

Know Your State's Abortion Laws

A Guide for Medical Professionals

Since *Roe v. Wade* was overturned in June 2022, medical providers across the country have struggled to understand their state's abortion laws, which contain undefined terms and non-medical language.

Fear and confusion throughout the medical community have led some hospitals to adopt policies that are overly strict or burdensome, causing patients to be denied care in emergencies. While the law remains in flux and some questions have no clear answers, this document aims to provide clarification, where possible, of what conduct is still permitted in your state. Know what your state's law does and does not require, so you can advocate for yourself and your patients.

IDAHO

Key Takeaways

Providing contraception, including emergency contraception, is legal.

Providing medical care for ectopic pregnancies, molar pregnancies, and pregnancies with no cardiac activity is legal.

Idaho has certain statutes that restrict speech about abortion in specific instances or by specific actors which are being challenged in the courts.

Abortion is prohibited under Idaho law unless:

- (1) the patient “faces a non-negligible risk of dying sooner without an abortion (even if her death is neither imminent nor assured)” or
- (2) during the first trimester, the pregnancy is the result of rape or incest and is reported to law enforcement.

Definition of Abortion & Contraception

ABORTION

Idaho law defines abortion broadly as “the use of any means to intentionally terminate the clinically diagnosable pregnancy of a woman with the knowledge that the termination by those means will, with reasonable likelihood, cause the death of the unborn child.”¹

The following are explicitly *excluded* from Idaho law’s definition of abortion: (1) the use of birth control pill or an IUD; (2) removing “a dead unborn child;” (3) removing an ectopic or molar pregnancy; (4) treating “a woman who is no longer pregnant.”² While undefined, it is generally understood that in the context of Idaho’s definition of abortion, “dead” means that there is no cardiac activity present in the embryo or fetus.³ This means that treatment for ectopic or molar pregnancy (including use of methotrexate and surgical removal) and treatment for miscarriage where there is no cardiac activity (including medications, D&C, D&E, labor induction) are *not* abortions under Idaho law and thus are not prohibited by any of the abortion bans. The Idaho Supreme Court has also added that “non-viable pregnancies (i.e., where the unborn child is no longer developing) are plainly not within the definition of ‘abortion.’”⁴

With respect to self-managed abortion, it is legal for providers to give medical care during or after a self-managed abortion provided there is no cardiac activity, or if the patient is experiencing a complication that would qualify as a medical emergency (see below). There is no specific crime of “self-managed abortion” in Idaho law. In fact, the state’s criminal abortion ban explicitly exempts pregnant people from liability,⁵ and existing laws criminalizing self-managed abortion in Idaho were ruled unconstitutional by a federal court.⁶

CONTRACEPTION

Contraception is not illegal in any state in the country. Idaho’s legal definition of abortion explicitly states that it does not include “[t]he use of an intrauterine device or birth control pill to inhibit or prevent ovulations, fertilization, or the implantation of a fertilized ovum within the uterus.”⁷

Abortion Bans

Idaho currently has a total abortion ban⁸ and fetal heartbeat abortion ban.^{9,10} Idaho has abortion bans with penalties that are criminal (prison time), administrative (loss of medical licensure), and civil (monetary fines).

Total Ban: Idaho’s strictest abortion ban prohibits nearly all abortions from the time a pregnancy is clinically diagnosable.¹¹ It took effect on August 25, 2022, and was amended in 2023. This ban states that “every person who performs or attempts to perform an abortion [...] commits the crime of criminal abortion.”¹² There are two narrow exceptions: (1) during any trimester if the physician determines, in their good faith medical judgment and based on the facts known to them at the time, that the abortion was “necessary to prevent the death” of the pregnant person¹³ (see below for further discussion), and (2) during the first trimester in cases of rape or incest reported to law enforcement.¹⁴

The penalties for violating the total ban are (1) criminal: a person can be charged with a felony punishable by two to five years in prison,¹⁵ and (2) professional: “[t]he professional license of any health care professional who performs or attempts to perform an abortion or who assists in performing or attempting to perform an abortion in violation of this [law] shall be suspended by the appropriate licensing board for a minimum of six (6) months upon a first offense and shall be permanently revoked upon a subsequent offense.”¹⁶

