

SENATE BILL No. 171

DIGEST OF INTRODUCED BILL

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

Synopsis: Abortion matters. Prohibits a person from knowingly or intentionally: (1) prescribing or possessing an abortion inducing drug; or (2) sending an abortion inducing drug to a person located in Indiana, if the person located in Indiana possesses the abortion inducing drug. Provides that each offense is a Class A misdemeanor with a Level 6 felony for subsequent offenses. Establishes a defense to possessing an abortion inducing drug. Provides for the discipline of a practitioner for a violation. Prohibits a nonprofit organization in Indiana from providing or offering to provide financial assistance to pay for, offset the cost of, or reimburse the cost of an abortion inducing drug. Gives the attorney general concurrent jurisdiction of actions concerning abortion inducing drugs. Requires a woman who is pregnant as a result of rape or incest to provide to her physician an affidavit attesting to the rape or incest before the physician performs the abortion. Prohibits state employee health plans, the state Medicaid program, policies of accident and sickness insurance, and health maintenance contracts from providing coverage for an abortion inducing drug. Makes conforming amendments.

Effective: July 1, 2025.

Young M

January 8, 2025, read first time and referred to Committee on Health and Provider Services.



First Regular Session of the 124th General Assembly (2025)

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 2024 Regular Session of the General Assembly.

SENATE BILL No. 171

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

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

- 1 SECTION 1. IC 4-6-2-1.1, AS AMENDED BY P.L.205-2013,
2 SECTION 54, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2025]: Sec. 1.1. The attorney general has concurrent
4 jurisdiction with the prosecuting attorney in the prosecution of the
5 following:
6 (1) Actions in which a person is accused of committing, while a
7 member of an unlawful assembly as defined in IC 35-45-1-1, a
8 homicide (IC 35-42-1).
9 (2) Actions in which a person is accused of assisting a criminal
10 (IC 35-44.1-2-5), if the person alleged to have been assisted is a
11 person described in subdivision (1).
12 (3) Actions in which a sheriff is accused of any offense that
13 involves a failure to protect the life of a prisoner in the sheriff's
14 custody.
15 (4) Actions in which a violation of IC 2-8.2-4-6 (concerning
16 constitutional convention delegates) has occurred.
17 (5) **Actions concerning abortion inducing drugs under**



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

2 SECTION 2. IC 5-10-8.1-9 IS ADDED TO THE INDIANA CODE
3 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
4 1, 2025]: **Sec. 9. (a) As used in this section, "abortion inducing
5 drug" has the meaning set forth in IC 16-18-2-1.6.**

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

9 SECTION 3. IC 12-15-35.5-10 IS ADDED TO THE INDIANA
10 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
11 [EFFECTIVE JULY 1, 2025]: **Sec. 10. The office of the secretary
12 may not reimburse under Medicaid for an abortion inducing drug
13 (as defined in IC 16-18-2-1.6).**

14 SECTION 4. IC 16-18-2-1, AS AMENDED BY P.L.136-2013,
15 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
16 JULY 1, 2025]: Sec. 1. "Abortion" means the termination of human
17 pregnancy with an intention other than to produce a live birth or to
18 remove a dead fetus. The term includes abortions by surgical
19 procedures and by abortion inducing drugs **in violation of
20 IC 16-42-22.5.**

21 SECTION 5. IC 16-34-1-4, AS AMENDED BY P.L.218-2021,
22 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
23 JULY 1, 2025]: Sec. 4. No:

- 24 (1) physician;
- 25 (2) nurse;
- 26 (3) physician assistant;
- 27 (4) pharmacist;
- 28 (5) employee or member of the staff of a hospital or other facility
- 29 in which an abortion may be performed; or
- 30 (6) mental health provider;

31 shall be required to perform an abortion, to prescribe, administer, or
32 dispense an abortion inducing drug **in violation of IC 16-42-22.5**, to
33 provide advice or counsel to a pregnant woman concerning medical
34 procedures resulting in, or intended to result in, an abortion, to assist
35 or participate in medical procedures resulting in, or intended to result
36 in an abortion, or to handle or dispose of aborted remains, if that
37 individual objects to such procedures on ethical, moral, or religious
38 grounds.

