

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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



- 1 present and adhered to;
- 2 (C) the abortion is performed in a hospital licensed under
- 3 IC 16-21;
- 4 (D) the abortion is performed in compliance with section 3 of
- 5 this chapter; and
- 6 (E) before the abortion, the attending physician shall certify in
- 7 writing to the hospital in which the abortion is to be
- 8 performed, that in the attending physician's reasonable medical
- 9 judgment, performing the abortion is necessary to prevent any
- 10 serious health risk to the pregnant woman or to save the
- 11 pregnant woman's life. All facts and reasons supporting the
- 12 certification shall be set forth by the physician in writing and
- 13 attached to the certificate.
- 14 (b) A person may not knowingly or intentionally perform a partial
- 15 birth abortion unless a physician reasonably believes that:
- 16 (1) performing the partial birth abortion is necessary to save the
- 17 mother's life; and
- 18 (2) no other medical procedure is sufficient to save the mother's
- 19 life.
- 20 (c) A person may not knowingly or intentionally perform a
- 21 dismemberment abortion unless reasonable medical judgment dictates
- 22 that performing the dismemberment abortion is necessary:
- 23 (1) to prevent any serious health risk to the mother; or
- 24 (2) to save the mother's life.
- 25 (d) Telehealth and telemedicine may not be used to provide any
- 26 abortion, including the writing or filling of a prescription for any
- 27 purpose that is intended to result in an abortion.
- 28 SECTION 7. IC 16-34-2-1.1, AS AMENDED BY P.L.56-2023,
- 29 SECTION 153, IS AMENDED TO READ AS FOLLOWS
- 30 [EFFECTIVE JULY 1, 2025]: Sec. 1.1. (a) An abortion shall not be
- 31 performed except with the voluntary and informed consent of the
- 32 pregnant woman upon whom the abortion is to be performed. Except
- 33 in the case of a medical emergency, consent to an abortion is voluntary
- 34 and informed only if the following conditions are met:
- 35 (1) At least eighteen (18) hours before the abortion and in the
- 36 private, not group, presence of the pregnant woman, the physician
- 37 who is to perform the abortion, the referring physician or a
- 38 physician assistant (as defined in IC 25-27.5-2-10), an advanced
- 39 practice registered nurse (as defined in IC 25-23-1-1(b)), or a
- 40 certified nurse midwife (as defined in IC 34-18-2-6.5) to whom
- 41 the responsibility has been delegated by the physician who is to
- 42 perform the abortion or the referring physician has informed the



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



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



- 1 (i) dispose of the remains of the aborted fetus by interment
 2 in compliance with IC 23-14-54, or cremation through a
 3 licensee (as defined in IC 25-15-2-19) and in compliance
 4 with IC 23-14-31; or
 5 (ii) have the health care facility dispose of the remains of the
 6 aborted fetus by interment in compliance with IC 23-14-54,
 7 or cremation through a licensee (as defined in
 8 IC 25-15-2-19) and in compliance with IC 23-14-31, and ask
 9 which method of disposition will be used by the health care
 10 facility.
- 11 ~~(F)~~ **(J)** On a form developed by the state department:
 12 (i) that a pregnant woman, after an abortion induced by an
 13 abortion inducing drug, will expel an aborted fetus; and
 14 (ii) the disposition policy of the health care facility
 15 concerning the disposition of the aborted fetus. The
 16 disposition policy must allow the pregnant woman to return
 17 the aborted fetus to the health care facility for disposition by
 18 interment in compliance with IC 23-14-54, or cremation
 19 through a licensee (as defined in IC 25-15-2-19) and in
 20 compliance with IC 23-14-31.
- 21 ~~(K)~~ **(J)** On a form developed by the state department,
 22 information concerning any counseling that is available to a
 23 pregnant woman after having an abortion.
 24 The state department shall develop and distribute the forms
 25 required by clauses (H) through ~~(K)~~: **(J)**.
- 26 (3) The pregnant woman certifies in writing, on a form developed
 27 by the state department, before the abortion is performed, that:
 28 (A) the information required by subdivisions (1) and (2) has
 29 been provided to the pregnant woman;
 30 (B) the pregnant woman has been offered by the provider the
 31 opportunity to view the fetal ultrasound imaging and hear the
 32 auscultation of the fetal heart tone if the fetal heart tone is
 33 audible and that the woman has:
 34 (i) viewed or refused to view the offered fetal ultrasound
 35 imaging; and
 36 (ii) listened to or refused to listen to the offered auscultation
 37 of the fetal heart tone if the fetal heart tone is audible; and
 38 (C) the pregnant woman has been given a written copy of the
 39 printed materials described in section 1.5 of this chapter.
- 40 (4) At least eighteen (18) hours before the abortion and in the
 41 presence of the pregnant woman, the physician who is to perform
 42 the abortion, the referring physician or a physician assistant (as



