

HOUSE BILL No. 1337

DIGEST OF INTRODUCED BILL

Citations Affected: IC 16-18-2; IC 16-21-11; IC 16-34; IC 16-41-16; IC 35-52-16-22.

Synopsis: Abortion. Provides that informed consent for an abortion must be obtained in a private setting. Provides that a pregnant woman considering an abortion must be given the opportunity to view the fetal ultrasound imaging and hear the auscultation of the fetal heart tone at least 18 hours before the abortion is performed and at the same time that informed consent is obtained. Provides that a written agreement between a physician performing an abortion and a physician who has written admitting privileges at a hospital in the county or contiguous county concerning the management of possible complications of the services must be renewed annually. Requires the state department of health (state department) to submit copies of admitting privileges and written agreements between physicians to other hospitals in the county and contiguous counties where abortions are performed. Requires that certain forms must include lines for the signature of the physician or other provider and the professional credentials of the physician or other provider. Provides that a health care provider shall transmit the pregnancy termination form to the state department of health and separately to the department of child services if the woman having the abortion is less than 15 years of age (rather than when the woman is less than 14 years of age as provided by current law). Provides that a person who knowingly transports an aborted fetus into, or out of, Indiana commits a Class A misdemeanor, unless the aborted fetus is transported for the sole purpose of final disposition. Provides that a woman who has an abortion must be informed of her right to take possession of the aborted fetus. Provides that a miscarried or aborted fetus must be interred or cremated by a facility having possession of the
(Continued next page)

Effective: Upon passage; July 1, 2016.

Cox, Mayfield, Bacon, Judy

January 12, 2016, read first time and referred to Committee on Public Policy.



Digest Continued

remains. Excludes the final disposition of a miscarried or aborted fetus from the law governing the treatment of infectious or pathological waste. Makes conforming changes.



Introduced

Second Regular Session of the 119th General Assembly (2016)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2015 Regular Session of the General Assembly.

HOUSE BILL No. 1337

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

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

- 1 SECTION 1. IC 16-18-2-1.5, AS AMENDED BY P.L.113-2015,
2 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 UPON PASSAGE]: Sec. 1.5. (a) "Abortion clinic", for purposes of
4 IC 16-19-3-31, IC 16-21-2, ~~and~~ IC 16-34-3, ~~and~~ **IC 16-41-16**, means
5 a health care provider (as defined in section 163(d)(1) of this chapter)
6 that:
7 (1) performs surgical abortion procedures; or
8 (2) beginning January 1, 2014, provides an abortion inducing
9 drug for the purpose of inducing an abortion.
10 (b) The term does not include the following:
11 (1) A hospital that is licensed as a hospital under IC 16-21-2.
12 (2) An ambulatory outpatient surgical center that is licensed as an
13 ambulatory outpatient surgical center under IC 16-21-2.
14 (3) A health care provider that provides, prescribes, administers,
15 or dispenses an abortion inducing drug to fewer than five (5)



1 patients per year for the purposes of inducing an abortion.
 2 SECTION 2. IC 16-18-2-128.7, AS ADDED BY P.L.113-2015,
 3 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 4 UPON PASSAGE]: Sec. 128.7. "Fetus", for purposes of IC 16-34 **and**
 5 **IC 16-41-16**, means an unborn child, irrespective of gestational age or
 6 the duration of the pregnancy.

7 SECTION 3. IC 16-18-2-237.1, AS ADDED BY P.L.127-2014,
 8 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 9 UPON PASSAGE]: Sec. 237.1. "Miscarried fetus", for purposes of
 10 IC 16-21-11 **and IC 16-41-16**, has the meaning set forth in
 11 IC 16-21-11-2.

12 SECTION 4. IC 16-21-11-5, AS ADDED BY P.L.127-2014,
 13 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 14 UPON PASSAGE]: Sec. 5. (a) Not more than twenty-four (24) hours
 15 after a woman has her miscarried fetus expelled or extracted in a health
 16 care facility, the health care facility shall:

- 17 (1) disclose to the parent or parents of the miscarried fetus, both
 18 orally and in writing, the parent's right to determine the final
 19 disposition of the remains of the miscarried fetus, **including the**
 20 **right to take possession of the remains of the miscarried fetus;**
 21 (2) provide the parent or parents of the miscarried fetus with
 22 written information concerning the available options for
 23 disposition of the miscarried fetus **under section 6 of this**
 24 **chapter and IC 16-41-16-7.6;** and
 25 (3) inform the parent or parents of the miscarried fetus of
 26 counseling that may be available concerning the death of the
 27 miscarried fetus.