39 SECTION 6. IC 16-34-2-1, AS AMENDED BY P.L.179-2022(ss),
40 SECTION 21, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
41 JULY 1, 2025]: Sec. 1. (a) Abortion shall in all instances be a criminal
42 act, except when performed under the following circumstances:



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

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

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

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

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

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

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

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

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

(ii) the fetus has been 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.

However, under this article, an abortion inducing drug may not be dispensed, prescribed, administered, or otherwise given to a pregnant woman. ~~after eight (8) weeks of postfertilization age. A physician must dispense the abortion inducing drug in person and have the pregnant woman consume the drug in the presence of the physician. A physician shall examine a pregnant woman in person before prescribing or dispensing an abortion inducing drug. The physician shall provide the pregnant woman with a copy of the manufacturer's instruction sheets and require that the pregnant woman sign the manufacturer's patient agreement form. A physician shall also provide, orally and in writing, along with~~



other discharge information, the following statement: "Some evidence suggests that the effects of Mifepristone may be avoided; ceased; or reversed if the second pill, Misoprostol, has not been taken. Immediately contact the following for more information at (insert applicable abortion inducing drug reversal Internet web site and corresponding hotline number)." The physician shall retain a copy of the signed patient agreement form, and the signed physician's agreement form required by the manufacturer, in the patient's file. As used in this subdivision, "in person" does not include the use of telehealth or telemedicine services.

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

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

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

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

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

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

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

(B) all the circumstances and provisions required for legal abortion set forth in subdivision (1)(C) ~~through~~ and (1)(D) are



present and adhered to;

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

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

(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 reasonable medical judgment, performing the abortion is necessary to prevent any serious health risk to the pregnant woman or to save the pregnant woman's life. 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 7. IC 16-34-2-1.1, AS AMENDED BY P.L.56-2023, SECTION 153, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: 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 private, not group, 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 informed the



pregnant woman orally and in writing of the following:

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

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

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

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

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

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

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

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

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) website address of the state department's website; and

(ii) description of the information that will be provided on the website and that is;

described in section 1.5 of this chapter.

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

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

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



(i) dispose of the remains of the aborted fetus by interment in compliance with IC 23-14-54, or cremation through a licensee (as defined in IC 25-15-2-19) and in compliance with IC 23-14-31; or

(ii) have the health care facility dispose of the remains of the aborted fetus by interment in compliance with IC 23-14-54, or cremation through a licensee (as defined in IC 25-15-2-19) and in compliance with IC 23-14-31, and ask which method of disposition will be used by the health care facility.

~~(F)~~ On a form developed by the state department:

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

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

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

The state department shall develop and distribute the forms required by clauses (H) through ~~(K)~~: **(J)**.

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

(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 website 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 abortion is performed, that the pregnant woman:

(A) does not want to view the fetal ultrasound imaging; and

(B) does not want to listen to the auscultation of the fetal heart tone if the fetal heart tone is audible.

A pregnant woman must be advised, prior to the pregnant woman's decision concerning fetal ultrasound imaging, that an ultrasound image of the fetus will be provided to the pregnant woman to keep at no charge to the pregnant woman if the fetal ultrasound is performed.

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



the pregnant woman if she is being coerced to have an abortion.

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

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

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

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

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

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

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

(2) inform the pregnant woman that a demand by the father to have an abortion does not relieve him of financial support



responsibilities; and

(3) provide the pregnant woman with:

(A) information about:

(i) assistance;

(ii) counseling; and

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

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

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

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

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

SECTION 8. IC 16-34-2-1.5, AS AMENDED BY P.L.170-2021, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 1.5. (a) The state department shall develop an informed consent brochure and post the informed consent brochure on the state department's ~~Internet web site:~~ **website**.

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

(1) Objective scientific information concerning the probable anatomical and physiological characteristics of a fetus every two

(2) weeks of gestational age, including the following:

(A) Realistic pictures in color for each age of the fetus, including the dimensions of the fetus.

(B) Whether there is any possibility of the fetus surviving outside the womb.