1 defined in IC 25-27.5-2-10), an advanced practice registered
 2 nurse (as defined in IC 25-23-1-1(b)), or a certified nurse midwife
 3 (as defined in IC 34-18-2-6.5) to whom the responsibility has
 4 been delegated by the physician who is to perform the abortion or
 5 the referring physician has provided the pregnant woman with a
 6 color copy of the informed consent brochure described in section
 7 1.5 of this chapter by printing the informed consent brochure from
 8 the state department's website and including the following
 9 information on the back cover of the brochure:

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

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

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

19 (5) At least eighteen (18) hours before an abortion is performed
 20 and at the same time that the pregnant woman receives the
 21 information required by subdivision (1), the provider shall
 22 perform, and the pregnant woman shall view, the fetal ultrasound
 23 imaging and hear the auscultation of the fetal heart tone if the
 24 fetal heart tone is audible unless the pregnant woman certifies in
 25 writing, on a form developed by the state department, before the
 26 abortion is performed, that the pregnant woman:

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

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

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

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



- 1 the pregnant woman if she is being coerced to have an abortion.
- 2 (b) This subsection applies to a pregnant woman whose unborn
3 child has been diagnosed with a lethal fetal anomaly. The requirements
4 of this subsection are in addition to the other requirements of this
5 section. At least eighteen (18) hours before an abortion is performed on
6 the pregnant woman, the physician who will perform the abortion shall:
7 (1) orally and in person, inform the pregnant woman of the
8 availability of perinatal hospice services; and
9 (2) provide the pregnant woman copies of the perinatal hospice
10 brochure developed by the state department under IC 16-25-4.5-4
11 and the list of perinatal hospice providers and programs
12 developed under IC 16-25-4.5-5, by printing the perinatal hospice
13 brochure and list of perinatal hospice providers from the state
14 department's website.
- 15 (c) If a pregnant woman described in subsection (b) chooses to have
16 an abortion rather than continuing the pregnancy in perinatal hospice
17 care, the pregnant woman shall certify in writing, on a form developed
18 by the state department under IC 16-25-4.5-6, at least eighteen (18)
19 hours before the abortion is performed, that the pregnant woman has
20 been provided the information described in subsection (b) in the
21 manner required by subsection (b).
- 22 (d) For any abortion performed under this article, the physician who
23 is to perform the abortion, the referring physician or a physician
24 assistant (as defined in IC 25-27.5-2-10), an advanced practice
25 registered nurse (as defined in IC 25-23-1-1(b)), or a certified nurse
26 midwife (as defined in IC 34-18-2-6.5) to whom the responsibility has
27 been delegated by the physician who is to perform the abortion or the
28 referring physician shall include, or ensure the inclusion of, a copy of
29 a pregnant woman's ultrasound report in the pregnant woman's patient
30 file.
- 31 (e) If the physician who is to perform the abortion, the referring
32 physician, a physician assistant (as defined in IC 25-27.5-2-10), an
33 advanced practice registered nurse (as defined in IC 25-23-1-1(b)), or
34 a certified nurse midwife (as defined in IC 34-18-2-6.5) suspects a
35 pregnant woman is being coerced to have an abortion after making the
36 inquiry required under subsection (a)(6), the physician, physician
37 assistant, advanced practice registered nurse, or certified nurse midwife
38 shall:
39 (1) inform the pregnant woman that coercing a pregnant woman
40 to have an abortion is illegal;
41 (2) inform the pregnant woman that a demand by the father to
42 have an abortion does not relieve him of financial support