28 (b) The parent or parents of a miscarried fetus shall inform the
 29 health care facility of the parent's decision for final disposition of the
 30 miscarried fetus after receiving the information required in subsection
 31 (a) but before the parent of the miscarried fetus is discharged from the
 32 health care facility. The health care facility shall document the parent's
 33 decision in the medical record.

34 SECTION 5. IC 16-21-11-6, AS ADDED BY P.L.127-2014,
 35 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 36 UPON PASSAGE]: Sec. 6. (a) If the parent or parents ~~choose a means~~
 37 ~~of final disposition other than the means of final disposition that is~~
 38 ~~usual and customary for the health care facility,~~ **take possession of the**
 39 **miscarried fetus**, the parent or parents are responsible for the costs
 40 related to the final disposition of the fetus.

41 (b) ~~If the parent or parents choose a means of final disposition that~~
 42 ~~provides for the interment of a miscarried fetus who has a gestational~~



1 age of at least twenty (20) weeks of age; **A health care facility having**
 2 **possession of a miscarried fetus shall provide for the final**
 3 **disposition of the miscarried fetus.** The requirements under
 4 IC 16-37-3 apply to the final disposition of the miscarried fetus,
 5 **which must be cremated or interred.**

6 (c) Notwithstanding any other law, the parent or parents whose
 7 miscarried fetus has a gestational age of less than twenty (20) weeks of
 8 age may choose a means of final disposition that provides for the
 9 cremation or the interment of the miscarried fetus. If the parent or
 10 parents choose the cremation or interment of the miscarried fetus, The
 11 local health officer shall provide the person in charge of interment with
 12 a permit for the disposition of the body. A certificate of stillbirth is not
 13 required to be issued for a final disposition ~~under this subsection.~~ **of a**
 14 **miscarried fetus having a gestational age of less than twenty (20)**
 15 **weeks.**

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

19 SECTION 6. IC 16-34-2-1.1, AS AMENDED BY P.L.113-2015,
 20 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 21 UPON PASSAGE]: Sec. 1.1. ~~(a)~~ An abortion shall not be performed
 22 except with the voluntary and informed consent of the pregnant woman
 23 upon whom the abortion is to be performed. Except in the case of a
 24 medical emergency, consent to an abortion is voluntary and informed
 25 only if the following conditions are met:

26 (1) At least eighteen (18) hours before the abortion and in the
 27 **private, not group,** presence of the pregnant woman, the
 28 physician who is to perform the abortion, the referring physician
 29 or a physician assistant (as defined in IC 25-27.5-2-10), an
 30 advanced practice nurse (as defined in IC 25-23-1-1(b)), or a
 31 certified nurse midwife (as defined in IC 34-18-2-6.5) to whom
 32 the responsibility has been delegated by the physician who is to
 33 perform the abortion or the referring physician has informed the
 34 pregnant woman orally and in writing of the following:

