

## Op/Ed: Indiana abortion law won't improve health for Hoosiers, but will increase obstacles

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The [Indiana Senate passed Senate Bill 1](#) on Saturday, which will ban abortion in Indiana. The House is set to vote on it this week. A close examination of the bill and the fate of amendments proposed in the Senate's legislative process demonstrate that this process does not appear to be motivated by improving health outcomes for Hoosiers, limiting the number of abortions in the state or representing the will of the majority of Hoosiers.

Indiana ranks near the bottom in [maternal mortality](#) (47th) and [infant mortality](#) (42nd) in the United States. Abortion access, correlated with maternal and fetal mortality rates, is already severely restricted in Indiana, more so than in almost any other state. Now, the supermajority wants to limit this access even further, despite our already low abortion rate.

This would force Hoosiers to carry pregnancies to term without providing the support needed to ensure the healthy outcomes for both the pregnant person and the child. They are doing this even though 83% of Hoosiers believe abortion should be legal at least under certain circumstances, and 48% of Hoosiers support full access to abortion with few to no restrictions, according to a [2019 Old National Bank and Ball State University Hoosier Survey](#).

This bill will not improve health outcomes for parents and their children. Achieving this would require the Senate supermajority support evaluating Medicaid reimbursement rates for prenatal and pediatric care (Amendment 12 failed), expand employer's duties to accommodate their pregnant employees (Amendment 31 failed) and establish child support assistance funds (Amendment 40 failed).

At a bare minimum, they would have supported Amendments 33 and 34 (failed) to study and plan for the physical and mental health of pregnant people and children in every county.

This bill is also not about preventing abortion. If it were, the Senate would have passed the amendments that made accessing contraceptive services easier (Amendments 45 and 51 failed). Easy and universal access to contraception has been shown to reduce the number of abortions, and Hoosiers want and deserve guaranteed access to contraceptives.

Hoosiers want to remove barriers to abortion for people who have been raped or are victims of incest. Not only did the supermajority not reduce these barriers, but they also voted to significantly increase the burden on victims by passing Amendment 20, which requires the

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victim obtain a notarized affidavit attesting to the rape or incest. Please note that a notarized affidavit in the medical record is not something that currently exists.

The House removed the barrier in committee, but the point remains the Senate was willing to enact this.

This is a challenging issue with many perspectives, and this bill as passed by the Senate represents a small minority of Hoosiers' views on this issue. Suppose the Senate wanted to represent the views of the majority. In that case, they could have passed Amendment 48, which would have called for a nonbinding referendum to take place in the November election to guide legislative efforts in the next session.

Hoosiers should be able to access all aspects of reproductive care, and health care and public health practitioners are united that this bill is terrible for Hoosiers. The [Good Trouble Coalition](#) - a grassroots coalition of over 800 Hoosier health care and public health stakeholders united behind the issues of patient centered-care, public health, and social justice — has gathered signatures in opposition to limiting reproductive freedom. Our letter to protect access to reproductive care has been signed by over 1,700 Hoosier health care and public health practitioners.

If Hoosiers are confused as to what reproductive freedoms they will have regardless of the outcomes of this legislation, they can visit the website [Reproductiverights.gov](#) — a website managed by the Department of Health and Human Services to help Americans stay informed about reproductive rights in this uncertain time.

They can find links to the [Emergency Medical Treatment and Labor Act](#) that requires hospitals to provide stabilizing medical care should they show up to an ER with an emergency medical condition. They can find affirmation of their right to birth control per the Affordable Care Act's requirements for most health plans. They can also find links to the guidance issued by Health and Human Services to U.S retail health pharmacies regarding your right to medication.

At this point we do not know what, if anything, will pass out of this special session. But the process thus far reveals that SB1 does not appear to be motivated by a desire to protect health, reduce abortions or represent the will of the majority of the state.

As Hoosiers, we must continue to raise our voices and demand that the General Assembly puts these priorities at the forefront of any legislation. If they do not, it puts Hoosier health and lives at risk by moving medical decisions out of the hands of patients and their doctors and into the hands of legislators.

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