- 1 responsibilities; and
 2 (3) provide the pregnant woman with:
 3 (A) information about:
 4 (i) assistance;
 5 (ii) counseling; and
 6 (iii) protective services offered by social programs and local
 7 or state law enforcement agencies;
 8 (B) access to a telephone if she needs to make a private
 9 telephone call; and
 10 (C) access to an alternate exit from the health care facility.
 11 (f) Except as provided in subsection (g), if a physician, physician
 12 assistant (as defined in IC 25-27.5-2-10), advanced practice registered
 13 nurse (as defined in IC 25-23-1-1(b)), or certified nurse midwife (as
 14 defined in IC 34-18-2-6.5) has specific and credible information that
 15 a pregnant woman is being coerced into having an abortion, then an
 16 abortion may not be provided to the pregnant woman during the
 17 twenty-four (24) hour period after the physician, physician assistant (as
 18 defined in IC 25-27.5-2-10), advanced practice registered nurse (as
 19 defined in IC 25-23-1-1(b)), or certified nurse midwife (as defined in
 20 IC 34-18-2-6.5) makes a report under IC 16-34-6-6(b).
 21 (g) The twenty-four (24) hour period described in subsection (f) may
 22 be waived if a physician, in the physician's best medical judgment,
 23 determines that an abortion is necessary to prevent the death of the
 24 pregnant woman or to prevent substantial and irreversible injury to a
 25 major bodily function of the pregnant woman.
 26 SECTION 8. IC 16-34-2-1.5, AS AMENDED BY P.L.170-2021,
 27 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 28 JULY 1, 2025]: Sec. 1.5. (a) The state department shall develop an
 29 informed consent brochure and post the informed consent brochure on
 30 the state department's ~~Internet web site:~~ **website**.
 31 (b) The state department shall develop an informed consent
 32 brochure that includes the following:
 33 (1) Objective scientific information concerning the probable
 34 anatomical and physiological characteristics of a fetus every two
 35 (2) weeks of gestational age, including the following:
 36 (A) Realistic pictures in color for each age of the fetus,
 37 including the dimensions of the fetus.
 38 (B) Whether there is any possibility of the fetus surviving
 39 outside the womb.
 40 (2) Objective scientific information concerning the medical risks
 41 associated with each abortion procedure, ~~or the use of an abortion~~
 42 ~~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.



- 1 (4) Vaginal bleeding that qualifies as a Grade 2 or higher adverse
 2 event according to the Common Terminology Criteria for Adverse
 3 Events (CTCAE).
 4 (5) Pulmonary embolism.
 5 (6) Deep vein thrombosis.
 6 (7) Failure to terminate the pregnancy.
 7 (8) Incomplete abortion (retained tissue).
 8 (9) Pelvic inflammatory disease.
 9 (10) Missed ectopic pregnancy.
 10 (11) Cardiac arrest.
 11 (12) Respiratory arrest.
 12 (13) Renal failure.
 13 (14) Shock.
 14 (15) Amniotic fluid embolism.
 15 (16) Coma.
 16 (17) Placenta previa in subsequent pregnancies.
 17 (18) Pre-term delivery in subsequent pregnancies.
 18 (19) Free fluid in the abdomen.
 19 (20) Hemolytic reaction due to the administration of
 20 ABO-incompatible blood or blood products.
 21 (21) Hypoglycemia occurring while the patient is being treated at
 22 the hospital or ambulatory outpatient surgical center.
 23 (22) Allergic reaction to anesthesia. ~~or abortion inducing drugs.~~
 24 (23) Psychological complications, including depression, suicidal
 25 ideation, anxiety, and sleeping disorders.
 26 (24) Death.
 27 (25) Any other adverse event as defined by criteria provided in
 28 the Food and Drug Administration Safety Information and
 29 Adverse Event Reporting Program.
- 30 (b) The following persons shall report to the state department each
 31 case in which the person treated a patient suffering from an abortion
 32 complication:
 33 (1) A physician licensed under IC 25-22.5.
 34 (2) A hospital licensed under IC 16-21.
 35 (3) Beginning September 1, 2022, an ambulatory outpatient
 36 surgical center licensed under IC 16-21-2.
- 37 (c) The state department shall develop a process for the submission
 38 of a report under this section.
- 39 (d) A report under this section shall be submitted to the state
 40 department in the manner prescribed by the state department.
- 41 (e) The report under this section must include the following
 42 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.