(2) Objective scientific information concerning the medical risks associated with each abortion procedure, ~~or the use of an abortion inducing drug,~~ including the following:



- 1 (A) The risks of infection and hemorrhaging.
- 2 (B) The potential danger:
 - 3 (i) to a subsequent pregnancy; or
 - 4 (ii) of infertility.
- 5 (3) Information concerning the medical risks associated with
- 6 carrying the child to term.
- 7 (4) Information that medical assistance benefits may be available
- 8 for prenatal care, childbirth, and neonatal care.
- 9 (5) Information that the biological father is liable for assistance in
- 10 support of the child, regardless of whether the biological father
- 11 has offered to pay for an abortion.
- 12 (6) Information regarding telephone 211 dialing code services for
- 13 accessing human services as described in IC 12-13-16, and the
- 14 types of services that are available through this service.
- 15 (7) Information concerning Indiana's safe haven law under
- 16 IC 31-34-2.5-1.
- 17 (8) Information that, under certain conditions, a pregnant woman
- 18 may relinquish a child who is, or who appears to be, not more
- 19 than thirty (30) days of age:
 - 20 (A) to an emergency medical services provider (as defined in
 - 21 IC 16-41-10-1); or
 - 22 (B) in a newborn safety device described in IC 31-34-2.5-1.
- 23 (c) In the development of the informed consent brochure described
- 24 in this section, the state department shall use information and pictures
- 25 that are available at no cost or nominal cost to the state department.
- 26 (d) The informed consent brochure must include the requirements
- 27 specified in this chapter.
- 28 SECTION 9. IC 16-34-2-4.5, AS AMENDED BY P.L.179-2022(ss),
- 29 SECTION 25, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 30 JULY 1, 2025]: Sec. 4.5. (a) A physician may not perform an abortion
- 31 ~~including an abortion using an abortion inducing drug~~, unless the
- 32 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; or
 - 35 (2) has entered into a written agreement with a physician who has
 - 36 written admitting privileges at a hospital in the county or
 - 37 contiguous county concerning the management of possible
 - 38 complications of the services provided.
- 39 A written agreement described in subdivision (2) must be renewed
- 40 annually.
- 41 (b) A physician who performs an abortion ~~including an abortion~~
- 42 ~~using an abortion inducing drug~~, shall notify the patient of the location



1 of the hospital at which the physician or a physician with whom the
 2 physician has entered into an agreement under subsection (a)(2) has
 3 admitting privileges and where the patient may receive follow-up care
 4 by the physician if complications arise.

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

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

11 (2) submit a copy of the admitting privileges described in
 12 subdivision (1) to the state department. The state department shall
 13 verify the validity of the admitting privileges document. The state
 14 department shall remove any identifying information from the
 15 admitting privileges document before releasing the document
 16 under IC 5-14-3.

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

20 (1) each hospital located in the county in which the hospital
 21 granting the admitting privileges described in subsection (a) is
 22 located; and

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

25 where abortions are performed.

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

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

34 SECTION 10. IC 16-34-2-4.7, AS AMENDED BY
 35 P.L.179-2022(ss), SECTION 26, IS AMENDED TO READ AS
 36 FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 4.7. (a) As used in this
 37 section, "abortion complication" means only the following physical or
 38 psychological conditions arising from the induction or performance of
 39 an abortion:

40 (1) Uterine perforation.

41 (2) Cervical laceration.

42 (3) Infection.



(4) Vaginal bleeding that qualifies as a Grade 2 or higher adverse event according to the Common Terminology Criteria for Adverse Events (CTCAE).

(5) Pulmonary embolism.

(6) Deep vein thrombosis.

(7) Failure to terminate the pregnancy.

(8) Incomplete abortion (retained tissue).

(9) Pelvic inflammatory disease.

(10) Missed ectopic pregnancy.

(11) Cardiac arrest.

(12) Respiratory arrest.

(13) Renal failure.

(14) Shock.

(15) Amniotic fluid embolism.

(16) Coma.

(17) Placenta previa in subsequent pregnancies.

(18) Pre-term delivery in subsequent pregnancies.

(19) Free fluid in the abdomen.

