining a hospital, an ambulatory outpatient surgical center, ~~or a clinic~~, or a birthing center.

SECTION 12. IC 16-21-2-11, AS AMENDED BY P.L.205-2018, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE SEPTEMBER 1, 2022]: Sec. 11. (a) An applicant must submit an application for a license on a form prepared by the state department showing that:

- (1) the applicant is of reputable and responsible character;
- (2) the applicant is able to comply with the minimum standards for a hospital, an ambulatory outpatient surgical center, an abortion clinic, or a birthing center, and with rules adopted under

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1 (1) expires:

2 (A) one (1) year after the date of issuance for:

3 (i) an ambulatory outpatient surgical center; **and**

4 (ii) an abortion clinic;

5 (iii) (ii) a birthing center; and

6 (iv) a hospital until April 30, 2020; and

7 (B) beginning May 1, 2020, two (2) years after the date of

8 issuance for a hospital;

9 (2) is not assignable or transferable;

10 (3) is issued only for the premises named in the application;

11 (4) must be posted in a conspicuous place in the facility; and

12 (5) may be renewed each year, or every two (2) years for a

13 hospital, upon the payment of a renewal fee at the rate adopted

14 by the state department under IC 4-22-2.

15 SECTION 14. IC 16-21-2-16, AS AMENDED BY P.L.96-2005,
16 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
17 SEPTEMBER 1, 2022]: Sec. 16. A hospital, an ambulatory outpatient
18 surgical center, ~~an abortion clinic~~, or a birthing center that provides to
19 a patient notice concerning a third party billing for a service provided
20 to the patient shall ensure that the notice:

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

24 SECTION 15. IC 16-31-6.5-2, AS AMENDED BY P.L.96-2005,
25 SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
26 SEPTEMBER 1, 2022]: Sec. 2. This chapter does not apply to the
27 following:

28 (1) A licensed physician.
29 (2) A hospital, an ambulatory outpatient surgical center, ~~an~~
30 ~~abortion clinic~~, or a birthing center.
31 (3) A person providing health care in a hospital, an ambulatory
32 outpatient surgical center, ~~an abortion clinic~~, or a birthing center
33 licensed under IC 16-21.
34 (4) A person or entity certified under IC 16-31-3.

35 SECTION 16. IC 16-34-1-0.5 IS ADDED TO THE INDIANA
36 CODE AS A NEW SECTION TO READ AS FOLLOWS
37 [EFFECTIVE SEPTEMBER 1, 2022]: **Sec. 0.5. This article does not**
38 **apply to in vitro fertilization.**

39 SECTION 17. IC 16-34-1-8, AS ADDED BY P.L.193-2011,
40 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
41 SEPTEMBER 1, 2022]: Sec. 8. A qualified health plan (as defined in
42 IC 27-8-33-3) offered under Subtitle D of Title 1 of the federal Patient

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1 Protection and Affordable Care Act (P.L. 111-148) may not provide
 2 coverage for abortion, except in the following cases:

3 (1) The pregnant woman became pregnant through an act of rape
 4 or incest.
 5 (2) unless An the abortion is necessary to avert the pregnant
 6 woman's death or a substantial and irreversible impairment of a
 7 major bodily function of the pregnant woman. permitted under
 8 IC 16-34-2-1.

9 SECTION 18. IC 16-34-1-9 IS REPEALED [EFFECTIVE
 10 SEPTEMBER 1, 2022]. See. 9: (a) The general assembly finds the
 11 following:

12 (1) There is substantial medical evidence that a fetus at twenty
 13 (20) weeks of postfertilization age has the physical structures
 14 necessary to experience pain.
 15 (2) There is substantial medical evidence that a fetus of at least
 16 twenty (20) weeks of postfertilization age seeks to evade certain
 17 stimuli in a manner similar to an infant's or adult's response to
 18 pain.
 19 (3) Anesthesia is routinely administered to a fetus of at least
 20 twenty (20) weeks of postfertilization age when prenatal surgery
 21 is performed.
 22 (4) A fetus has been observed to exhibit hormonal stress
 23 responses to painful stimuli earlier than at twenty (20) weeks of
 24 postfertilization age.

25 (b) Indiana asserts a compelling state interest in protecting the life
 26 of a fetus from the state at which substantial medical evidence indicates
 27 that the fetus is capable of feeling pain.

28 SECTION 19. IC 16-34-1-10, AS ADDED BY P.L.173-2017,
 29 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 30 SEPTEMBER 1, 2022]: Sec. 10. If the state or an agency of the state
 31 has wardship or guardianship of an unemancipated pregnant minor, the
 32 state or agency of the state may not consent to an abortion unless the
 33 abortion is necessary to avert the pregnant minor's death or a
 34 substantial and irreversible impairment of a major bodily function of
 35 the pregnant minor; as determined by a physician who certifies the
 36 determination in writing. permitted under IC 16-34-2-1.

37 SECTION 20. IC 16-34-2-1, AS AMENDED BY P.L.218-2021,
 38 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 39 SEPTEMBER 1, 2022]: Sec. 1. (a) Abortion shall in all instances be a
 40 criminal act, except when performed under the following
 41 circumstances:

42 (1) Except as prohibited in IC 16-34-4, during the first trimester

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1 of pregnancy before the earlier of viability of the fetus or
2 twenty (20) weeks of postfertilization age of the fetus, if:

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

15 **(B) (C)** the woman submitting to the abortion has filed her
16 consent with her physician. However, if in the judgment of
17 the physician the abortion is necessary to preserve the life
18 of the woman, her consent is not required; and

22
23 (E) before the abortion, the attending physician shall
24 certify in writing to the hospital in which the abortion is
25 to be performed, that in the attending physician's
26 professional, medical judgment, after proper
27 examination and review of the woman's history, the
28 abortion is necessary to prevent a substantial permanent
29 impairment of the life or physical health of the pregnant
30 woman or the fetus has been diagnosed with a lethal
31 fetal anomaly. All facts and reasons supporting the
32 certification shall be set forth by the physician in writing
and attached to the certificate.

33 However, **under this article**, an abortion inducing drug may not
34 be dispensed, prescribed, administered, or otherwise given to a
35 pregnant woman after eight (8) weeks of postfertilization age. A
36 physician must dispense the abortion inducing drug in person
37 and have the pregnant woman consume the drug in the presence
38 of the physician. A physician shall examine a pregnant woman
39 in person before prescribing or dispensing an abortion inducing
40 drug. The physician shall provide the pregnant woman with a
41 copy of the manufacturer's instruction sheets and require that the
42 pregnant woman sign the manufacturer's patient agreement form.

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1 A physician shall also provide, orally and in writing, along with
 2 other discharge information, the following statement: "Some
 3 evidence suggests that the effects of Mifepristone may be
 4 avoided, ceased, or reversed if the second pill, Misoprostol, has
 5 not been taken. Immediately contact the following for more
 6 information at (insert applicable abortion inducing drug reversal
 7 Internet web site and corresponding hotline number)." The
 8 physician shall retain a copy of the signed patient agreement
 9 form, and the signed physician's agreement form required by the
 10 manufacturer, in the patient's file. As used in this subdivision,
 11 "in person" does not include the use of telehealth or telemedicine
 12 services.