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

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

- 18 (1) The age of the patient.
19 (2) Whether a waiver of consent under section 4 of this chapter
20 was obtained.
21 (3) Whether a waiver of notification under section 4 of this
22 chapter was obtained.
23 (4) The date and location, including the facility name and city or
24 town, where the:
25 (A) pregnant woman:
26 (i) provided consent; and
27 (ii) received all information;
28 required under section 1.1 of this chapter; and
29 (B) abortion was performed. ~~or the abortion inducing drug was~~
30 ~~provided, prescribed, administered, or dispensed.~~
31 (5) The health care provider's full name and address, including the
32 name of the physicians performing the abortion. ~~or providing,~~
33 ~~prescribing, administering, or dispensing the abortion inducing~~
34 ~~drug.~~
35 (6) The city and county where the pregnancy termination
36 occurred.
37 (7) The age of the father, or the approximate age of the father if
38 the father's age is unknown.
39 (8) The patient's county and state of residence.
40 (9) The marital status of the patient.
41 (10) The educational level of the patient.
42 (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.**



- 1 ~~(23)~~ For a nonsurgical abortion, the precise drugs provided;
 2 prescribed, administered, or dispensed; and the means of delivery
 3 of the drugs to the patient.
 4 ~~(24)~~ For a nonsurgical abortion, that the manufacturer's
 5 instructions were provided to the patient and that the patient
 6 signed the patient agreement.
 7 ~~(25)~~ **(23)** For an abortion performed before twenty (20) weeks of
 8 postfertilization age of the fetus, the medical indication by
 9 diagnosis code for the fetus and the mother.
 10 ~~(26)~~ **(24)** The mother's obstetrical history, including dates of other
 11 abortions, if any.
 12 ~~(27)~~ **(25)** Any preexisting medical conditions of the patient that
 13 may complicate the abortion.
 14 ~~(28)~~ **(26)** The results of pathological examinations if performed.
 15 ~~(29)~~ **(27)** For a surgical abortion, Whether the fetus was delivered
 16 alive, and if so, how long the fetus lived.
 17 ~~(30)~~ **(28)** Records of all maternal deaths occurring at the location
 18 where the abortion was performed. ~~or the abortion inducing drug~~
 19 was provided, prescribed, administered, or dispensed.
 20 ~~(31)~~ **(29)** The date the form was transmitted to the state
 21 department and, if applicable, separately to the department of
 22 child services.
- 23 (b) The health care provider shall complete the form provided for in
 24 subsection (a) and shall transmit the completed form to the state
 25 department, in the manner specified on the form, within thirty (30) days
 26 after the date of each abortion. However, if an abortion is for a female
 27 who is less than sixteen (16) years of age, the health care provider shall
 28 transmit the form to the state department and separately to the
 29 department of child services within three (3) days after the abortion is
 30 performed.
- 31 (c) The dates supplied on the form may not be redacted for any
 32 reason before the form is transmitted as provided in this section.
- 33 (d) Each failure to complete or timely transmit a form, as required
 34 under this section, for each abortion performed ~~or abortion inducing~~
 35 drug that was provided, prescribed, administered, or dispensed, is a
 36 Class B misdemeanor.
- 37 (e) On a quarterly basis, the state department shall compile a public
 38 report providing the following:
- 39 (1) Statistics for the previous calendar quarter from the
 40 information submitted under this section.
- 41 (2) Statistics for previous calendar years compiled by the state
 42 department under this subsection, with updated information for



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

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

5 (f) The state department shall:

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

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

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

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

26 (1) in writing; and

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

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

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

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

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



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

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

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

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

18 Aborted fetuses may be cremated by simultaneous cremation.

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

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

37 (1) The date of the abortion.

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

40 (3) (2) The name of the funeral director licensee who will be
 41 retrieving the aborted fetus.

42 (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



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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