(20) Hemolytic reaction due to the administration of ABO-incompatible blood or blood products.

(21) Hypoglycemia occurring while the patient is being treated at the hospital or ambulatory outpatient surgical center.

(22) Allergic reaction to anesthesia. ~~or abortion inducing drugs.~~

(23) Psychological complications, including depression, suicidal ideation, anxiety, and sleeping disorders.

(24) Death.

(25) Any other adverse event as defined by criteria provided in the Food and Drug Administration Safety Information and Adverse Event Reporting Program.

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

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

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

(3) Beginning September 1, 2022, an ambulatory outpatient surgical center licensed under IC 16-21-2.

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

(d) A report under this section shall be submitted to the state department in the manner prescribed by the state department.

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



- 1 (1) The date the patient presented for treatment for the abortion
- 2 complication.
- 3 (2) The age of the patient.
- 4 (3) The race of the patient.
- 5 (4) The county and state of the patient's residence.
- 6 (5) The type of abortion obtained by the patient.
- 7 (6) The date of abortion obtained by the patient.
- 8 (7) The name of the:
- 9 (A) hospital; or
- 10 (B) ambulatory outpatient surgical center;
- 11 where the patient obtained the abortion.
- 12 (8) Whether the patient obtained abortion medication via mail
- 13 order or ~~Internet web site~~, **website**, and if so, information
- 14 identifying the source of the medication.
- 15 (9) Whether the complication was previously managed by the
- 16 abortion provider or the abortion provider's required back-up
- 17 physician.
- 18 (10) The name of the medications taken by the patient as part of
- 19 the pharmaceutical abortion regimen, if any.
- 20 (11) A list of each diagnosed complication.
- 21 (12) A list of each treated complication, with a description of the
- 22 treatment provided.
- 23 (13) Whether the patient's visit to treat the complications was the
- 24 original visit or a follow-up visit.
- 25 (14) The date of each follow-up visit, if any.
- 26 (15) A list of each complication diagnosed at a follow-up visit, if
- 27 any.
- 28 (16) A list of each complication treated at a follow-up visit, if any.
- 29 (f) On a quarterly basis, the state department shall compile a public
- 30 report summarizing the information collected under this section. The
- 31 report must include statistics for the previous calendar quarter, with
- 32 updated information for the most recent calendar quarter.
- 33 (g) The state department shall summarize the aggregate data from
- 34 the data submitted under this section and submit the data, on or before
- 35 June 30 of each year, to the United States Centers for Disease Control
- 36 and Prevention for its inclusion in the annual Vital Statistics Report.
- 37 (h) The state department shall ensure that no identifying information
- 38 of a pregnant woman is included in the report described in subsection
- 39 (f).
- 40 (i) This subsection applies after August 31, 2020. Each failure to
- 41 report an abortion complication as required under this section is a Class
- 42 B misdemeanor.



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

SECTION 11. IC 16-34-2-5, AS AMENDED BY P.L.56-2023, SECTION 154, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 5. (a) Every health care provider who performs a surgical abortion ~~or provides, prescribes, administers, or dispenses an abortion inducing drug for the purposes of inducing an abortion~~ shall report the performance of the abortion ~~or the provision, prescribing, administration, or dispensing of an abortion inducing drug~~ on a form drafted by the state department, the purpose and function of which shall be the improvement of maternal health and life through the compilation of relevant maternal life and health factors and data, and a further purpose and function shall be to monitor all abortions performed in Indiana to assure the abortions are done only under the authorized provisions of the law. For each abortion performed, ~~and abortion inducing drug provided, prescribed, administered, or dispensed,~~ the report shall include, among other things, the following:

- (1) The age of the patient.
- (2) Whether a waiver of consent under section 4 of this chapter was obtained.
- (3) Whether a waiver of notification under section 4 of this chapter was obtained.
- (4) The date and location, including the facility name and city or town, where the:
 - (A) pregnant woman:
 - (i) provided consent; and
 - (ii) received all information;
 required under section 1.1 of this chapter; and
 - (B) abortion was performed. ~~or the abortion inducing drug was provided, prescribed, administered, or dispensed.~~
- (5) The health care provider's full name and address, including the name of the physicians performing the abortion. ~~or providing, prescribing, administering, or dispensing the abortion inducing drug.~~
- (6) The city and county where the pregnancy termination occurred.
- (7) The age of the father, or the approximate age of the father if the father's age is unknown.
- (8) The patient's county and state of residence.
- (9) The marital status of the patient.
- (10) The educational level of the patient.
- (11) The race of the patient.