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

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



- 1 necessary.
- 2 (C) The nature of the proposed procedure or information
- 3 concerning the abortion inducing drug.
- 4 (D) Objective scientific information of the risks of and
- 5 alternatives to the procedure or the use of an abortion inducing
- 6 drug, including:
- 7 (i) the risk of infection and hemorrhage;
- 8 (ii) the potential danger to a subsequent pregnancy; and
- 9 (iii) the potential danger of infertility.
- 10 (E) That human physical life begins when a human ovum is
- 11 fertilized by a human sperm.
- 12 (F) The probable gestational age of the fetus at the time the
- 13 abortion is to be performed, including:
- 14 (i) a picture of a fetus;
- 15 (ii) the dimensions of a fetus; and
- 16 (iii) relevant information on the potential survival of an
- 17 unborn fetus;
- 18 at this stage of development.
- 19 (G) That objective scientific information shows that a fetus
- 20 can feel pain at or before twenty (20) weeks of postfertilization
- 21 age.
- 22 (H) The medical risks associated with carrying the fetus to
- 23 term.
- 24 (I) The availability of fetal ultrasound imaging and
- 25 auscultation of fetal heart tone services to enable the pregnant
- 26 woman to view the image and hear the heartbeat of the fetus
- 27 and how to obtain access to these services.
- 28 (J) That the pregnancy of a child less than fifteen (15) years of
- 29 age may constitute child abuse under Indiana law if the act
- 30 included an adult and must be reported to the department of
- 31 child services or the local law enforcement agency under
- 32 IC 31-33-5.
- 33 (2) At least eighteen (18) hours before the abortion, the pregnant
- 34 woman will be informed orally and in writing of the following:
- 35 (A) That medical assistance benefits may be available for
- 36 prenatal care, childbirth, and neonatal care from the county
- 37 office of the division of family resources.
- 38 (B) That the father of the unborn fetus is legally required to
- 39 assist in the support of the child. In the case of rape, the
- 40 information required under this clause may be omitted.
- 41 (C) That adoption alternatives are available and that adoptive
- 42 parents may legally pay the costs of prenatal care, childbirth,



- 1 and neonatal care.
- 2 (D) That there are physical risks to the pregnant woman in
- 3 having an abortion, both during the abortion procedure and
- 4 after.
- 5 (E) That Indiana has enacted the safe haven law under
- 6 IC 31-34-2.5.
- 7 (F) The:
- 8 (i) Internet web site address of the state department of
- 9 health's web site; and
- 10 (ii) description of the information that will be provided on
- 11 the web site and that are;
- 12 described in section 1.5 of this chapter.
- 13 (G) For the facility in which the abortion is to be performed,
- 14 an emergency telephone number that is available and
- 15 answered on a twenty-four (24) hour a day, seven (7) day a
- 16 week basis.
- 17 (H) On a form developed by the state department and as
- 18 described in IC 16-34-3, that the pregnant woman has a right
- 19 to determine the final disposition of the remains of the aborted
- 20 fetus, **including the right to take possession of the remains**
- 21 **of the aborted fetus for disposition.**
- 22 (I) On a form developed by the state department, information
- 23 concerning the available options for disposition of the aborted
- 24 fetus.
- 25 (J) On a form developed by the state department, information
- 26 concerning any counseling that is available to a pregnant
- 27 woman after having an abortion.
- 28 The state department shall develop and distribute the forms
- 29 required by clauses (H) through (J).
- 30 (3) The pregnant woman certifies in writing, on a form developed
- 31 by the state department, before the abortion is performed, that:
- 32 (A) the information required by subdivisions (1) and (2) has
- 33 been provided to the pregnant woman;
- 34 (B) the pregnant woman has been offered by the provider the
- 35 opportunity to view the fetal ultrasound imaging and hear the
- 36 auscultation of the fetal heart tone if the fetal heart tone is
- 37 audible and that the woman has:
- 38 (i) viewed or refused to view the offered fetal ultrasound
- 39 imaging; and
- 40 (ii) listened to or refused to listen to the offered auscultation
- 41 of the fetal heart tone if the fetal heart tone is audible; and
- 42 (C) the pregnant woman has been given a written copy of the