Fetal Heartbeat Ban: This law took effect on August 19, 2022, and prohibits abortions “when a fetal heartbeat has been detected.”¹⁷ “Fetal heartbeat” is defined as “embryonic or fetal cardiac activity or the steady and repetitive rhythmic contraction of the fetal heart within the gestational sac.”¹⁸ There are exceptions for rape and incest (if reported to law enforcement)¹⁹ and for medical emergencies.²⁰

The fetal heartbeat ban imposes felony criminal penalties and suspension or revocation of professional licensure on doctors who violate it,²¹ just like the total ban discussed above. However, the statute states that the criminal and licensure penalties in the total ban supersede the criminal and licensure penalties in the fetal heartbeat ban if both are in effect.²² Thus, unless the total ban has been repealed or enjoined, it will be used to determine whether a doctor is subject to criminal and licensure penalties of the fetal heartbeat ban. But regardless of the status of the total ban, doctors who violate the fetal heartbeat ban can be sued for civil damages. The statute creates a private cause of action that authorizes “[a]ny female upon whom an abortion has been attempted or performed, the father of the preborn child, a grandparent of the preborn child, a sibling of the preborn child, or an aunt or uncle of the preborn child” to bring a civil lawsuit against a provider for all damages and statutory damages (no less than \$20,000) “from the medical professionals who knowingly or recklessly attempted, performed, or induced an abortion in violation of this chapter,” as well as costs and attorney’s fees.²³

Exceptions to Abortion Bans

Certain Medical Reasons: Idaho’s total ban has a medical exception for abortions performed during any trimester if the physician determines, in their good faith medical judgment and based on the facts known to them at the time, that the abortion was “necessary to prevent the death” of the pregnant

person.²⁴ A physician’s belief that the pregnant person will self-harm without abortion care is not covered by an exception.²⁵ Further, the physician is required to have “performed or attempted to perform the abortion in the manner that ... provided the best opportunity for the unborn child to survive, unless, in his good faith medical judgement, termination of the pregnancy in that manner would have posed a greater risk of the death of the” pregnant person.²⁶

Idaho’s fetal heartbeat ban has an exception for “medical emergencies”; if one exists, a physician does not have to first “determine if there is the presence of any fetal heartbeat” before performing an abortion,²⁷ and they can perform an abortion even if there is a fetal heartbeat detected.²⁸ The fetal heartbeat ban defines “medical emergencies” as “a condition that, in reasonable medical judgement, so complicates the medical condition of a pregnant woman as to necessitate the immediate abortion of her pregnancy to avert her death or for which a delay will create serious risk of substantial and irreversible impairment of a major bodily function.”²⁹ The Fetal Heartbeat Act cannot be enforced through criminal prosecution or professional discipline while the Total Abortion Ban is in effect, but it can be enforced through private lawsuits for money damages.³⁰ It is not clear whether a provider can be sued under the Fetal Heartbeat Act for providing an abortion in circumstances that satisfy one of the exceptions to the Total Abortion Ban but do not constitute a medical emergency. This currently constitutes a gray area in the law.

On April 11, 2025, a state trial court in *Adkins v. State of Idaho* issued a ruling clarifying the meaning of the medical exception to Idaho’s abortion bans.³¹ The court interpreted the exception to the total abortion ban to permit performance of an abortion if “the patient—because of an existing medical condition or pregnancy complication that would be alleviated by an abortion—faces a non-negligible risk of dying

sooner without an abortion (even if her death is neither imminent nor assured), provided that the patient does not face a risk of death from self-harm.”³² The defendants chose not to appeal this ruling, so it currently applies to all State officials and county prosecutors.³³

