

Restricting Abortion: Indiana¹

In far too many places throughout this country, it has become extremely difficult for women to safely and legally end a pregnancy. In too many states, politicians have enacted laws that single out the provision of abortion services for restrictions that are more burdensome than those imposed on medically comparable procedures, do not significantly advance women's health or the safety of abortion services, and make abortion services more difficult to access. It's time for politicians to stop interfering with women's personal decision-making. We need a federal law that puts women's health, safety, and rights first. The Women's Health Protection Act does just that.

In Indiana, the following restrictions are among those that would be unlawful under the Women's Health Protection Act once enacted:

- **BAN** on the use of telemedicine to provide medication abortion, reducing the potential for access to safe, nonsurgical abortion services, and eliminating an important way to expand access to many low-income and rural women.²
- **BAN** on medication abortion after 63 days post-fertilization, limiting an abortion provider's ability to prescribe or dispense drugs based on current evidence-based regimes or his or her good faith medical judgment.³
- **REQUIREMENT** that clinics that perform second-trimester abortions meet the same strict structural and other regulatory standards as ambulatory surgical facilities, essentially becoming "small hospitals," despite those standards being completely unrelated to ensuring patient safety.⁴
- **REQUIREMENT** that a woman undergo an ultrasound before obtaining an abortion—even when medically unnecessary—and that the provider offer the woman the opportunity to see the image and to listen to the fetal heartbeat, if available, whether or not the provider believes it is appropriate.⁵
- **REQUIREMENT** that abortion providers have either admitting privileges at a nearby hospital or a written transfer agreement with a physician who has admitting privileges at a nearby hospital, a medically unnecessary requirement that is not necessary for patient safety or health and designed to prevent qualified, experienced physicians from providing care to their patients.⁶
- **REQUIREMENT** that clinics meet structural and regulatory standards unrelated to patient safety.⁷

"Due to the relentless attacks on abortion services, it is becoming increasingly frustrating and unnecessarily political to get the message out about our services, from basic birth control prescriptions and STI testing to potentially life-saving Pap tests and breast exams."

-Katherine, a volunteer at an Indiana Planned Parenthood

- **REQUIREMENT** that forces a woman to wait at least 18 hours and make two separate trips to a provider before she can obtain an abortion.⁸
- **BAN** on abortion after 20 weeks of pregnancy (an unconstitutional pre-viability ban) with unconstitutionally narrow exceptions for when the life or health of a woman is endangered.⁹

(Endnotes)

¹ The restrictions highlighted herein are examples of the types of restrictions that the **Women's Health Protection Act** seeks to invalidate. This fact sheet is not intended as a comprehensive guide to abortion restrictions in Indiana.

² IND. CODE § 16-34-2-1(a)(1).

³ IND. CODE § 16-34-2-1(a)(1).

⁴ IND. CODE § 16-34-2-1(a)(2).

⁵ IND. CODE § 16-34-2-1.1(b).

⁶ IND. CODE § 16-34-2-4.5(a).

⁷ IND. CODE § 16-18-2-1.5; 410 IND. ADMIN. CODE 26-17-2; *but see* Planned Parenthood of Ind. & Ky. v. Comm'r, Ind. State Dept. of Health, 984 F. Supp. 2d 912 (S.D. Ind. 2013) (preliminary injunction against this restriction for one clinic that only provides medication abortion).

⁸ IND. CODE § 16-34-2-1.1(a).

⁹ IND. CODE § 16-34-2-1(a)(3) (explicitly excludes mental health).