SENATE BILL No. 240

DIGEST OF INTRODUCED BILL

Citations Affected: IC 5-14-3-3.1; IC 16-19-3-34.5; IC 16-21-2-12.7; IC 16-34-2.

Synopsis: Abortion reporting and education. Requires the Indiana department of health (state department) to: (1) create a video for practitioners concerning the state's abortion laws and the standard of care for treating pregnant women with life threatening conditions; and (2) publish the video on its website. Specifies the information to be included in the video. Requires a hospital and ambulatory outpatient surgical center to: (1) review its protocol for abortion; (2) require certain practitioners to watch the video; and (3) certify to the state department compliance with these provisions. Amends the information required to be reported to the state department concerning the performance of an abortion and an abortion complication. Provides that a report concerning the performance of an abortion or an abortion complication is not confidential, is a public record, and shall be open to public inspection. Requires the state department to disclose these reports under Indiana's access to public records act. Requires the state department to: (1) publish the abortion complication reports on its website; and (2) send each abortion complication report to the office of the attorney general. Prohibits certain information on each form or report from being redacted. Requires the state department, if redacting: (1) a date; or (2) the age of the patient; from the form or report, to indicate on the form or report whether any applicable reporting deadline was met and whether or not the patient was a minor. Requires the state department to provide verification to the general assembly that the state department is in compliance concerning the release of these reports. Provides that an incomplete report concerning the performance of an abortion transmitted to the state department is subject to investigation by the state department and the office of the attorney general.

Effective: July 1, 2025.

Johnson T, Brown L

January 13, 2025, read first time and referred to Committee on Health and Provider Services.

Introduced

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. 240

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

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

SECTION 1. IC 5-14-3-3.1 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: **Sec. 3.1. A report made under IC 16-34-2-4.7 or IC 16-34-2-5 is not confidential and is a public record pursuant to section 2(r) of this chapter. It shall be open to public inspection and the Indiana department of health shall disclose the report upon a request made by any person.**

SECTION 2. IC 16-19-3-34.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: **Sec. 34.5. (a) As used in this section, "practitioner" means the following:**

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

(2) A nurse licensed under IC 25-23.

(3) A physician assistant licensed under IC 25-27.5.

(4) A certified nurse midwife (as defined in IC 34-18-2-6.5).

(5) A certified direct entry midwife certified under IC 25-23.4.

(6) Any other health care practitioner who provides emergent

or nonemergent gynecological or obstetric care, including the following:

(A) Maternal fetal medicine.

(B) Emergency medicine.

(C) Family medicine.

(D) Labor and delivery.

(b) The state department shall create a video for practitioners that explains and describes the:

(1) state's abortion laws; and

(2) standard of care for practitioners when treating pregnant women diagnosed with life threatening conditions or serious health risks (as defined in IC 16-18-2-327.9).

(c) The video described in subsection (b) must provide information on the following:

(1) The state's abortion laws, including:

(A) the definition of abortion;

(B) requirements to be met by a practitioner before and after an abortion; and

(C) enforcement of the state's abortion laws.

(2) Medical treatment options for pregnant women and their unborn children for the most common conditions that threaten a woman's or unborn child's life or health.

(3) Reporting requirements for abortion, including:

(A) abortion complication reports under IC 16-34-2-4.7;

(B) terminated pregnancy reports under IC 16-34-2-5; and

(C) reporting of adverse events to state or federal agencies.

The information described in subdivision (2) must be explained using the standard of care based on a practitioner's reasonable medical judgment.

(d) The state department shall publish the video created under this section and any supplemental materials on the state department's website.

SECTION 3. IC 16-21-2-12.7 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: **Sec. 12.7. (a) As used in this section, "abortion education video" refers to the video created by the state department under IC 16-19-3-34.5.**

(b) Each hospital and ambulatory outpatient surgical center shall do the following:

(1) Review the hospital's or ambulatory outpatient surgical center's protocol for abortions to ensure compliance with IC 16-34.