13 (2) Except as prohibited by IC 16-34-4, **after the first trimester of pregnancy and before the earlier of viability of the fetus or twenty (20) during the first ten (10) weeks of postfertilization age of the fetus, for reasons based upon the professional, medical judgment of the pregnant woman's physician if:**

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

19 (B) all the circumstances and provisions required for legal
 20 abortion **during the first trimester set forth in subdivision**

21 (1)(C) **through (1)(D) are present and adhered to; and**
 22 (B) (C) the abortion is performed in a hospital **licensed**
 23 **under IC 16-21 or ambulatory outpatient surgical center (as**
 24 **defined in IC 16-18-2-14) that has a majority ownership**
 25 **by a hospital licensed under IC 16-21; and**

26 (D) **before the abortion, the attending physician shall**
 27 **certify in writing to the ambulatory outpatient surgical**
 28 **center or hospital in which the abortion is to be**
 29 **performed, after proper examination, the abortion is**
 30 **being performed at the woman's request because the**
 31 **pregnancy is the result of rape or incest. All facts and**
 32 **reasons supporting the certification shall be set forth by**
 33 **the physician in writing and attached to the certificate.**

34 (3) Except as provided in subsection (b) or as prohibited by
 35 IC 16-34-4, at the earlier of viability of the fetus or twenty (20)
 36 weeks of postfertilization age and any time after, for reasons
 37 based upon the professional, medical judgment of the pregnant
 38 woman's physician if:

39 (A) **either:**

40 (i) **the abortion is necessary to prevent a substantial**
 41 **permanent impairment of the life or physical health**
 42 **of the pregnant woman; or**



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

(B) all the circumstances and provisions required for legal abortion before the earlier of viability of the fetus or twenty (20) weeks of postfertilization age set forth in subdivision (1)(C) through (1)(D) are present and adhered to;

(C) the abortion is performed in a hospital licensed

under IC 16-21;

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

(C) (E) before the abortion, the attending physician shall certify in writing to the hospital in which the abortion is to be performed, that in the attending physician's professional, medical judgment, after proper examination and review of the woman's history, the abortion is necessary to prevent a substantial permanent impairment of the life or physical health of the pregnant woman **or the fetus is diagnosed with a lethal fetal anomaly.** All facts and reasons supporting the certification shall be set forth by the physician in writing and attached to the certificate.

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

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

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

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

- (1) to prevent any serious health risk to the mother; or
- (2) to save the mother's life.

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

SECTION 21. IC 16-34-2-1.1, AS AMENDED BY P.L.93-2022, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE SEPTEMBER 1, 2022]: Sec. 1.1. (a) An abortion shall not be performed except with the voluntary and informed consent of the pregnant woman upon whom the abortion is to be performed. Except in the case of a medical emergency, consent to an abortion is voluntary and informed only if the following conditions are met:

(1) At least eighteen (18) hours before the abortion and in the

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

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

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

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

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

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



(G) That objective scientific information shows that a fetus can feel pain at or before twenty (20) weeks of postfertilization age.

(H) The medical risks associated with carrying the fetus to term.

(I) The availability of fetal ultrasound imaging and auscultation of fetal heart tone services to enable the pregnant woman to view the image and hear the heartbeat of the fetus and how to obtain access to these services.

(J) That the pregnancy of a child less than fifteen (15) years of age may constitute child abuse under Indiana law if the act included an adult and must be reported to the department of child services or the local law enforcement agency under IC 31-33-5.

(K) That Indiana does not allow a fetus to be aborted solely because of the fetus's race, color, national origin, ancestry, sex, or diagnosis or potential diagnosis of the fetus having Down syndrome or any other disability.

(L) That no one has the right to coerce the pregnant woman to have an abortion.

(2) At least eighteen (18) hours before the abortion, the pregnant woman will be informed orally and in writing of the following:

(A) That medical assistance benefits may be available for prenatal care, childbirth, and neonatal care from the county office of the division of family resources.

(B) That the father of the unborn fetus is legally required to assist in the support of the child. In the case of rape, the information required under this clause may be omitted.

(C) That adoption alternatives are available and that adoptive parents may legally pay the costs of prenatal care, childbirth, and neonatal care.

(D) That there are physical risks to the pregnant woman in having an abortion, both during the abortion procedure and after.

(E) That Indiana has enacted the safe haven law under IC 31-34-2.5.

(F) The:

(i) Internet web site address of the state department of health's web site; and

(ii) description of the information that will be provided on the web site and that is; described in section 1.5 of this chapter.

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1 (G) For the facility in which the abortion is to be performed,
2 an emergency telephone number that is available and
3 answered on a twenty-four (24) hour a day, seven (7) day a
4 week basis.

5 (H) On a form developed by the state department and as
6 described in IC 16-34-3, that the pregnant woman has a
7 right to determine the final disposition of the remains of the
8 aborted fetus.

9 (I) On a form developed by the state department, that the
10 pregnant woman has a right, after a surgical abortion, to:

11 (i) dispose of the remains of the aborted fetus by
12 interment in compliance with IC 23-14-54, or
13 cremation through a licensee (as defined in
14 IC 25-15-2-19) and in compliance with IC 23-14-31; or
15 (ii) have the health care facility ~~or abortion clinic~~
16 dispose of the remains of the aborted fetus by
17 interment in compliance with IC 23-14-54, or
18 cremation through a licensee (as defined in
19 IC 25-15-2-19) and in compliance with IC 23-14-31,
20 and ask which method of disposition will be used by
21 the health care facility ~~or abortion clinic~~.

22 (J) On a form developed by the state department:

23 (i) that a pregnant woman, after an abortion induced by
24 an abortion inducing drug, will expel an aborted fetus;
25 and

26 (ii) the disposition policy of the health care facility ~~or~~
27 ~~the abortion clinic~~ concerning the disposition of the
28 aborted fetus. The disposition policy must allow the
29 pregnant woman to return the aborted fetus to the
30 health care facility ~~or abortion clinic~~ for disposition by
31 interment in compliance with IC 23-14-54, or
32 cremation through a licensee (as defined in
33 IC 25-15-2-19) and in compliance with IC 23-14-31.

34 (K) On a form developed by the state department,
35 information concerning any counseling that is available to
36 a pregnant woman after having an abortion.

37 The state department shall develop and distribute the forms
38 required by clauses (H) through (K).

39 (3) The pregnant woman certifies in writing, on a form
40 developed by the state department, before the abortion is
41 performed, that:

42 (A) the information required by subdivisions (1) and (2) has



been provided to the pregnant woman;

(B) the pregnant woman has been offered by the provider the opportunity to view the fetal ultrasound imaging and hear the auscultation of the fetal heart tone if the fetal heart tone is audible and that the woman has:

(i) viewed or refused to view the offered fetal ultrasound imaging; and

(ii) listened to or refused to listen to the offered auscultation of the fetal heart tone if the fetal heart tone is audible; and

(C) the pregnant woman has been given a written copy of the printed materials described in section 1.5 of this chapter.

(4) At least eighteen (18) hours before the abortion and in the presence of the pregnant woman, the physician who is to perform the abortion, the referring physician or a physician assistant (as defined in IC 25-27.5-2-10), an advanced practice registered nurse (as defined in IC 25-23-1-1(b)), or a certified nurse midwife (as defined in IC 34-18-2-6.5) to whom the responsibility has been delegated by the physician who is to perform the abortion or the referring physician has provided the pregnant woman with a color copy of the informed consent brochure described in section 1.5 of this chapter by printing the informed consent brochure from the state department's Internet web site and including the following information on the back cover of the brochure:

(A) The name of the physician performing the abortion and the physician's medical license number.