The trial court in *Adkins* made several helpful statements explaining its interpretation of the medical exception. For example, the court explained that “[d]enying or delaying abortion care” for conditions such as “hypertension, cardiac disease, renal insufficiency, diabetes, autoimmune diseases, vascular problems, coagulation disorders, sickle-cell disease, cancer, or susceptibility to stroke” can “shorten [the patient’s] lifespan.”³⁴ As another example, the court explained that, “[a]ccording to both sides’ experts, if left untreated, previable PPROM can cause a pregnant woman to suffer infection, sepsis, hemorrhage, infertility, and, ultimately, death.”³⁵ The court did not explain precisely what constitutes a “non-negligible risk.” But, in the two examples above, the court found that a shortened lifespan (i.e., dying sooner) and death are known risks of denying or delaying an abortion for preexisting health conditions or pregnancy complications such as PPROM—suggesting that in those cases, the risk of dying sooner is not negligible. As another example about the level of risk, the court explained that “[p]reviable PPROM, if not treated with abortion care, *risks* a patient’s future fertility because it *could* lead to an intrauterine infection that progresses to sepsis and necessitates a hysterectomy.”³⁶ However, the court recognized that as directed by the statute itself, the risk of death cannot “arise from a risk of self-harm.”³⁷

As to lethal fetal diagnoses, under the court’s interpretation of the medical exception, if a physician determines in their good-faith medical judgment that a lethal fetal diagnosis creates a non-negligible risk of the pregnant patient dying sooner without an abortion, an abortion may be provided.³⁸

Adkins does not elaborate on the meaning of “good-faith medical judgment” but emphasizes that the determination of whether a risk of earlier death exists is committed to the “performing physician’s” subjective, good-faith medical judgment based on the facts known to the physician at the time.³⁹ The Idaho Supreme Court has said that this standard “leaves wide room for the physician’s good faith medical judgment” rather than imposing a standard of “objective certainty.”⁴⁰ The Idaho Supreme Court went on to explain that the language “good faith medical judgment” is intended to make room for the “clinical judgment that physicians are routinely called upon to make for proper treatment of their patients”—“room that operates for the benefit, not the disadvantage, of the pregnant woman.”⁴¹ At the same time, the court said that “a prosecutor may attempt to prove that the physician’s subjective judgment that an abortion was ‘necessary to prevent the death of the pregnant woman’ was not made in ‘good faith’ by pointing to other medical experts on whether the abortion was, in their expert opinion, medically necessary.”⁴²

In a separate lawsuit, St. Luke’s Health System secured a preliminary injunction against enforcement of the total ban to the extent that it conflicts with the Emergency Medical Treatment & Labor Act (“EMTALA”).⁴³ This means that St. Luke’s Health System and its medical providers can provide abortion care “necessary to ‘stabilize’ a patient presenting with an ‘emergency medical condition’ as required” under EMTALA.⁴⁴

Another lawsuit, *Seyb v. Members of the Idaho Board of Medicine*, which is still ongoing, argues that both Idaho abortion bans are unconstitutional as applied to all medically indicated abortions, including those performed to mitigate a risk of death from self-harm, those performed to mitigate risks of serious injury that are not life threatening, and those performed when the embryo or fetus has a life-limiting condition.⁴⁵ A trial in that case was held in June 2026

and, as of the update to this fact sheet, the case is on appeal in the Ninth Circuit.⁴⁶

In cases of a medical emergency,⁴⁷ the physician does not need to comply with Idaho’s other abortion restrictions, specifically: the informed consent counseling and 24-hour waiting period;⁴⁸ notification of the availability of ultrasound imaging and heartbeat monitoring 24-hours in advance;⁴⁹ for pregnant minors, a physician does not need parental consent or judicial authorization if they “record[] the symptoms and diagnosis upon which such judgement was made in the minor’s medical record.”⁵⁰

Rape and Incest: Idaho’s total ban has an exception for first-trimester pregnancies resulting from rape or incest.⁵¹ For this exception to apply, the pregnant person must report the assault to law enforcement and provide a copy of that report to the physician performing the abortion.⁵² For this exception to apply to young people under 18 or people of any age under guardianship, the young person, parent, or guardian must make a report to “a law enforcement agency or child protective services” and provide a copy of that report to the physician performing the abortion.⁵³ The physician does not have to comply with the parental consent or judicial authorization requirement if “the pregnant minor certifies to the attending physician that the pregnancy resulted from rape ... or sexual conduct with the minor by the minor’s parent, stepparent, uncle, grandparent, sibling, adoptive parent, legal guardian or foster parent.”⁵⁴