(2) Provide the protocols described in subdivision (1) to each practitioner (as defined in IC 16-19-3-34.5) who:

(A) is an employee, staff member, or independent contractor of; or

(B) has admitting privileges at;

the hospital or ambulatory outpatient surgical center.

(3) Require each practitioner described in subdivision (2) to watch the abortion education video.

(4) Provide a signed certification to the state department, in a manner prescribed by the state department, that the hospital or ambulatory outpatient surgical center is in compliance with the requirements of this section.

(c) The state department shall:

(1) maintain a certification form submitted by a hospital or ambulatory outpatient surgical center under this section; and

(2) upon request, make a certification form described in subdivision (1) public under IC 5-14-3.

SECTION 4. IC 16-34-2-4.7, AS AMENDED BY P.L.179-2022(ss), SECTION 26, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2025]: Sec. 4.7. (a) As used in this section, "abortion complication" means only the following physical or psychological conditions arising from the induction or performance of an abortion:

(1) Uterine perforation.

(2) Cervical laceration.

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

(2) The age of the patient.

(3) The race of the patient.

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

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

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

(7) The name of the:

(A) hospital; or

(B) ambulatory outpatient surgical center;

where the patient obtained the abortion.

(8) Whether the abortion was performed or occurred in Indiana or outside Indiana.

~~(8)~~ **(9)** Whether the patient obtained abortion medication via mail order or ~~Internet web site,~~ **website,** and if so, information identifying the source of the medication.

~~(9)~~ **(10)** Whether the complication was previously managed by the

abortion provider or the abortion provider's required back-up physician.

~~(10)~~ **(11)** The name of the medications taken by the patient as part of the pharmaceutical abortion regimen, if any.

~~(11)~~ **(12)** A list of each diagnosed complication.

~~(12)~~ **(13)** A list of each treated complication, with a description of the treatment provided.

~~(13)~~ **(14)** Whether the patient's visit to treat the complications was the original visit or a follow-up visit.

~~(14)~~ **(15)** The date of each follow-up visit, if any.

~~(15)~~ **(16)** A list of each complication diagnosed at a follow-up visit, if any.

~~(16)~~ **(17)** A list of each complication treated at a follow-up visit, if any.

(18) The location, including the facility name and city or town, where the patient presented for treatment of the abortion complication.

(19) The full name of the health care provider who provided treatment for the abortion complication.

(f) The state department shall do the following concerning a report received under this section:

(1) Publish the report on the state department's website.

(2) Send each report to the office of the attorney general.

(g) The information described in the following is public and may not be redacted from a report described in subsection (f):

(1) Subsection (e)(5).

(2) Subsection (e)(7) through (e)(13).

(3) Subsection (e)(18) and (e)(19).

(h) A report made under this section is not confidential and is a public record pursuant to IC 5-14-3-2(r). It shall be open to public inspection and the state department shall disclose the report upon a request made by any person (as defined in IC 5-14-3-2(n)).

(i) In releasing or making available to the public a report received under this section, the state department shall do the following:

(1) If the state department redacts a date on a report received under this section, indicate on the report whether the report was submitted in compliance with any reporting deadline.

(2) If the state department redacts the information described in subsection (e)(2) from a report, indicate on the report whether or not the patient was a minor.

~~(f)~~ **(j)** On a quarterly basis, the state department shall compile a

public report summarizing the information collected under this section. The report must include statistics for the previous calendar quarter, with updated information for the most recent calendar quarter.

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

~~(h)~~ **(l)** The state department shall ensure that no identifying information of a pregnant woman is included in the report described in subsection ~~(f).~~ **(j).**

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

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

(o) Before October 1, 2025, and before October 1 of each even-numbered year thereafter, the state department shall provide, in an electronic format under IC 5-14-6, verification to the general assembly that the state department is in compliance with subsection (h).

SECTION 5. 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 parental consent was obtained or** 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.

(12) The ethnicity of the patient.

(13) The number of the patient's previous live births.

(14) The number of the patient's deceased children.