- 1 (12) The ethnicity of the patient.
- 2 (13) The number of the patient's previous live births.
- 3 (14) The number of the patient's deceased children.
- 4 (15) The number of the patient's spontaneous pregnancy
- 5 terminations.
- 6 (16) The number of the patient's previous induced terminations.
- 7 (17) The date of the patient's last menses.
- 8 (18) The physician's determination of the gestation of the fetus in
- 9 weeks.
- 10 (19) The reason for the abortion.
- 11 (20) Whether the patient indicated that the patient was seeking an
- 12 abortion as a result of being:
- 13 (A) abused;
- 14 (B) coerced;
- 15 (C) harassed; or
- 16 (D) trafficked.
- 17 (21) The following information concerning the abortion: ~~or the~~
- 18 ~~provision, prescribing, administration, or dispensing of the~~
- 19 ~~abortion inducing drug:~~
- 20 (A) The postfertilization age of the fetus (in weeks).
- 21 (B) The manner in which the postfertilization age was
- 22 determined.
- 23 (C) The gender of the fetus, if detectable.
- 24 (D) Whether the fetus has been diagnosed with or has a
- 25 potential diagnosis of having Down syndrome or any other
- 26 disability.
- 27 (E) If after the earlier of the time the fetus obtains viability or
- 28 the time the postfertilization age of the fetus is at least twenty
- 29 (20) weeks, the medical reason for the performance of the
- 30 abortion.
- 31 (22) ~~For a surgical abortion,~~ The medical procedure used for the
- 32 abortion and, if the fetus had a postfertilization age of at least
- 33 twenty (20) weeks:
- 34 (A) whether the procedure, in the reasonable judgment of the
- 35 health care provider, gave the fetus the best opportunity to
- 36 survive;
- 37 (B) the basis for the determination that the pregnant woman
- 38 had a condition described in this chapter that required the
- 39 abortion to avert the death of or serious impairment to the
- 40 pregnant woman; and
- 41 (C) the name of the second doctor present, as required under
- 42 ~~IC 16-34-2-3(a)(3):~~ **section 3(a)(3) of this chapter.**



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

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

(25) (23) For an abortion performed before twenty (20) weeks of postfertilization age of the fetus, the medical indication by diagnosis code for the fetus and the mother.

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

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

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

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

(30) (28) 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.~~

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

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

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

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

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

(2) Statistics for previous calendar years compiled by the state department under this subsection, with updated information for



the calendar quarter that was submitted to the state department after the compilation of the statistics.

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

(f) The state department shall:

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

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

SECTION 12. IC 16-34-3-2, AS AMENDED BY P.L.179-2022(ss), SECTION 29, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 2. (a) A pregnant woman who has an abortion under this article has the right to have the hospital or ambulatory outpatient surgical center dispose of the aborted fetus by interment in compliance with IC 23-14-54, or cremation through a licensee (as defined in IC 25-15-2-19) and in compliance with IC 23-14-31. The pregnant woman who selects to have the hospital or ambulatory outpatient surgical center dispose of the aborted fetus has the right to ask which method will be used by the hospital or ambulatory outpatient surgical center.

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

(1) in writing; and

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

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

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

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

~~(e) In the case of an abortion induced by an abortion inducing drug,~~



the pregnant woman may return the aborted fetus to the hospital or ambulatory outpatient surgical center for disposition by interment in compliance with IC 23-14-54, or cremation through a licensee (as defined in IC 25-15-2-19) and in compliance with IC 23-14-31.

