

HOUSE BILL No. 1639

DIGEST OF INTRODUCED BILL

Citations Affected: IC 16-18-2-341; IC 16-21-11-6; IC 16-34-3-4.

Synopsis: Stillbirths. Amends the definition of "stillbirth" to mean a birth after 12 weeks of gestation that is not a live birth, or if the gender of the child can be visually determined, a birth after 10 weeks of gestation that is not a live birth.

Effective: July 1, 2025.

Rowray

January 21, 2025, read first time and referred to Committee on Public Health.



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.

HOUSE BILL No. 1639



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 16-18-2-341, AS AMENDED BY P.L.31-2019,
2 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2025]: Sec. 341. "Stillbirth", for purposes of IC 16-37 and
4 IC 16-49-6, means **any of the following**:
5 (1) A birth after ~~twenty (20)~~ **twelve (12)** weeks of gestation that
6 is not a live birth.
7 (2) **If the gender of the child can be visually determined, a**
8 **birth after ten (10) weeks of gestation that is not a live birth.**
9 SECTION 2. IC 16-21-11-6, AS AMENDED BY P.L.213-2016,
10 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
11 JULY 1, 2025]: Sec. 6. (a) If the parent or parents choose a location of
12 final disposition other than the location of final disposition that is usual
13 and customary for the health care facility, the parent or parents are
14 responsible for the costs related to the final disposition of the fetus at
15 the chosen location.
16 (b) A health care facility having possession of a miscarried fetus
17 shall provide for the final disposition of the miscarried fetus. The burial



1 transit permit requirements under IC 16-37-3 apply to the final
 2 disposition of the miscarried fetus, which must be cremated or interred.
 3 However:

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

7 (2) any information submitted under this section that may be used
 8 to identify the parent or parents is confidential and must be
 9 redacted from any public records maintained under IC 16-37-3.

10 Miscarried fetuses may be cremated by simultaneous cremation.

11 (c) The local health officer shall provide the person in charge of
 12 interment with a permit for the disposition of the body. A certificate of
 13 stillbirth is not required to be issued for a final disposition of a
 14 miscarried fetus having a gestational age of less than ~~twenty (20)~~ **either**
 15 **of the following:**

16 **(1) Twelve (12) weeks of gestation.**

17 **(2) Ten (10) weeks of gestation, if the gender of the miscarried**
 18 **fetus can be visually determined.**

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

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

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

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

35 Aborted fetuses may be cremated by simultaneous cremation.

36 (b) If the hospital or ambulatory outpatient surgical center conducts
 37 the cremation of aborted fetal remains on site, the hospital or
 38 ambulatory outpatient surgical center must comply with all state laws
 39 concerning the cremation of human remains as prescribed in
 40 IC 23-14-31. The hospital or ambulatory outpatient surgical center
 41 must make the onsite cremation equipment available to the state
 42 department for inspection at the time the hospital or ambulatory



1 outpatient surgical center is inspected. When the hospital or
 2 ambulatory outpatient surgical center contracts with a licensed funeral
 3 home for the disposal of the aborted fetal remains, the contract must be
 4 made available for review by the state department at the time the
 5 hospital or ambulatory outpatient surgical center is inspected.

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

12 (1) The date of the abortion.

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

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

17 (4) In the case of an abortion induced by an abortion inducing
 18 drug:

19 (A) whether the pregnant woman will cremate or inter the
 20 fetus, or will return the fetus to the hospital or ambulatory
 21 outpatient surgical center for disposition; and

22 (B) if the pregnant woman returns the fetus to the hospital or
 23 ambulatory outpatient surgical center, whether the returned
 24 fetus is included in the burial transit permit.

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

27 (d) Each time the fetal remains are transported from one entity to
 28 another for disposition, the entity receiving the fetal remains must
 29 confirm that the number of fetal remains matches the information
 30 contained in the burial transit permit and accompanying log. After final
 31 disposition, a copy of the log will be sent back to the hospital or
 32 ambulatory outpatient surgical center. The final log will be attached to
 33 the original log described in subsection (c) and will be made available
 34 for review by the state department at the time of inspection.

35 (e) A hospital or ambulatory outpatient surgical center is responsible
 36 for demonstrating to the state department that the hospital or
 37 ambulatory outpatient surgical center has complied with the protocol
 38 provided in this section.

39 (f) A certificate of stillbirth is not required to be issued for an
 40 aborted fetus with a gestational age of less than ~~twenty (20)~~ **either of**
 41 **the following:**

42 (1) **Twelve (12) weeks of age. gestation.**



1 **(2) Ten (10) weeks of gestation, if the gender of the aborted**
2 **fetus can be visually determined.**

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