(B) An emergency telephone number where the physician or the physician's designee may be contacted twenty-four (24) hours a day, seven (7) days a week.

(C) A statement that follow-up care by the physician or the physician's designee who is licensed under IC 25-22.5 is available on an appropriate and timely basis when clinically necessary.

(5) At least eighteen (18) hours before an abortion is performed and at the same time that the pregnant woman receives the information required by subdivision (1), the provider shall perform, and the pregnant woman shall view, the fetal ultrasound imaging and hear 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

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

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1 registered nurse (as defined in IC 25-23-1-1(b)), or a certified nurse
2 midwife (as defined in IC 34-18-2-6.5) to whom the responsibility has
3 been delegated by the physician who is to perform the abortion or the
4 referring physician shall include, or ensure the inclusion of, a copy of
5 a pregnant woman's ultrasound report in the pregnant woman's patient
6 file.

7 (e) If the physician who is to perform the abortion, the referring
8 physician, a physician assistant (as defined in IC 25-27.5-2-10), an
9 advanced practice registered nurse (as defined in IC 25-23-1-1(b)), or
10 a certified nurse midwife (as defined in IC 34-18-2-6.5) suspects a
11 pregnant woman is being coerced to have an abortion after making the
12 inquiry required under subsection (a)(6), the physician, physician
13 assistant, advanced practice registered nurse, or certified nurse midwife
14 shall:

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

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

20 (3) provide the pregnant woman with:

21 (A) information about:

22 (i) assistance;

23 (ii) counseling; and

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

26 (B) access to a telephone if she needs to make a private
27 telephone call; and

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

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

39 (g) The twenty-four (24) hour period described in subsection (f)
40 may be waived if a physician, in the physician's best medical judgment,
41 determines that an abortion is necessary to prevent the death of the
42 pregnant woman or to prevent substantial and irreversible injury to a



1 major bodily function of the pregnant woman.

2 SECTION 22. IC 16-34-2-3, AS AMENDED BY P.L.193-2011,
 3 SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 4 SEPTEMBER 1, 2022]: Sec. 3. (a) All abortions performed on and
 5 after the earlier of the time a fetus is viable or the time the
 6 postfertilization age of the fetus is at least twenty (20) weeks shall be:

7 (1) governed by ~~section 1(a)(3)~~ and ~~1(b)~~ **section 1** of this
 8 chapter;

9 (2) performed in a hospital having premature birth intensive care
 10 units, unless compliance with this requirement would result in an
 11 increased risk to the life or health of the mother; and

12 (3) performed in the presence of a second physician as provided
 13 in subsection (b).

14 (b) An abortion may be performed after the earlier of the time a
 15 fetus is viable or the time the postfertilization age of the fetus is at least
 16 twenty (20) weeks only if there is in attendance a physician, other than
 17 the physician performing the abortion, who shall take control of and
 18 provide immediate care for a child born alive as a result of the abortion.
 19 During the performance of the abortion, the physician performing the
 20 abortion, and after the abortion, the physician required by this
 21 subsection to be in attendance, shall take all reasonable steps in
 22 keeping with good medical practice, consistent with the procedure
 23 used, to preserve the life and health of the viable unborn child.
 24 However, this subsection does not apply if compliance would result in
 25 an increased risk to the life or health of the mother.

26 (c) Any fetus born alive shall be treated as a person under the law,
 27 and a birth certificate shall be issued certifying the child's birth even
 28 though the child may subsequently die, in which event a death
 29 certificate shall be issued. Failure to take all reasonable steps, in
 30 keeping with good medical practice, to preserve the life and health of
 31 the live born person shall subject the responsible persons to Indiana
 32 laws governing homicide, manslaughter, and civil liability for wrongful
 33 death and medical malpractice.

34 (d) If, before the abortion, the mother, and if married, her husband,
 35 has or have stated in writing that she does or they do not wish to keep
 36 the child in the event that the abortion results in a live birth, and this
 37 writing is not retracted before the abortion, the child, if born alive, shall
 38 immediately upon birth become a ward of the department of child
 39 services.

40 SECTION 23. IC 16-34-2-4, AS AMENDED BY P.L.218-2021,
 41 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 42 SEPTEMBER 1, 2022]: Sec. 4. **(a) This section does not apply to a**

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1 minor who is less than eighteen (18) years of age who is pregnant
2 as a result of rape or incest by a parent, legal guardian, or
3 custodian of the unemancipated minor.

4 **(a) (b)** No physician shall perform an abortion on an
5 unemancipated pregnant minor less than eighteen (18) years of age
6 without first having obtained from one (1) of the parents, a legal
7 guardian, or a custodian accompanying the unemancipated pregnant
8 minor:

9 (1) the notarized written consent of the parent, legal guardian, or
10 custodian of the unemancipated pregnant minor;
11 (2) government issued proof of identification of the parent or the
12 legal guardian or custodian of the unemancipated pregnant
13 minor; and
14 (3) some evidence, which may include identification or other
15 written documentation that provides an articulable basis for a
16 reasonably prudent person to believe that the person is the parent
17 or legal guardian or custodian of the unemancipated pregnant
18 minor.

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

22 (b) (c) A minor:

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

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

35 (c) (d) A physician who feels that compliance with the parental
36 consent requirement in subsection (a)(b) would have an adverse effect
37 on the welfare of the pregnant minor or on her pregnancy may petition
38 the juvenile court within twenty-four (24) hours of the abortion request
39 for a waiver of the parental consent requirement under subsection (a)
40 (b) and the parental notification requirement under subsection (d). (e).

(d) (e) Unless the juvenile court finds that it is in the best interests of an unemancipated pregnant minor to obtain an abortion without

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1 parental notification following a hearing on a petition filed under
 2 subsection ~~(b)~~ (c) or ~~(e)~~ (d), a parent, legal guardian, or custodian of
 3 a pregnant unemancipated minor is entitled to receive notice of the
 4 emancipated minor's intent to obtain an abortion before the abortion is
 5 performed on the unemancipated pregnant minor. The attorney
 6 representing the unemancipated pregnant minor shall serve the notice
 7 required by this subsection by certified mail or by personal service and
 8 provide the court with documentation of the attorney's good faith effort
 9 to serve the notice, including any return receipt for a certified mailing.
 10 The court shall retain the documentation provided in the confidential
 11 records of the waiver proceedings held under this section.

12 ~~(e)~~ (f) The juvenile court must rule on a petition filed by a
 13 pregnant minor under subsection ~~(b)~~ (c) or by her physician under
 14 subsection ~~(e)~~ (d) within forty-eight (48) hours of the filing of the
 15 petition. Before ruling on the petition, the court shall consider the
 16 concerns expressed by the pregnant minor and her physician. The
 17 requirement of parental consent under this section shall be waived by
 18 the juvenile court if the court finds that the minor is mature enough to
 19 make the abortion decision independently or that an abortion would be
 20 in the minor's best interests. The juvenile court shall waive the
 21 requirement of parental notification under subsection ~~(d)~~ (e) if the court
 22 finds that obtaining an abortion without parental notification is in the
 23 best interests of the unemancipated pregnant minor. If the juvenile
 24 court does not find that obtaining an abortion without parental
 25 notification is in the best interests of the unemancipated pregnant
 26 minor, the court shall, subject to an appeal under subsection ~~(g)~~ (h),
 27 order the attorney representing the unemancipated pregnant minor to
 28 serve the notice required under subsection ~~(d)~~ (e).