- 1 printed materials described in section 1.5 of this chapter.
- 2 (4) At least eighteen (18) hours before the abortion and in the
- 3 presence of the pregnant woman, the physician who is to perform
- 4 the abortion, the referring physician or a physician assistant (as
- 5 defined in IC 25-27.5-2-10), an advanced practice nurse (as
- 6 defined in IC 25-23-1-1(b)), or a midwife (as defined in
- 7 IC 34-18-2-19) to whom the responsibility has been delegated by
- 8 the physician who is to perform the abortion or the referring
- 9 physician has provided the pregnant woman with a color copy of
- 10 the informed consent brochure described in section 1.5 of this
- 11 chapter by printing the informed consent brochure from the state
- 12 department's Internet web site and including the following
- 13 information on the back cover of the brochure:
- 14 (A) The name of the physician performing the abortion and the
- 15 physician's medical license number.
- 16 (B) An emergency telephone number where the physician or
- 17 the physician's designee may be contacted twenty-four (24)
- 18 hours a day, seven (7) days a week.
- 19 (C) A statement that follow-up care by the physician or the
- 20 physician's designee who is licensed under IC 25-22.5 is
- 21 available on an appropriate and timely basis when clinically
- 22 necessary.
- 23 ~~(b)~~ **(5) At least eighteen (18) hours** before an abortion is
- 24 performed **and at the same time that the pregnant woman**
- 25 **receives the information required by subdivision (1)**, the
- 26 provider shall perform, and the pregnant woman shall view, the
- 27 fetal ultrasound imaging and hear the auscultation of the fetal
- 28 heart tone if the fetal heart tone is audible unless the pregnant
- 29 woman certifies in writing, on a form developed by the state
- 30 department, before the abortion is performed, that the pregnant
- 31 woman:
- 32 ~~(1)~~ **(A)** does not want to view the fetal ultrasound imaging; and
- 33 ~~(2)~~ **(B)** does not want to listen to the auscultation of the fetal
- 34 heart tone if the fetal heart tone is audible.
- 35 SECTION 7. IC 16-34-2-4.5, AS AMENDED BY P.L.98-2014,
- 36 SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 37 UPON PASSAGE]: Sec. 4.5. (a) A physician may not perform an
- 38 abortion unless the physician:
- 39 (1) has admitting privileges in writing at a hospital located in the
- 40 county where abortions are provided or in a contiguous county; or
- 41 (2) has entered into a written agreement with a physician who has
- 42 written admitting privileges at a hospital in the county or



1 contiguous county concerning the management of possible
2 complications of the services provided.

3 **A written agreement described in subdivision (2) must be renewed**
4 **annually.**

5 (b) A physician who performs an abortion shall notify the patient of
6 the location of the hospital at which the physician or a physician with
7 whom the physician has entered into an agreement under subsection
8 (a)(2) has admitting privileges and where the patient may receive
9 follow-up care by the physician if complications arise.

10 (c) An abortion clinic shall:

11 (1) keep at the abortion clinic a copy of the admitting privileges
12 of a physician described in subsection (a)(1) and (a)(2); and

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

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

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

25 **(2) each hospital located in a county that is contiguous to the**
26 **county described in subdivision (1);**

27 **where abortions are performed.**

28 ~~(e)~~ (e) The state department shall confirm to a member of the
29 public, upon request, that the admitting privileges required to be
30 submitted under this section for an abortion clinic have been received
31 by the state department.

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

36 SECTION 8. IC 16-34-2-5, AS AMENDED BY P.L.92-2015,
37 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
38 JULY 1, 2016]: Sec. 5. (a) Every health care provider who performs a
39 surgical abortion or provides, prescribes, administers, or dispenses an
40 abortion inducing drug for the purposes of inducing an abortion shall
41 report the performance of the abortion or the provision, prescribing,
42 administration, or dispensing of an abortion inducing drug on a form



1 drafted by the state department, the purpose and function of which shall
2 be the improvement of maternal health and life through the compilation
3 of relevant maternal life and health factors and data, and a further
4 purpose and function shall be to monitor all abortions performed in
5 Indiana to assure the abortions are done only under the authorized
6 provisions of the law. For each abortion performed and abortion
7 inducing drug provided, prescribed, administered, or dispensed, the
8 report shall include, among other things, the following:

9 (1) The age of the patient.

10 (2) The date and location the abortion was performed or the
11 abortion inducing drug was provided, prescribed, administered,
12 or dispensed.

13 (3) The health care provider's full name and address, including the
14 name of the physicians performing the abortion or providing,
15 prescribing, administering, or dispensing the abortion inducing
16 drug.

17 (4) The name of the father if known.

18 (5) The age of the father, or the approximate age of the father if
19 the father's age is unknown.