(15) The number of the patient's spontaneous pregnancy terminations.

(16) The number of the patient's previous induced terminations.

(17) The date of the patient's last menses.

(18) The physician's determination of the gestation of the fetus in weeks.

(19) ~~The reason for the abortion.~~ **Information specifying any of the following:**

(A) The abortion was necessary to prevent any serious health risk to the pregnant woman or to save the pregnant woman's life, including the pregnant woman's diagnosed condition.

(B) The fetus was diagnosed with a lethal fetal anomaly, including the fetus's diagnosed condition.

(C) The pregnancy was a result of rape or incest.

(20) Whether the patient indicated that the patient was seeking an abortion as a result of being:

(A) abused;

(B) coerced;

(C) harassed; or

(D) trafficked.

(21) The following information concerning the abortion or the provision, prescribing, administration, or dispensing of the abortion inducing drug:

(A) The postfertilization age of the fetus (in weeks).

(B) The manner in which the postfertilization age was determined.

(C) The gender of the fetus, if detectable.

(D) Whether the fetus has been diagnosed with or has a potential diagnosis of having Down syndrome or any other disability.

(E) If after the earlier of the time the fetus obtains viability or the time the postfertilization age of the fetus is at least twenty (20) weeks, the medical reason for the performance of the abortion.

(22) For a surgical abortion, the **specific** medical procedure used for the abortion, **including the postfertilization age of the fetus,** and: ~~if the fetus had a postfertilization age of at least twenty (20) weeks:~~

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

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

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

(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) For a nonsurgical abortion, that the abortion inducing drug was dispensed and consumed in the presence of the physician in accordance with section 1(a) of this chapter.

~~(25)~~ **(26)** 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)~~ **(27)** The mother's obstetrical history, including dates of other abortions, if any.

~~(27)~~ **(28)** Any preexisting medical conditions of the patient that may complicate the abortion.

~~(28)~~ **(29)** The results of pathological examinations if performed.

~~(29)~~ **(30)** For a surgical abortion, whether the fetus was delivered alive, and if so, how long the fetus lived, **and that the physician complied with the requirements in IC 16-21-2-17.**

~~(30)~~ **(31)** 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, **including the specific cause of death.**

~~(31)~~ **(32)** The date the form was transmitted to the state department and, if applicable, separately to the department of child services.

(33) The name of each person assisting with the report.

(34) Certification by the attending physician, under the penalty of perjury, that the:

(A) report was reviewed and approved by the attending physician;

(B) information in the report is true and correct; and

(C) abortion was performed in compliance with this article.

(b) The health care provider shall complete the form provided for in subsection (a), **including each field on the form,** 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) An incomplete form transmitted to the state department under subsection (b) is subject to investigation by the state department and the office of the attorney general.

(f) The information described in the following is public and may not be redacted from each form received under this section:

(1) Subsection (a)(2) and (a)(3).

(2) Subsection (a)(5).

(3) Subsection (a)(18) and (a)(19).

(4) Subsection (a)(21)(A) and (a)(21)(E).

(5) Subsection (a)(22) through (a)(26).

(6) Subsection (a)(29) through (a)(32).

(7) Subsection (a)(34).

(g) A report made under this section is not confidential and is a public record pursuant to IC 5-14-3-2(r). It shall be open to public inspection and the state department shall disclose the report upon a request made by any person (as defined in IC 5-14-3-2(n)).

(h) In releasing or making available to the public a form received under this section, the state department shall do the following:

(1) If the state department redacts a date on a form received under this section, indicate on the form whether the health care provider transmitted the form to the state department by the reporting deadline described in subsection (b).

(2) If the state department redacts the information described in subsection (a)(1) from a form, indicate on the form whether or not the patient was a minor.

~~(c)~~ **(i)** 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)~~ **(j)** 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.

(k) Before October 1, 2025, and before October 1 of each even-numbered year thereafter, the state department shall provide, in an electronic format under IC 5-14-6, verification to the general assembly that the state department is in compliance with subsection (g).