29 ~~(f)~~ (g) Unless the juvenile court finds that the pregnant minor is
 30 already represented by an attorney, the juvenile court shall appoint an
 31 attorney to represent the pregnant minor in a waiver proceeding
 32 brought by the minor under subsection ~~(b)~~ (c) and on any appeals. The
 33 cost of legal representation appointed for the minor under this section
 34 shall be paid by the county.

35 ~~(g)~~ (h) A minor or the minor's physician who desires to appeal an
 36 adverse judgment of the juvenile court in a waiver proceeding under
 37 subsection ~~(b)~~ (c) or ~~(e)~~ (d) is entitled to an expedited appeal, under
 38 rules to be adopted by the supreme court.

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

42 ~~(i)~~ (j) A minor who initiates legal proceedings under this section



1 is exempt from the payment of filing fees.

2 ~~(j)~~ **(k)** This section does not apply where there is an emergency
 3 need for a medical procedure to be performed to avert the pregnant
 4 minor's death or a substantial and irreversible impairment of a major
 5 bodily function of the pregnant minor, and the attending physician
 6 certifies this in writing.

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

11 (1) The physician's name.

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

18 (3) The physician's signature.

19 ~~(l)~~ **(m)** A person who, with intent to avoid the parental notification
 20 requirements described in subsection **(a)**; **(b)**, falsely claims to be the
 21 parent or legal guardian or custodian of an unemancipated pregnant
 22 minor by:

23 (1) making a material misstatement while purportedly providing
 24 the written consent described in subsection **(a)(1)**; **(b)(1)**; or
 25 (2) providing false or fraudulent identification to meet the
 26 requirement described in subsection **(a)(2)**; **(b)(2)**;

27 commits a Level 6 felony.

28 SECTION 24. IC 16-34-2-4.5, AS AMENDED BY P.L.213-2016,
 29 SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 30 SEPTEMBER 1, 2022]: Sec. 4.5. (a) A physician may not perform an
 31 abortion, **including an abortion using an abortion inducing drug**,
 32 unless the physician:

33 (1) has admitting privileges in writing at a hospital located in the
 34 county where abortions are provided or in a contiguous county;
 35 or

36 (2) has entered into a written agreement with a physician who
 37 has written admitting privileges at a hospital in the county or
 38 contiguous county concerning the management of possible
 39 complications of the services provided.

40 A written agreement described in subdivision (2) must be renewed
 41 annually.

42 (b) A physician who performs an abortion, **including an abortion**

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1 **using an abortion inducing drug**, shall notify the patient of the
 2 location of the hospital at which the physician or a physician with
 3 whom the physician has entered into an agreement under subsection
 4 (a)(2) has admitting privileges and where the patient may receive
 5 follow-up care by the physician if complications arise.

6 (c) **An abortion clinic A hospital or ambulatory outpatient**
 7 **surgical center in which abortions are performed** shall:

8 (1) keep at the **abortion clinic hospital or ambulatory**
 9 **outpatient surgical center** a copy of the admitting privileges of
 10 a physician described in subsection (a)(1) and (a)(2) **who is**
 11 **performing abortions at the hospital or ambulatory**
 12 **outpatient surgical center**; and

13 (2) submit a copy of the admitting privileges described in
 14 subdivision (1) to the state department. **as part of the abortion**
 15 **clinic's licensure**. The state department shall verify the validity
 16 of the admitting privileges document. The state department shall
 17 remove any identifying information from the admitting
 18 privileges document before releasing the document under
 19 IC 5-14-3.

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

23 (1) each hospital located in the county in which the hospital
 24 granting the admitting privileges described in subsection (a) is
 25 located; and

26 (2) each hospital located in a county that is contiguous to the
 27 county described in subdivision (1);
 28 where abortions are performed.

29 (e) The state department shall confirm to a member of the public,
 30 upon request, that the admitting privileges required to be submitted
 31 under this section for **an abortion clinic a hospital or ambulatory**
 32 **outpatient surgical center** have been received by the state department.

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

37 SECTION 25. IC 16-34-2-4.7, AS AMENDED BY P.L.93-2019,
 38 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 39 SEPTEMBER 1, 2022]: Sec. 4.7. (a) As used in this section, "abortion
 40 complication" means only the following physical or psychological
 41 conditions arising from the induction or performance of an abortion:

42 (1) Uterine perforation.

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

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

36 (1) A physician licensed under IC 25-22.5.
37 (2) A hospital licensed under IC 16-21.
38 (3) ~~An abortion clinic licensed under IC 16-21-2-2.5. Beginning~~
39 ~~September 1, 2022, an ambulatory outpatient surgical center~~
40 ~~licensed under IC 16-21-2.~~

41 (c) The state department shall develop a process for the
42 submission of a report under this section.

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3 (e) The report under this section must include the following
4 information concerning the abortion complication:

5 (1) The date the patient presented for treatment for the abortion
6 complication.

7 (2) The age of the patient.

8 (3) The race of the patient.

9 (4) The county and state of the patient's residence.

10 (5) The type of abortion obtained by the patient.

11 (6) The date of abortion obtained by the patient.

12 (7) The name of the:

13 (A) abortion clinic;

14 (B) medical facility; or

15 (E) hospital; or

16 (B) ambulatory outpatient surgical center;

17 where the patient obtained the abortion.

18 (8) Whether the patient obtained abortion medication via mail
19 order or Internet web site, and if so, information identifying the
20 source of the medication.

21 (9) Whether the complication was previously managed by the
22 abortion provider or the abortion provider's required back-up
23 physician.

24 (10) The name of the medications taken by the patient as part of
25 the pharmaceutical abortion regimen, if any.

26 (11) A list of each diagnosed complication.

27 (12) A list of each treated complication, with a description of the
28 treatment provided.

29 (13) Whether the patient's visit to the
30 original visit or a follow-up visit.

31 (14) The date of each follow-up visit, if any.

32 (15) A list of each complication diagnosed at a follow-up visit,
33 if any.

34 (16) A list of each complication treated at a follow-up visit, if
35 any.
36 (f) Before February 1, 2020, the state department shall inform in

writing all providers described in subsection (b) of the new reporting requirements for abortion complications. This subsection expires December 31, 2020.

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1 statistics for the previous calendar ~~year~~, ~~quarter~~, with updated
 2 information for the most recent calendar ~~year~~, ~~quarter~~.

3 ~~(h)~~ (g) The state department shall summarize the aggregate data
 4 from the data submitted under this section and submit the data, on or
 5 before June 30 of each year, to the United States Centers for Disease
 6 Control and Prevention for its inclusion in the annual Vital Statistics
 7 Report.

8 ~~(h)~~ (h) The state department shall ensure that no identifying
 9 information of a pregnant woman is included in the report described in
 10 subsection (g). (f).

11 ~~(h)~~ (i) This subsection applies after August 31, 2020. Each failure
 12 to report an abortion complication as required under this section is a
 13 Class B misdemeanor.

14 ~~(h)~~ (j) ~~Before January 1, 2020;~~ The state department shall adopt
 15 rules under IC 4-22-2 to implement this section.