20 (6) The postfertilization age of the fetus, the manner in which the
21 postfertilization age was determined, and, if after the earlier of the
22 time the fetus obtains viability or the time the postfertilization age
23 of the fetus is at least twenty (20) weeks, the medical reason for
24 the performance of the abortion or the provision, prescribing,
25 administration, or dispensing of the abortion inducing drug.

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

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

32 (B) the basis for the determination that the pregnant woman
33 had a condition described in this chapter that required the
34 abortion to avert the death of or serious impairment to the
35 pregnant woman.

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

39 (9) The mother's obstetrical history, including dates of other
40 abortions, if any.

41 (10) The results of pathological examinations if performed.

42 (11) For a surgical abortion, whether the fetus was delivered



1 alive, and if so, how long the fetus lived.

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

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

7 (b) The health care provider shall complete the form provided for in
8 subsection (a) and shall transmit the completed form to the state
9 department, in the manner specified on the form, not later than July 30
10 for each abortion occurring in the first six (6) months of that year and
11 not later than January 30 for each abortion occurring in the last six (6)
12 months of the preceding year. However, if an abortion is for a female
13 who is less than ~~fourteen (14)~~ **fifteen (15)** years of age, the health care
14 provider shall transmit the form to the state department of health and
15 separately to the department of child services within three (3) days after
16 the abortion is performed.

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

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

23 (e) Not later than June 30 of each year, the state department shall
24 compile a public report providing the following:

25 (1) Statistics for the previous calendar year from the information
26 submitted under this section.

27 (2) Statistics for previous calendar years compiled by the state
28 department under this subsection, with updated information for
29 the calendar year that was submitted to the state department after
30 the compilation of the statistics.

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

33 SECTION 9. IC 16-34-2-5.1 IS ADDED TO THE INDIANA CODE
34 AS A **NEW SECTION TO READ AS FOLLOWS [EFFECTIVE**
35 **UPON PASSAGE]: Sec. 5.1. Each form or other written document**
36 **that must be completed or provided by a physician or other**
37 **provider under this chapter, including a signed copy retained in the**
38 **pregnant woman's patient file, must include the following:**

39 **(1) A line for the signature of the physician or other provider.**

40 **(2) A line for the professional credentials and license number**
41 **of the physician or other provider.**

42 SECTION 10. IC 16-34-2-6 IS AMENDED TO READ AS



1 FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 6. **(a)** No experiments
 2 except pathological examinations may be conducted on any fetus
 3 aborted under this chapter. ~~nor may any fetus so aborted be transported~~
 4 ~~out of Indiana for experimental purposes.~~ A person who conducts such
 5 an experiment ~~or so transports such a fetus~~ commits a Class A
 6 misdemeanor.

7 **(b) Except as provided by subsection (c), a person who**
 8 **knowingly transports an aborted fetus into, or out of, Indiana**
 9 **commits a Class A misdemeanor.**

10 **(c) A person may transport an aborted fetus into, or out of,**
 11 **Indiana for the sole purpose of conducting the final disposition of**
 12 **the aborted fetus by cremation or interment under IC 16-34-3-4.**

13 SECTION 11. IC 16-34-3-2, AS ADDED BY P.L.113-2015,
 14 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 15 UPON PASSAGE]: Sec. 2. (a) A pregnant woman who has an abortion
 16 under this article has the right to determine the final disposition of the
 17 aborted fetus.

18 (b) After receiving the notification and information required by
 19 ~~IC 16-34-2-1.1(a)(2)(H)~~ **IC 16-34-2-1.1(2)(H)** and
 20 ~~IC 16-34-2-1.1(a)(2)(I)~~, **IC 16-34-2-1.1(2)(I)**, the pregnant woman
 21 shall inform the abortion clinic or the health care facility:

22 (1) in writing; and

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

24 of the pregnant woman's decision for final disposition of the aborted
 25 fetus before the aborted fetus may be discharged from the abortion
 26 clinic or the health care facility.

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

31 (d) The abortion clinic or the health care facility shall document the
 32 pregnant woman's decision concerning disposition of the aborted fetus
 33 in the pregnant woman's medical record.

