

HOUSE BILL No. 1295

DIGEST OF INTRODUCED BILL

Citations Affected: IC 16-21-2-17.

Synopsis: Hospital disclosures and requirements. Requires a hospital to: (1) inform a woman in premature labor of the hospital's capabilities of treating the born alive infant and managing a high risk pregnancy; and (2) if the hospital's capabilities interfere with the woman's care, provide this information before the woman is admitted to the hospital. Provides that if a born alive infant is transported to a hospital with an appropriate perinatal level of care, the woman must be offered an opportunity to be transported to the same hospital. Requires a local prosecuting attorney to investigate and seek criminal prosecution if the prosecuting attorney has probable cause to believe that a health care provider may have knowingly or intentionally: (1) violated the requirements concerning the treatment and care of a born alive infant or mother or the professional standards of practice through the health care provider's actions or inactions; and (2) caused harm or death to the born alive infant or mother.

Effective: July 1, 2026.

Sweet, Patterson

January 6, 2026, read first time and referred to Committee on Public Health.



Second Regular Session of the 124th General Assembly (2026)

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 2025 Regular Session of the General Assembly.

HOUSE BILL No. 1295

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 16-21-2-17, AS ADDED BY P.L.198-2021,
2 SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2026]: Sec. 17. (a) As used in this section, "born alive" means
4 the complete expulsion or extraction from the infant's mother, at any
5 stage of development or gestational age, of an infant who after the
6 expulsion or extraction:
7 (1) breathes;
8 (2) has a beating heart or pulsation of the umbilical cord; or
9 (3) has a definite movement of voluntary muscles;
10 regardless of whether the umbilical cord has been cut or whether the
11 expulsion or extraction occurs as a result of natural or induced labor,
12 cesarean section, or induced abortion.
13 (b) If a woman who is in premature labor presents to a hospital, the
14 hospital must inform the woman of the hospital's capabilities of treating
15 the born alive infant and managing a high risk pregnancy **and, if the**
16 **hospital's capabilities interfere with the woman's care, the hospital**
17 **must provide this information before the woman is admitted to the**



hospital. If the hospital does not have the capability to treat the premature born alive infant or the ability to manage a high risk pregnancy, the hospital must provide the woman options to get to a hospital with the appropriate level of care under the perinatal level of care designation established under IC 16-21-13.

(c) A hospital must provide:

- (1) a medical screening examination; and
- (2) any needed stabilizing treatment;

to an infant who is born alive, including born prematurely or with a disability, or a woman who is in premature labor.

(d) After a hospital has provided a medical screening examination under subsection (c)(1), the hospital must inform:

- (1) a parent of the born alive infant of the:
 - (A) infant's treatment options; and
 - (B) hospital's determination of the appropriate level of care under the perinatal level of care designation established under IC 16-21-13; and
- (2) the woman who is in premature labor of the:
 - (A) woman's treatment options; and
 - (B) hospital's determination of the appropriate level of care under the perinatal level of care designation established under IC 16-21-13.

(e) Subject to the requirements under the federal Emergency Medical Treatment and Labor Act, a hospital shall determine what perinatal level of care under IC 16-21-13 is appropriate for the born alive infant and mother and arrange for transport consistent with requirements adopted under IC 16-21-13-5. **If a born alive infant is transported to a hospital with the appropriate perinatal level of care, the mother must be offered an opportunity to be transported to the same hospital.**

(f) A hospital that violates this section is subject to the penalties under IC 16-21-3-1.

(g) A health care provider who is:

- (1) licensed or certified under IC 25;
- (2) employed or under contract with a hospital; and
- (3) responsible for providing treatment or an examination to a born alive infant or woman with a high risk pregnancy under this chapter;

is subject to the standards of practice under IC 25-1-9. A health care provider who violates the standards of practice is subject to disciplinary sanctions under IC 25-1-9-9.

(h) If the local prosecuting attorney has probable cause to



1 believe that a health care provider may have knowingly or
2 intentionally:
3 (1) violated the requirements in this section or the standards
4 of practice under IC 25-1-9 through the health care provider's
5 actions or inactions; and
6 (2) caused harm or death to the born alive infant or mother;
7 the prosecuting attorney shall investigate the health care provider
8 for appropriate criminal prosecution.