16 SECTION 26. IC 16-34-2-5, AS AMENDED BY P.L.218-2021,
 17 SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 18 SEPTEMBER 1, 2022]: Sec. 5. (a) Every health care provider who
 19 performs a surgical abortion or provides, prescribes, administers, or
 20 dispenses an abortion inducing drug for the purposes of inducing an
 21 abortion shall report the performance of the abortion or the provision,
 22 prescribing, administration, or dispensing of an abortion inducing drug
 23 on a form drafted by the state department, the purpose and function of
 24 which shall be the improvement of maternal health and life through the
 25 compilation of relevant maternal life and health factors and data, and
 26 a further purpose and function shall be to monitor all abortions
 27 performed in Indiana to assure the abortions are done only under the
 28 authorized provisions of the law. For each abortion performed and
 29 abortion inducing drug provided, prescribed, administered, or
 30 dispensed, the report shall include, among other things, the following:

- 31 (1) The age of the patient.
- 32 (2) Whether a waiver of consent under section 4 of this chapter
 33 was obtained.
- 34 (3) Whether a waiver of notification under section 4 of this
 35 chapter was obtained.
- 36 (4) The date and location, including the facility name and city or
 37 town, where the:
 - 38 (A) pregnant woman:
 - 39 (i) provided consent; and
 - 40 (ii) received all information;
 - 41 required under section 1.1 of this chapter; and
 - 42 (B) abortion was performed or the abortion inducing drug



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of the abortion, or the provision, prescribing, administration, or dispensing of the abortion inducing drug.

(21) (22) For a surgical abortion, the medical procedure used for the abortion and, if the fetus was viable or had a postfertilization age of at least twenty (20) weeks:

(A) whether the procedure, in the reasonable judgment of the health care provider, gave the fetus the best opportunity to survive;

(B) the basis for the determination that the pregnant woman had a condition described in this chapter that required the abortion to avert the death of or serious impairment to the pregnant woman; and

(C) the name of the second doctor present, as required under IC 16-34-2-3(a)(3).

(22) (23) For a nonsurgical abortion, the precise drugs provided, prescribed, administered, or dispensed, and the means of delivery of the drugs to the patient.

(23) (24) For a nonsurgical abortion, that the manufacturer's instructions were provided to the patient and that the patient signed the patient agreement.

(24) (25) For an early pre-viability termination, **abortion performed before twenty (20) weeks of postfertilization age of the fetus**, the medical indication by diagnosis code for the fetus and the mother.

(25) (26) The mother's obstetrical history, including dates of other abortions, if any.

(26) (27) Any preexisting medical conditions of the patient that may complicate the abortion.

(27) (28) The results of pathological examinations if performed.

(28) (29) For a surgical abortion, whether the fetus was delivered alive, and if so, how long the fetus lived.

(29) (30) Records of all maternal deaths occurring at the location where the abortion was performed or the abortion inducing drug was provided, prescribed, administered, or dispensed.

(30) (31) The date the form was transmitted to the state department and, if applicable, separately to the department of child services.

(b) The health care provider shall complete the form provided for in subsection (a) and shall transmit the completed form to the state department, in the manner specified on the form, within thirty (30) days after the date of each abortion. However, if an abortion is for a female who is less than sixteen (16) years of age, the health care provider shall

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1 transmit the form to the state department of health and separately to the
 2 department of child services within three (3) days after the abortion is
 3 performed.

4 (c) The dates supplied on the form may not be redacted for any
 5 reason before the form is transmitted as provided in this section.

6 (d) Each failure to complete or timely transmit a form, as required
 7 under this section, for each abortion performed or abortion inducing
 8 drug that was provided, prescribed, administered, or dispensed, is a
 9 Class B misdemeanor.

10 (e) ~~Not later than June 30 of each year, On a quarterly basis~~, the
 11 state department shall compile a public report providing the following:

12 (1) Statistics for the previous calendar ~~year~~ **quarter** from the
 13 information submitted under this section.

14 (2) Statistics for previous calendar years compiled by the state
 15 department under this subsection, with updated information for
 16 the calendar ~~year~~ **quarter** that was submitted to the state
 17 department after the compilation of the statistics.

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

20 (f) The state department shall:

21 (1) summarize aggregate data from all data submitted under this
 22 section; and

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

26 SECTION 27. IC 16-34-2-7, AS AMENDED BY P.L.93-2019,
 27 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 28 SEPTEMBER 1, 2022]: Sec. 7. (a) Except as provided in subsections
 29 (b) and (c), a person who knowingly or intentionally performs an
 30 abortion ~~not expressly provided for in~~ **prohibited by section 1 of this** chapter
 31 commits a Level 5 felony.

32 (b) A physician who performs an abortion intentionally or
 33 knowingly in violation of ~~section 1(a)(1)(C)~~ **section 1(a)(1)(D)** or 4 of
 34 this chapter commits a Class A misdemeanor.

35 (c) A person who knowingly or intentionally performs an abortion
 36 in violation of section 1.1 of this chapter commits a Class A infraction.

37 (d) A woman upon whom a partial birth abortion is performed may
 38 not be prosecuted for violating or conspiring to violate section 1(b) of
 39 this chapter.

40 (e) A woman upon whom a dismemberment abortion is performed
 41 may not be prosecuted for violating or conspiring to violate section 1(c)
 42 of this chapter.

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1 SECTION 28. IC 16-34-3-2, AS AMENDED BY P.L.77-2020,
 2 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 3 SEPTEMBER 1, 2022]: Sec. 2. (a) A pregnant woman who has an
 4 abortion under this article has the right to have the **health care facility**
 5 **or abortion clinic hospital or ambulatory outpatient surgical center**
 6 dispose of the aborted fetus by interment in compliance with
 7 IC 23-14-54, or cremation through a licensee (as defined in
 8 IC 25-15-2-19) and in compliance with IC 23-14-31. The pregnant
 9 woman who selects to have the **health care facility or abortion clinic**
 10 **hospital or ambulatory outpatient surgical center** dispose of the
 11 aborted fetus has the right to ask which method will be used by the
 12 **health care facility or abortion clinic hospital or ambulatory**
 13 **outpatient surgical center.**

14 (b) After receiving the notification and information required by
 15 IC 16-34-2-1.1(a)(2)(H), IC 16-34-2-1.1(a)(2)(I), and
 16 IC 16-34-2-1.1(a)(2)(J), the pregnant woman shall inform the **abortion**
 17 **clinic or the health care facility: hospital or ambulatory outpatient**
 18 **surgical center:**

19 (1) in writing; and

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

21 of the pregnant woman's decision for final disposition of the aborted
 22 fetus by cremation or interment and, in an abortion induced by an
 23 abortion inducing drug, whether the pregnant woman will return the
 24 aborted fetus to the **health care facility or abortion clinic hospital or**
 25 **ambulatory outpatient surgical center** for disposition by interment
 26 in compliance with IC 23-14-54, or cremation through a licensee (as
 27 defined in IC 25-15-2-19) and in compliance with IC 23-14-31.

28 (c) If the pregnant woman is a minor, the **abortion clinic or health**
 29 **care facility hospital or ambulatory outpatient surgical center** shall
 30 obtain parental consent in the disposition of the aborted fetus unless the
 31 minor has received a waiver of parental consent under IC 16-34-2-4.