SECTION 13. IC 16-34-3-4, AS AMENDED BY P.L. 179-2022(ss), SECTION 31, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 4. (a) A hospital or ambulatory outpatient surgical center having possession of an aborted fetus shall provide for the final disposition of the aborted fetus. The burial transit permit requirements of IC 16-37-3 apply to the final disposition of an aborted fetus, which must be interred or cremated. However:

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

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

Aborted fetuses may be cremated by simultaneous cremation.

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

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

(1) The date of the abortion.

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

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

~~(4) In the case of an abortion induced by an abortion inducing~~



1 ~~drug:~~

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

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

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

10 (d) Each time the fetal remains are transported from one entity to
 11 another for disposition, the entity receiving the fetal remains must
 12 confirm that the number of fetal remains matches the information
 13 contained in the burial transit permit and accompanying log. After final
 14 disposition, a copy of the log will be sent back to the hospital or
 15 ambulatory outpatient surgical center. The final log will be attached to
 16 the original log described in subsection (c) and will be made available
 17 for review by the state department at the time of inspection.

18 (e) A hospital or ambulatory outpatient surgical center is responsible
 19 for demonstrating to the state department that the hospital or
 20 ambulatory outpatient surgical center has complied with the protocol
 21 provided in this section.

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

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

28 SECTION 14. IC 16-42-22.5 IS ADDED TO THE INDIANA
 29 CODE AS A NEW CHAPTER TO READ AS FOLLOWS
 30 [EFFECTIVE JULY 1, 2025]:

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

32 **Sec. 1. This chapter does not apply to the transport of an**
 33 **abortion inducing drug from a person in another state in**
 34 **continuous transit through Indiana to a person in another state.**

35 **Sec. 2. (a) A person commits unlawful prescription or possession**
 36 **of an abortion inducing drug, a Class A misdemeanor, if the person**
 37 **knowingly or intentionally prescribes or possesses an abortion**
 38 **inducing drug. However, the offense is a Level 6 felony if the**
 39 **person has a prior unrelated conviction for a violation of this**
 40 **section.**

41 **(b) It is a defense to a prosecution for a crime under this section**
 42 **that the abortion inducing drug was possessed by a pregnant**



1 woman who intended to use the abortion inducing drug to
2 terminate her pregnancy.

3 **Sec. 3. A person commits unlawful sending of an abortion**
4 **inducing drug, a Class A misdemeanor, if:**

5 (1) the person knowingly or intentionally sends an abortion
6 inducing drug to a person located in Indiana; and

7 (2) the person located in Indiana possesses the abortion
8 inducing drug.

9 However, the offense is a Level 6 felony if the person has a prior
10 unrelated conviction for a violation of this section.

11 **Sec. 4. (a) A practitioner (as defined in IC 25-1-9-2) who violates**
12 **section 2 of this chapter is subject to discipline by the practitioner's**
13 **regulating licensing board.**

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

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

20 (1) provide financial assistance; or

21 (2) offer to provide financial assistance;

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

25 SECTION 15. IC 25-1-9.5-8, AS AMENDED BY P.L.85-2021,
26 SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
27 JULY 1, 2025]: Sec. 8. (a) A prescriber may issue a prescription to a
28 patient who is receiving services through the use of telehealth if the
29 patient has not been examined previously by the prescriber in person
30 if the following conditions are met:

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

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

35 (3) The prescription:

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

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

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

42 (5) If the prescription is for a medical device, including an



ophthalmic device, the prescriber must use telehealth technology that is sufficient to allow the provider to make an informed diagnosis and treatment plan that includes the medical device being prescribed. However, a prescription for an ophthalmic device is also subject to the conditions in section 13 of this chapter.

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

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

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

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

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

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

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

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

SECTION 16. IC 27-8-13.4-3 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: **Sec. 3. (a) This section applies to an accident and sickness insurance policy that is issued, delivered, amended, or renewed after June 30, 2025.**

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

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

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

SECTION 17. IC 27-13-7-7.6 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS



[EFFECTIVE JULY 1, 2025]: Sec. 7.6. (a) **This section applies to an individual contract or a group contract that is entered into, amended, or renewed after June 30, 2025.**

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

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

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

SECTION 18. IC 34-6-2-55, AS AMENDED BY P.L.56-2023, SECTION 307, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 55. (a) "Health care services":