Idaho’s fetal heartbeat ban also has an exception in the case of rape or incest.⁵⁵ Similar to the total ban, the pregnant person must report the rape or incest to law enforcement and provide a copy of the report to the physician performing the abortion.⁵⁶ If the pregnant person is a minor or subject to guardianship, then the young person, parent, or guardian must report the rape or incest to “a law

enforcement agency or child protective services” and provide a copy of that report to the physician performing the abortion.⁵⁷

EMTALA

A federal law called the Emergency Medical Treatment & Labor Act (“EMTALA”) requires the provision of abortion care when necessary to stabilize an emergency medical condition. Specifically, EMTALA requires hospitals with emergency departments that participate in Medicare (i.e., most hospitals) to perform a medical screening exam for any individual who comes to the emergency department and requests evaluation or treatment, in order to determine whether the individual has an emergency medical condition.⁵⁸ EMTALA defines “emergency medical condition” to include “acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in—(i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (ii) serious impairment to bodily functions, or (iii) serious dysfunction of any bodily organ or part.”⁵⁹ Additionally, “with respect to a pregnant woman who is having contractions,” an “emergency medical condition” is further defined to include when “there is inadequate time to effect a safe transfer to another hospital before delivery” or when “transfer may pose a threat to the health or safety of the woman or the unborn child.”⁶⁰

EMTALA requires stabilizing medical treatment be provided to any individual experiencing an emergency medical condition,⁶¹ including people in labor or with emergency pregnancy complications,⁶² unless the individual refuses to consent to such treatment.⁶³ Under the EMTALA statute, “to stabilize” means to provide medical treatment “as may be necessary” to ensure, “within reasonable medical probability, that no material deterioration of

the condition is likely.”⁶⁴ A person experiencing an emergency medical condition can be transferred to a different hospital only once they are stable or if certain other conditions are met, such as the medical benefits of transfer outweighing the increased risks to the person experiencing the emergency medical condition.⁶⁵ Even where a hospital is permitted to transfer such a person without first stabilizing them, the hospital still must provide “the medical treatment within its capacity which minimizes the risks to the individual’s health.”⁶⁶

Where abortion, including the premature delivery of a non-viable fetus, is the medical treatment necessary to, within a reasonable probability, ensure no material deterioration of an individual’s condition, EMTALA requires a covered hospital provide such care or, if the aforementioned criteria are met, an appropriate transfer. The U.S. Department of Health and Human Services (“HHS”) has reaffirmed these requirements numerous times.⁶⁷

Most recently, on June 13, 2025, HHS Secretary Robert F. Kennedy distributed a letter to health care providers reiterating that, notwithstanding the recent rescission of earlier guidance on the subject, “EMTALA continues to ensure pregnant women facing medical emergencies have access to stabilizing care.”⁶⁸ The letter specifically states that EMTALA “applies equally to expectant mothers facing obstetric emergencies, including ectopic pregnancies, miscarriages, premature ruptures of membranes, trophoblastic tumors, and other similar conditions.”⁶⁹ And, during a June 24, 2025, subcommittee hearing in the U.S. House of Representatives, Secretary Kennedy was asked explicitly about whether he agreed that in some circumstances abortion is the necessary stabilizing care that EMTALA requires hospitals to provide, to which he responded, “Yes, and that is what President Trump believes.”⁷⁰ Further, as recently as May 2025, HHS announced that it had cited at least one hospital in Texas for violating EMTALA by

failing to properly screen a patient with an ectopic pregnancy, an emergency medical condition that threatened the patient’s life and future fertility.⁷¹

Notwithstanding EMTALA’s clear requirements with respect to emergency abortion, state officials in Idaho and Texas have attempted to restrict hospitals from complying with their federal legal obligations, resulting in litigation, but with only varying degrees of success.