32 (d) The **abortion clinic or the health care facility hospital or**
 33 **ambulatory outpatient surgical center** shall document the pregnant
 34 woman's decision concerning disposition of the aborted fetus in the
 35 pregnant woman's medical record.

36 (e) In the case of an abortion induced by an abortion inducing
 37 drug, the pregnant woman may return the aborted fetus to the **health**
 38 **care facility or abortion clinic hospital or ambulatory outpatient**
 39 **surgical center** for disposition by interment in compliance with
 40 IC 23-14-54, or cremation through a licensee (as defined in
 41 IC 25-15-2-19) and in compliance with IC 23-14-31.

42 SECTION 29. IC 16-34-3-3, AS AMENDED BY P.L.213-2016,

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1 SECTION 20, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 2 SEPTEMBER 1, 2022]: Sec. 3. If the pregnant woman chooses a
 3 location for final disposition other than the location of final disposition
 4 that is usual and customary for ~~an abortion clinic or a health care~~
 5 ~~facility; a hospital or ambulatory outpatient surgical center,~~ the
 6 pregnant woman is responsible for the costs related to the final
 7 disposition of the aborted fetus at the chosen location.

8 SECTION 30. IC 16-34-3-4, AS AMENDED BY P.L.77-2020,
 9 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 10 SEPTEMBER 1, 2022]: Sec. 4. (a) ~~An abortion clinic or health care~~
 11 ~~facility A hospital or ambulatory outpatient surgical center~~ having
 12 possession of an aborted fetus shall provide for the final disposition of
 13 the aborted fetus. The burial transit permit requirements of IC 16-37-3
 14 apply to the final disposition of an aborted fetus, which must be
 15 interred or cremated. However:

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

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

22 Aborted fetuses may be cremated by simultaneous cremation.

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

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

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1 following information about each fetus included under the burial transit
 2 permit:

- 3 (1) The date of the abortion.
- 4 (2) Whether the abortion was surgical or induced by an abortion
 5 inducing drug.
- 6 (3) The name of the funeral director licensee who will be
 7 retrieving the aborted fetus.
- 8 (4) In the case of an abortion induced by an abortion inducing
 9 drug:
 - 10 (A) whether the pregnant woman will cremate or inter the
 11 fetus, or will return the fetus to the ~~health care facility or~~
 12 ~~abortion clinic~~ **hospital or ambulatory outpatient surgical**
 13 **center** for disposition; and
 - 14 (B) if the pregnant woman returns the fetus to the ~~health~~
 15 ~~care facility or abortion clinic~~, **hospital or ambulatory**
 16 **outpatient surgical center**, whether the returned fetus is
 17 included in the burial transit permit.

18 The ~~abortion clinic or health care facility~~ **hospital or ambulatory**
 19 **outpatient surgical center** must keep a copy of the burial transit
 20 permit and accompanying log in a permanent file.

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

30 (e) ~~An abortion clinic or a health care facility~~ **A hospital or**
 31 **ambulatory outpatient surgical center** is responsible for
 32 demonstrating to the state department that the ~~abortion clinic or the~~
 33 ~~health care facility~~ **hospital or ambulatory outpatient surgical center**
 34 has complied with the protocol provided in this section.

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

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

41 SECTION 31. IC 16-34-4-5, AS ADDED BY P.L.213-2016,
 42 SECTION 22, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

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1 SEPTEMBER 1, 2022]: Sec. 5. (a) A person may not intentionally
 2 perform or attempt to perform an abortion ~~before the earlier of viability~~
 3 ~~of the fetus or twenty (20) weeks of postfertilization age allowed~~
 4 ~~under IC 16-34-2~~ if the person knows that the pregnant woman is
 5 seeking a sex selective abortion.

6 (b) A person may not intentionally perform or attempt to perform
 7 an abortion ~~after viability of the fetus or twenty (20) weeks of~~
 8 ~~postfertilization age allowed under IC 16-34-2~~ if the person knows
 9 that the pregnant woman is seeking a sex selective abortion.

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

11 SECTION 32. IC 16-34-4-6, AS ADDED BY P.L.213-2016,
 12 SECTION 22, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 13 SEPTEMBER 1, 2022]: Sec. 6. (a) A person may not intentionally
 14 perform or attempt to perform an abortion ~~before the earlier of viability~~
 15 ~~of the fetus or twenty (20) weeks of postfertilization age allowed~~
 16 ~~under IC 16-34-2~~ if the person knows that the pregnant woman is
 17 seeking the abortion solely because the fetus has been diagnosed with
 18 Down syndrome or has a potential diagnosis of Down syndrome.

19 (b) A person may not intentionally perform or attempt to perform
 20 an abortion ~~after viability of the fetus or twenty (20) weeks of~~
 21 ~~postfertilization age allowed under IC 16-34-2~~ if the person knows
 22 that the pregnant woman is seeking the abortion solely because the
 23 fetus has been diagnosed with Down syndrome or has a potential
 24 diagnosis of Down syndrome.

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

26 SECTION 33. IC 16-34-4-7, AS ADDED BY P.L.213-2016,
 27 SECTION 22, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 28 SEPTEMBER 1, 2022]: Sec. 7. (a) A person may not intentionally
 29 perform or attempt to perform an abortion ~~before the earlier of viability~~
 30 ~~of the fetus or twenty (20) weeks of postfertilization age allowed~~
 31 ~~under IC 16-34-2~~ if the person knows that the pregnant woman is
 32 seeking the abortion solely because the fetus has been diagnosed with
 33 any other disability or has a potential diagnosis of any other disability.

34 (b) A person may not intentionally perform or attempt to perform
 35 an abortion ~~after viability of the fetus or twenty (20) weeks of~~
 36 ~~postfertilization age allowed under IC 16-34-2~~ if the person knows
 37 that the pregnant woman is seeking the abortion solely because the
 38 fetus has been diagnosed with any other disability or has a potential
 39 diagnosis of any other disability.

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

41 SECTION 34. IC 16-34-4-8, AS ADDED BY P.L.213-2016,
 42 SECTION 22, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE

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1 SEPTEMBER 1, 2022]: Sec. 8. (a) A person may not intentionally
 2 perform or attempt to perform an abortion ~~before the earlier of viability~~
 3 ~~of the fetus or twenty (20) weeks of postfertilization age allowed~~
 4 ~~under IC 16-34-2~~ if the person knows that the pregnant woman is
 5 seeking the abortion solely because of the race, color, national origin,
 6 or ancestry of the fetus.

7 (b) A person may not intentionally perform or attempt to perform
 8 an abortion ~~after viability of the fetus or twenty (20) weeks of~~
 9 ~~postfertilization age allowed under IC 16-34-2~~ if the person knows
 10 that the pregnant woman is seeking the abortion solely because of the
 11 race, color, national origin, or ancestry of the fetus.