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

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

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

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

- (1) any services provided by an individual licensed under:
 - (A) IC 25-2.5;
 - (B) IC 25-10;
 - (C) IC 25-13;
 - (D) IC 25-14;
 - (E) IC 25-19;
 - (F) IC 25-22.5;
 - (G) IC 25-23;
 - (H) IC 25-23.5;
 - (I) IC 25-23.6;
 - (J) IC 25-24;
 - (K) IC 25-26;
 - (L) IC 25-27;



- 1 (M) IC 25-27.5;
- 2 (N) IC 25-29;
- 3 (O) IC 25-33;
- 4 (P) IC 25-34.5; or
- 5 (Q) IC 25-35.6;
- 6 (2) services provided as the result of hospitalization, to an
- 7 individual admitted to a health facility licensed under IC 16-28,
- 8 or to a person residing in a housing with services establishment
- 9 (as defined by IC 12-10-15-3);
- 10 (3) services incidental to the furnishing of services described in
- 11 ~~subdivisions~~ **subdivision** (1) or (2);
- 12 (4) any services by individuals:
- 13 (A) licensed as paramedics;
- 14 (B) certified as advanced emergency medical technicians; or
- 15 (C) certified as emergency medical technicians under
- 16 IC 16-31;
- 17 (5) any services provided by individuals certified as emergency
- 18 medical responders under IC 16-31;
- 19 (6) any services provided by certified health care professionals
- 20 who are registered with the Indiana department of health,
- 21 including:
- 22 (A) certified nurse aides certified under IC 16-28-1-11;
- 23 (B) qualified medication aides certified under IC 16-28-1-11;
- 24 and
- 25 (C) home health aides registered under rules adopted under
- 26 IC 16-27-1-7;
- 27 (7) any services provided by unlicensed health care professionals
- 28 who have successfully completed any applicable training required
- 29 by the Indiana department of health;
- 30 (8) any services provided by health care volunteers who are
- 31 permitted to practice during an event that is declared a disaster
- 32 emergency under IC 10-14-3-12 to respond to COVID-19;
- 33 (9) any services provided by individuals with provisional or
- 34 temporary licenses who are permitted to practice during an event
- 35 that is declared a disaster emergency under IC 10-14-3-12 to
- 36 respond to COVID-19; or
- 37 (10) any other services or goods furnished for the purpose of
- 38 preventing, alleviating, curing, or healing human illness, physical
- 39 disability, or injury.
- 40 SECTION 19. IC 35-46-5-1.5, AS ADDED BY P.L.213-2016,
- 41 SECTION 30, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 42 JULY 1, 2025]: Sec. 1.5. (a) As used in this section, "aborted" means



1 the termination of human pregnancy with an intention other than to
 2 produce a live birth or to remove a dead fetus. The term includes
 3 abortions by surgical procedures and by abortion inducing drugs **in**
 4 **violation of IC 16-42-22.5.**

5 (b) As used in this section, "fetal tissue" includes tissue, organs, or
 6 any other part of an aborted fetus.

7 (c) This section does not apply to the proper medical disposal of
 8 fetal tissue.

9 (d) A person who intentionally acquires, receives, sells, or transfers
 10 fetal tissue commits unlawful transfer of fetal tissue, a Level 5 felony.

11 (e) A person may not alter the timing, method, or procedure used to
 12 terminate a pregnancy for the purpose of obtaining or collecting fetal
 13 tissue. A person who violates this subsection commits the unlawful
 14 collection of fetal tissue, a Level 5 felony.

15 SECTION 20. IC 35-52-16-90.1 IS ADDED TO THE INDIANA
 16 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
 17 [EFFECTIVE JULY 1, 2025]: **Sec. 90.1. IC 16-42-22.5-2 defines a**
 18 **crime concerning abortion inducing drugs.**

19 SECTION 21. IC 35-52-16-90.2 IS ADDED TO THE INDIANA
 20 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
 21 [EFFECTIVE JULY 1, 2025]: **Sec. 90.2. IC 16-42-22.5-3 defines a**
 22 **crime concerning abortion inducing drugs.**