In January 2025, Idaho’s largest hospital system, St. Luke’s Health System, filed a lawsuit seeking to prevent the state of Idaho from enforcing its abortion ban, which creates criminal penalties for the provision of certain emergency abortions required under EMTALA.⁷² St. Luke’s was successful in obtaining a preliminary injunction that prevents the state of Idaho from enforcing its abortion ban “against St. Luke’s or any of its medical providers as applied to medical care required by [EMTALA].”⁷³ Litigation in that case is ongoing. St. Luke’s case is related to one brought in 2022 by the Biden Administration, *United States v. Idaho*, in which the federal government sued Idaho challenging its abortion ban to the extent that it conflicted with EMTALA.⁷⁴ That case made it all the way to the U.S. Supreme Court, where the appeal was ultimately dismissed as prematurely granted in June 2024.⁷⁵ Following the change of presidential administrations, the United States dismissed that case entirely.⁷⁶

And, in October 2024, the U.S. Supreme Court refused to review a Fifth Circuit decision that affirmed a lower court decision blocking federal enforcement of EMTALA in certain circumstances in Texas and as to other organizational plaintiffs in that case.⁷⁷ As a result, the Fifth Circuit’s decision is final.^{78,79}

Other Federal Laws & Professional Guidelines

In addition to EMTALA, hospitals and/or medical providers are required to abide by the following:

Conditions of Participation in Medicare and Medicaid (COP): The federal COP regulations require hospitals that participate in Medicare and Medicaid to inform patients of their rights in advance of furnishing or discontinuing care which include: the right to be informed of their health status, be involved in care planning and treatment, and participate in the development of their plan of care.⁸⁰

Protection Against Discrimination in Employment: The federal law known as the Church Amendments prohibits hospitals that receive certain federal funds from discriminating against health care providers who participate or are willing to participate in abortion care or sterilization procedures.⁸¹

Medical Malpractice: While this document does not detail state-specific medical malpractice law, medical providers should be aware that they risk liability under state medical malpractice law for failing to provide pregnant patients with the standard of care.⁸²

Resident Training: The Accreditation Council for Graduate Medical Education (ACGME) requires that accredited programs provide access to training in the provision of abortion.⁸³ The federal law known as the Coats-Snowe Amendment both protects medical professionals in learning to provide abortion and limits the government's ability to penalize programs or institutions that fail to comply with ACGME requirements.⁸⁴

Documentation & Reporting

Generally, state law does not require documentation of irrelevant or non-medical information in patient charts. Nor does it explicitly require reporting to law

enforcement patients who receive abortions out of state or self-manage their own abortion.⁸⁵ Some hospitals may impose additional documentation requirements for abortions performed as medical emergencies, including attestations by multiple physicians and/or approvals by an ethical review board. While intended to insulate the hospital from liability, these are not legal requirements.

The abortion-specific documentation and reporting requirements are:

Abortion Reporting: Idaho law requires that every physician who performs, induces, or attempts to perform or induce an abortion must report it to the Department of Health and Welfare.⁸⁶ “[N]o information shall be collected which would identify the woman who had the abortion.”⁸⁷ The report is due within 15 days of the end of each reporting month,⁸⁸ and failure to submit a report by 30 days after the due date may be subject to penalties, including fines and medical discipline.⁸⁹ Further, “[i]ntentional or reckless falsification of any report required under this section is a misdemeanor.”⁹⁰

Medical Emergency Reporting: Idaho law requires that when a physician performs an abortion that is a “medical emergency,” the physician must deliver a signed report within 30 days of the abortion to the Director of the Department of Health and Welfare “denoting the medical emergency that excused compliance” with the informed consent requirements.⁹¹ The report should preserve “the patient’s anonymity.”⁹² Knowing failure to comply is subject to discipline and a civil penalty of \$100 “for each month or portion thereof that each such failure continues,” but does not constitute a criminal act.⁹³ Quoting the language of EMTALA when documenting a patient case—e.g. “the patient’s condition places them at risk of death or poses a serious risk of substantial impairment of a major bodily function”—may be helpful.