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

13 SECTION 35. IC 16-34-5 IS REPEALED [EFFECTIVE
 14 SEPTEMBER 1, 2022]. (Miscellaneous Provisions).

15 SECTION 36. IC 16-41-16-1, AS AMENDED BY P.L.213-2016,
 16 SECTION 23, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 17 SEPTEMBER 1, 2022]: Sec. 1. (a) This chapter applies to persons and
 18 facilities that handle infectious waste, including the following:

- 19 (1) Hospitals.
- 20 (2) Ambulatory surgical facilities.
- 21 (3) Medical laboratories.
- 22 (4) Diagnostic laboratories.
- 23 (5) Blood centers.
- 24 (6) Pharmaceutical companies.
- 25 (7) Academic research laboratories.
- 26 (8) Industrial research laboratories.
- 27 (9) Health facilities.
- 28 (10) Offices of health care providers.
- 29 (11) Diet or health care clinics.
- 30 (12) Offices of veterinarians.
- 31 (13) Veterinary hospitals.
- 32 (14) Emergency medical services providers.
- 33 (15) Mortuaries.
- 34 (16) ~~Abortion clinics.~~

35 (b) Except as provided in sections 2, 4, and 7.5 of this chapter, this
 36 chapter does not apply to:

- 37 (1) home health agencies; or
- 38 (2) hospice services delivered in the home of a hospice patient.

39 SECTION 37. IC 16-50-1-3, AS AMENDED BY P.L.65-2021,
 40 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 41 JULY 1, 2023]: Sec. 3. (a) The state department shall establish a
 42 statewide maternal mortality review committee to:

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- (1) review cases of maternal morbidity and maternal mortality;
- (2) determine factors contributing to maternal morbidity and maternal mortality;
- (3) identify public health and clinical interventions to improve systems of care and enhance coordination; and
- (4) develop strategies for the prevention of maternal morbidity and maternal mortality;

in Indiana.

(b) The statewide maternal mortality review committee:

(1) shall review cases involving the death of a woman occurring during pregnancy, irrespective of the duration and site of the pregnancy, through one (1) year after the pregnancy; and

(2) shall study how changes in the state's abortion laws affect maternal mortality in Indiana; and

(3) may review cases of maternal morbidity;

to carry out the duties set forth in this chapter.

SECTION 38. IC 16-50-1-12, AS AMENDED BY P.L.65-2021, SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 12. This article expires ~~June 30, 2025~~. **June 30, 2027**.

SECTION 39. IC 25-1-9.8-10, AS AMENDED BY P.L.9-2022, SECTION 46, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE SEPTEMBER 1, 2022]: Sec. 10. (a) As used in this chapter, "provider facility" means any of the following:

(1) A hospital licensed under IC 16-21-2.

(2) An ambulatory outpatient surgical center licensed under IC 16-21-2.

(3) An abortion clinic licensed under IC 16-21-2.

(4) (3) A birthing center licensed under IC 16-21-2.

(5) (4) Except for an urgent care facility (as defined by IC 27-1-46-10.5), a facility that provides diagnostic services to the medical profession or the general public.

(4) (5) A laboratory where clinical pathology tests are carried out on specimens to obtain information about the health of a patient.
(4) (6) A facility where radiologic and electromagnetic images

(7) (8) A facility where radiologic and electromagnetic images are made to obtain information about the health of a patient.

(8) (7) An infusion center that administers intravenous medications.

(b) The term does not include the following:

(1) A private mental health institution licensed under IC 12-25.

(2) A Medicare certified, freestanding rehabilitation hospital.

SECTION 40. IC 25-22.5-8-6, AS ADDED BY P.L.173-2017,

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1 SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 2 SEPTEMBER 1, 2022]: Sec. 6. (a) As used in this section, "abortion"
 3 has the meaning set forth in IC 16-18-2-1.

4 (b) Notwithstanding IC 25-1-9, the board:

5 (1) may revoke the license of a physician if, after appropriate
 6 notice and an opportunity for a hearing, the attorney general
 7 proves by a preponderance of the evidence that the physician
 8 (1) failed to transmit the form to the state department of health
 9 as described in IC 16-34-2-5(b); **or and**

10 (2) **shall revoke the license of a physician if, after appropriate notice and an opportunity for a hearing, the attorney general proves by a preponderance of the evidence that the physician** performed an abortion in violation of
 11 IC 16-34-2-7(a) through IC 16-34-2-7(c) with the intent to avoid
 12 the requirements of **IC 16-34-2. 16-34-2-1.**

13 SECTION 41. IC 25-36.1-2-1, AS ADDED BY P.L.97-2009,
 14 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 15 SEPTEMBER 1, 2022]: Sec. 1. As used in this chapter, "health care
 16 facility" means the following:

17 (1) A hospital that is licensed under IC 16-21-2.
 18 (2) An ambulatory outpatient surgical center licensed under
 19 IC 16-21-2.
 20 (3) A birthing center licensed under IC 16-21-2.
 21 (4) **An abortion clinic licensed under IC 16-21-2.**

22 SECTION 42. IC 27-1-46-10, AS AMENDED BY P.L.9-2022,
 23 SECTION 49, AND BY P.L.36-2022, SECTION 11, IS AMENDED
 24 TO READ AS FOLLOWS [EFFECTIVE SEPTEMBER 1, 2022]: Sec.
 25 10. (a) As used in this chapter, "provider facility" means any of the
 26 following:

27 (1) A hospital licensed under IC 16-21-2.
 28 (2) An ambulatory outpatient surgical center licensed under
 29 IC 16-21-2.
 30 (3) **An abortion clinic licensed under IC 16-21-2.**
 31 (4) (3) A birthing center licensed under IC 16-21-2.
 32 (5) (4) Except for an urgent care facility, a facility that provides
 33 diagnostic services to the medical profession or the general
 34 public, including outpatient facilities.
 35 (6) (5) A laboratory where clinical pathology tests are carried out
 36 on specimens to obtain information about the health of a patient.
 37 (7) (6) A facility where radiologic and electromagnetic images
 38 are made to obtain information about the health of a patient.
 39 (8) (7) An infusion center that administers intravenous

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1 medications.

2 (b) The term does not include the following:

- 3 (1) A private mental health institution licensed under IC 12-25.
- 4 (2) A Medicare certified, freestanding rehabilitation hospital.

5 SECTION 43. IC 27-2-25-11, AS AMENDED BY P.L.9-2022,
6 SECTION 51, AND BY P.L.36-2022, SECTION 12, IS AMENDED
7 TO READ AS FOLLOWS [EFFECTIVE SEPTEMBER 1, 2022]: Sec.
8 11. As used in this chapter, "provider facility" means any of the
9 following:

10 (1) A hospital licensed under IC 16-21-2.

11 (2) An ambulatory outpatient surgical center licensed under
12 IC 16-21-2.

13 (3) An abortion clinic licensed under IC 16-21-2.

14 (4) A birthing center licensed under IC 16-21-2.

15 (5) Except for an urgent care facility (as defined by
16 IC 27-1-46-10.5), a facility that provides diagnostic services to
17 the medical profession or the general public.

18 (6) A laboratory where clinical pathology tests are carried out
19 on specimens to obtain information about the health of a patient.

20 (7) A facility where radiologic and electromagnetic images
21 are made to obtain information about the health of a patient.

22 (8) An infusion center that administers intravenous
23 medications.

24 SECTION 44. IC 27-8-33-1, AS ADDED BY P.L.193-2011,
25 SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
26 SEPTEMBER 1, 2022]: Sec. 1. As used in this chapter, "abortion"
27 means the termination of human pregnancy with an intention other than
28 to produce a live birth or to remove a dead fetus. **has the meaning set**
29 **forth in IC 16-18-2-1.**

30 SECTION 45. IC 27-8-33-4, AS ADDED BY P.L.193-2011,
31 SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
32 SEPTEMBER 1, 2022]: Sec. 4. A qualified health plan offered under
33 Subtitle D of Title 1 of the federal Patient Protection and Affordable
34 Care Act may not provide coverage for abortion, except ~~in the~~ the
35 following cases:

36 (1) The pregnant woman became pregnant through an act of rape
37 or incest.