34 SECTION 12. IC 16-34-3-3, AS ADDED BY P.L.113-2015,
 35 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 36 UPON PASSAGE]: Sec. 3. ~~If the pregnant woman chooses a means for~~
 37 ~~final disposition that is not required by law or by rule of an abortion~~
 38 ~~clinic or a health care facility, the pregnant a woman who has had an~~
 39 **abortion takes possession of the aborted fetus, the woman is**
 40 responsible for the costs related to the final disposition of the aborted
 41 fetus.

42 SECTION 13. IC 16-34-3-4, AS ADDED BY P.L.113-2015,



1 SECTION 6, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
2 UPON PASSAGE]: Sec. 4. (a) **An abortion clinic or health care
3 facility having possession of an aborted fetus shall provide for the
4 final disposition of the aborted fetus.** The requirements of IC 16-37-3
5 apply to the final disposition of an aborted fetus, ~~with a gestational age~~
6 ~~of at least twenty (20) weeks of age, which must be interred or~~
7 ~~cremated.~~

8 (b) ~~A pregnant woman may decide to cremate or inter an aborted~~
9 ~~fetus with a gestational age of less than twenty (20) weeks of age.~~

10 (c) (b) The local health officer shall issue a permit for the
11 disposition of the aborted fetus to the person in charge of interment for
12 the interment of ~~an the~~ aborted fetus. ~~described in subsection (b):~~ A
13 certificate of stillbirth is not required to be issued for an aborted fetus
14 with a gestational age of less than twenty (20) weeks of age.

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

18 SECTION 14. IC 16-41-16-1 IS AMENDED TO READ AS
19 FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 1. (a) This chapter
20 applies to persons and facilities that handle infectious waste, including
21 the following:

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

37 **(16) Abortion clinics.**

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

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

42 SECTION 15. IC 16-41-16-4 IS AMENDED TO READ AS



1 FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 4. (a) Except as
 2 provided in ~~subsection~~ **subsections (c) and (d)**, as used in this chapter,
 3 "infectious waste" means waste that epidemiologic evidence indicates
 4 is capable of transmitting a dangerous communicable disease (as
 5 defined by rule adopted under IC 16-41-2-1).

6 (b) The term includes the following:

- 7 (1) Pathological wastes.
- 8 (2) Biological cultures and associated biologicals.
- 9 (3) Contaminated sharps.
- 10 (4) Infectious agent stock and associated biologicals.
- 11 (5) Blood and blood products in liquid or semiliquid form.
- 12 (6) Laboratory animal carcasses, body parts, and bedding.
- 13 (7) Wastes (as described under section 8 of this chapter).

14 (c) "Infectious waste", as the term applies to a:

- 15 (1) home health agency; or
- 16 (2) hospice service delivered in the home of a hospice patient;

17 includes only contaminated sharps.

18 **(d) The term does not include a fetus or a miscarried fetus.**

19 SECTION 16. IC 16-41-16-5 IS AMENDED TO READ AS
 20 FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 5. As used in this
 21 chapter, "pathological waste" includes:

- 22 (1) tissues;
- 23 (2) organs;
- 24 (3) body parts; and
- 25 (4) blood or body fluids in liquid or semiliquid form;

26 that are removed during surgery, biopsy, or autopsy. **The term does**
 27 **not include a fetus or a miscarried fetus.**

28 SECTION 17. IC 16-41-16-7.6 IS ADDED TO THE INDIANA
 29 CODE AS A NEW SECTION TO READ AS FOLLOWS
 30 [EFFECTIVE UPON PASSAGE]: **Sec. 7.6. (a) This section applies to**
 31 **a person or facility possessing either an aborted fetus or a**
 32 **miscarried fetus.**

33 **(b) Within ten (10) business days after an abortion is performed**
 34 **or a miscarriage occurs, a person or facility described in subsection**
 35 **(a) shall conduct the final disposition of an aborted fetus or a**
 36 **miscarried fetus in the manner required by IC 16-21-11-6 or**
 37 **IC 16-34-3-4.**

38 SECTION 18. IC 35-52-16-22, AS ADDED BY P.L.169-2014,
 39 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 40 JULY 1, 2016]: Sec. 22. IC 16-34-2-6 defines a **crime crimes**
 41 concerning abortion.

42 SECTION 19. **An emergency is declared for this act.**