Complication Reporting: “Every hospital, licensed health care facility or individual medical practitioner” is required to file a report with the Department of Health and Welfare when a patient under their care receives treatment that, “in the practitioner’s reasonable medical judgment, constitutes an abnormal or deviant process or event arising from the performance or completion of an abortion.”⁹⁴ These reports are due within 90 days from the last date of treatment, care, or consultation for the complication.⁹⁵ Though this definition grants discretion to the provider, Idaho law also lists out a series of possible complications.⁹⁶ These are only reportable if they “constitute[] an abnormal or deviant process or event arising from the performance or completion of an abortion.”⁹⁷ The reports shall not include information that may lead to the identification of the patient.⁹⁸

Fetal Death Reporting: Abortions are not reportable as fetal deaths or stillbirths.⁹⁹ Idaho requires reporting of stillbirths, defined as spontaneous fetal deaths of 20 or more weeks gestation or where the fetus weighs 350 grams or more.¹⁰⁰ If a stillbirth occurs in an institution, the institution’s representative should prepare the certificate and share it with the mortician, who then “shall provide the disposition information and file the certificate with the local registrar” within 5 days after delivery.¹⁰¹ If a stillbirth occurs outside of an institution, the person acting as mortician should complete and file the stillbirth certificate.¹⁰² In both cases, medical data should be obtained from the physician, physician assistant, or advanced practice registered nurse in attendance and they or their representative must sign the certificate.¹⁰³ If inside an institution and in the absence of an attending physician, physician assistant, or advanced practice registered nurse, then “the certificate may be completed and signed by said person’s associate, who must be a physician, physician assistant or advanced practice registered nurse, the chief medical

officer of the institution ..., or the physician who performed an autopsy on the stillborn fetus....”¹⁰⁴ If outside an institution and in the absence of an attending physician, physician assistant, or advanced practice registered nurse, the coroner must investigate and ultimately sign the stillbirth certificate.¹⁰⁵ The coroner must also investigate when the stillbirth “occurred as a result of other than natural causes, excepting legally induced abortions,” or when it is from natural causes and the attending physician, physician assistant, or advanced practice registered nurse (or their designated associate) is unable to sign the certificate.¹⁰⁶ The mortician who first assumes possession of a stillborn fetus must make “a written report to the registrar of the district in which death or stillbirth occurred in or in which the body or stillborn fetus was found” within 24 hours.¹⁰⁷

Other Mandatory Reporting: All other general mandatory reporting to the Department of Health and Welfare, local law enforcement, etc., also applies for abortion patients.¹⁰⁸ This includes reporting of sexual abuse of young people, child abuse, and vulnerable adult abuse.¹⁰⁹

Electronic Medical Records: Many electronic medical record systems (EMRs) allow healthcare providers to securely share patient records across healthcare institutions. Hospital and other healthcare systems often use their EMR’s default settings that widely share patient records.¹¹⁰ Though these settings are often helpful for continuity of care, they may put abortion providers and patients (or patients obtaining other sensitive care) at risk, and many patients do not know their records are shared in this way.^{111, 112}

EMRs have settings that can limit sharing of certain records and/or allow patients to choose how and when their records are shared, but because these are not the default settings, healthcare systems often must take steps to implement them.¹¹³ For example,

one EMR, Epic, has a filter that each Epic healthcare system can choose to turn on that exclusively blocks abortion care information from patients' externally-shared medical records, while allowing each patient's other medical records to be transmitted in full, in line with their authorization. We encourage you to discuss with your institution's general counsel and/or compliance or technology officers counsel alternative settings such as this that can protect abortion patient information while also complying with any other legal requirements.¹¹⁴

Counseling & Referral

Idaho has certain statutes and legal positions that severely restrict speech in specific instances or by specific actors. Each of these is being challenged in the courts.

Referring Patients for Abortions Out of State: In March 2023, the Attorney General of Idaho, Raúl Labrador, issued a legal opinion stating that Idaho's abortion ban prohibits health care providers from referring their patients for an abortion in another state.¹¹⁵ Providers sued and received a preliminary injunction in 2023;¹¹⁶ the parties resolved the case in July 2025 through a consent decree, which states that the defendants will not enforce Idaho Code § 18-622 against the Plaintiffs.¹¹⁷ This protects Planned Parenthood Great Northwest, Hawaii, Alaska, Indiana, Kentucky, Dr. Caitlin Gustafson, and Dr. Darin Weyhrich so they can continue to offer comprehensive counseling and assistance to their patients regarding accessing abortion care that is legal in other states without fear of being sanctioned by the Attorney General.