38 (2) An ~~when an~~ abortion is necessary to avert the pregnant
39 woman's death or a substantial and irreversible impairment of a
40 major bodily function of the pregnant woman. **permitted under**
41 **IC 16-34-2-1.**

42 SECTION 46. IC 27-13-7-7.5, AS ADDED BY P.L.124-2014,

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1 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 2 SEPTEMBER 1, 2022]: Sec. 7.5. (a) A health maintenance
 3 organization that provides coverage for basic health care services and
 4 that is entered into, delivered, amended, or renewed after December 31,
 5 2014, under a group contract or an individual contract may not provide
 6 coverage for abortion **unless the abortion is permitted under**
 7 **IC 16-34-2-1. except in the following cases:**

8 (1) The pregnant woman became pregnant through an act of rape
 9 or incest.
 10 (2) An abortion is necessary to avert the pregnant woman's death
 11 or a substantial and irreversible impairment of a major bodily
 12 function of the pregnant woman.
 13 (b) A health maintenance organization that enters into a group
 14 contract or an individual contract described in subsection (a) may offer
 15 coverage for an abortion **permitted under IC 16-34-2-1** through a
 16 rider or an endorsement.

17 SECTION 47. IC 35-41-3-12 IS ADDED TO THE INDIANA
 18 CODE AS A **NEW SECTION** TO READ AS FOLLOWS
 19 [EFFECTIVE SEPTEMBER 1, 2022]: **Sec. 12. (a) It is a defense to**
 20 **any crime involving the death of or injury to a fetus that the**
 21 **defendant was a pregnant woman who committed the unlawful act**
 22 **with the intent to terminate her pregnancy.**

23 (b) Except as provided in subsection (c), it is a defense to any
 24 crime involving the death of or injury to a fetus that the mother of
 25 the fetus requested that the defendant terminate her pregnancy,
 26 and that the death or injury to the fetus was the result of the
 27 defendant's termination or attempted termination of her
 28 pregnancy.

29 (c) Subsection (b) is not a defense to:

30 (1) performing an unlawful abortion under IC 16-34-2-7; or
 31 (2) feticide (IC 35-42-1-6).

32 SECTION 48. IC 35-42-1-6, AS AMENDED BY P.L.203-2018,
 33 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 34 SEPTEMBER 1, 2022]: Sec. 6. (a) **This section does not apply to:**

35 (1) the pregnant mother whose pregnancy is terminated;
 36 (2) a person who in good faith provides medical treatment to
 37 a pregnant woman that results in the accidental or
 38 unintentional termination of the pregnancy; or
 39 (3) a physician licensed under IC 25-22.5 who, upon the
 40 request of a pregnant woman, performs a medical procedure
 41 to terminate her pregnancy, even if the procedure is not
 42 authorized under IC 16-34-2-1.



5 SECTION 49. IC 35-42-1-6.5, AS ADDED BY P.L.203-2018,
6 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
7 SEPTEMBER 1, 2022]: Sec. 6.5. (a) The following sections of this
8 chapter do not apply to an abortion performed in compliance with
9 ~~IC 16-34 or IC 35-1-58.5 (before its repeal)~~: **IC 16-34-2:**

- 10 (1) Section 1 (murder).
- 11 (2) Section 3 (voluntary manslaughter).
- 12 (3) Section 4 (involuntary manslaughter).
- 13 (4) Section 6 (feticide).

17 (1) Section 1 (murder).
18 (2) Section 3 (voluntary manslaughter).
19 (3) Section 4 (involuntary manslaughter).
20 (4) Section 6 (feticide).

21 SECTION 50. [EFFECTIVE SEPTEMBER 1, 2022] (a) 410
22 **IAC 26 is void. The publisher of the Indiana Administrative Code**
23 **and Indiana Register shall remove this article from the Indiana**
24 **Administrative Code.**

25 (b) This SECTION expires July 1, 2024.

26 SECTION 51. [EFFECTIVE SEPTEMBER 1, 2022] (a) 410
27 **IAC 26.5 is void. The publisher of the Indiana Administrative Code**
28 **and Indiana Register shall remove this article from the Indiana**
29 **Administrative Code.**

30 (b) This SECTION expires July 1, 2024.

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1 **tempore of the senate, one (1) of whom shall serve as the**
 2 **co-chairperson of the task force.**

3 **(B) One (1) member appointed by the minority leader.**
 4 **(3) The executive director of the prosecuting attorneys**
 5 **council of Indiana, or the executive director's designee.**
 6 **(4) The executive director of the public defender council of**
 7 **Indiana, or the executive director's designee.**
 8 **(5) The president of the Indiana judges association, or the**
 9 **president's designee.**

10 The legislative services agency shall provide staff support to the
 11 task force. The task force may not have more than five (5)
 12 meetings.

13 **(b) The task force shall:**

14 **(1) study the circumstances in which a county prosecutor**
 15 **makes a blanket refusal to enforce a specific statute or**
 16 **constitutional provision; and**
 17 **(2) consider appropriate methods of enforcing the statute or**
 18 **constitutional provision, including:**

19 **(A) granting the attorney general concurrent**
 20 **jurisdiction to enforce the statute or constitutional**
 21 **provision under certain circumstances;**
 22 **(B) granting another prosecuting attorney concurrent**
 23 **jurisdiction to enforce the statute or constitutional**
 24 **provision under certain circumstances;**
 25 **(C) establishing a procedure to appoint a special**
 26 **prosecuting attorney under certain circumstances; or**
 27 **(D) any other method the task force determines should**
 28 **be recommended; and**

29 **(3) make recommendations under subsection (c) resulting**
 30 **from the task force's study and considerations under this**
 31 **subsection.**

32 **(c) Before December 1, 2022, the task force shall make**
 33 **recommendations to the general assembly in an electronic format**
 34 **under IC 5-14-6 concerning the task force's study and findings**
 35 **under subsection (b).**

36 **(d) Each member of the task force who is not a state employee**
 37 **is entitled to the minimum salary per diem provided by**
 38 **IC 4-10-11-2.1(b). The member is also entitled to reimbursement**
 39 **for traveling expenses as provided under IC 4-13-1-4 and other**
 40 **expenses actually incurred in connection with the member's duties**
 41 **as provided in the state policies and procedures established by the**
 42 **Indiana department of administration and approved by the budget**

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1 agency.

2 (e) Each member of the task force who is a state employee but
3 who is not a member of the general assembly is entitled to
4 reimbursement for traveling expenses as provided under
5 IC 4-13-1-4 and other expenses actually incurred in connection
6 with the member's duties as provided in the state policies and
7 procedures established by the Indiana department of
8 administration and approved by the budget agency.

9 (f) Each member of the task force who is a member of the
10 general assembly is entitled to receive the same per diem, mileage,
11 and travel allowances paid to legislative members of interim study
12 committees established by the legislative council. Per diem,
13 mileage, and travel allowances paid under this subsection shall be
14 paid from appropriations made to the legislative council or the
15 legislative services agency.

16 (g) This SECTION expires December 31, 2022.

17 SECTION 53. An emergency is declared for this act.

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