Advertising: Idaho also has pre-*Roe* laws criminalizing anyone (excepting Idaho-licensed physicians and associated health care providers) for advertising "any medicine or means for producing or facilitating a miscarriage or abortion," or preventing conception (birth control),¹¹⁸ and criminalizing

advertising "anything specifically designed to terminate a pregnancy."¹¹⁹ AG Labrador's 2023 legal opinion stated that the "statute has several exceptions, but none of them apply to the promotion of abortion pills to the public."¹²⁰ In May 2026, a non-profit organization filed a lawsuit to prevent the state from punishing it for displaying a planned billboard and publishing its website. The litigation is ongoing.¹²¹

Assisting Young People: On May 5th, 2023, Idaho implemented a ban on abortion support for young people under 18.¹²² This ban prohibits adults who, "with the intent to conceal an abortion from the parents or guardian of a pregnant, unemancipated minor," help the young person to obtain an abortion procedure or medication "by recruiting, harboring, or transporting the pregnant minor within this state."¹²³ The terms "recruiting, harboring, and transporting" are undefined. A violation is punishable by imprisonment in the state prison for 2 to 5 years.¹²⁴

The ban on abortion support is currently the subject of a pending lawsuit that asserts that the statute is vague and violates First Amendment rights, along with rights to travel.¹²⁵ In March 2025, the District Court issued a modified preliminary injunction prohibiting the attorney general from enforcing the law as to "recruiting" by the plaintiffs.¹²⁶

Publicly Funded Institutions: Idaho's No Public Funds for Abortion Act bans the use of public funds to "provide, perform, or induce an abortion; assist in the provision or performance of an abortion; promote abortion; counsel in favor of abortion; refer for abortion; or provide facilities for an abortion or for training to provide or perform an abortion."¹²⁷ These restrictions do not apply to "an abortion performed when the life of the mother is endangered by a physical disorder, physical illness, or physical injury, including a life-endangering physical condition caused by or arising from the pregnancy

itself; a hospital” as defined by the Social Security Act; “or a contract or commercial transaction that is subject to a federal law related to medicaid.”¹²⁸ The law also prohibits publicly-funded school-based facilities and their employees from: “providing or performing an abortion; counseling in favor of abortion; referring for abortion; or” dispensing emergency contraception, except in the case of rape.¹²⁹ The law’s lack of clarity on what these terms mean could be interpreted to prevent the free discussion of abortion in public universities and institutions, but in September 2023, Idaho’s Attorney General issued an opinion stating that the statute does not apply to public university professors’ academic speech.¹³⁰

Conscience Exception: Idaho law provides that “no health care professional shall be required to provide any health care service that violates his or her conscience.”¹³¹ Advanced written notification is required, and employers must “reasonably accommodate the conscience rights of their employees” and cannot “discriminate against any health care professional based upon his or her declining to provide a health care service that violates his or her conscience.”¹³² The health care professional and their employer may not be found civilly, criminally, or administratively liable for declining to perform the service, except if there is a life-threatening situation “where no other health care professional capable of treating the emergency is available,” in which the professional must provide treatment until someone else is available.¹³³ Further, the law specifically states that: hospitals are not required to provide abortion care; no physician, nurse, technician, or other employee shall be required to assist with providing abortion care if they have provided written notice; and refusal to accept a patient for abortion or to perform an abortion is not a basis for a claim of damages.¹³⁴

Medication Abortion

Idaho has additional rules that apply specifically to medication abortion.¹³⁵ When these medications are used for medical care other than the legal definition of abortion, the rules do not apply.¹³⁶ In other words, when these drugs are used to treat patients with ectopic pregnancies or for miscarriage care where no cardiac activity is present, or for cervical dilation, the rules for abortion-inducing drugs do not apply.¹³⁷

The following rules apply to the use of medication abortions for patients needing abortions where cardiac activity is present. A physician must be able to accurately assess the duration of the pregnancy and the location of the pregnancy (to determine it is not ectopic),¹³⁸ and they must be able to provide “surgical intervention in cases of incomplete abortion or severe bleeding,” and have admitting privileges at a local hospital or have a documented care emergency care plan in writing with another physician(s) who has agreed to provide that care.¹³⁹ The physician also must inform the patient “that she may need access to medical facilities equipped to provide blood transfusions and resuscitation, if necessary, as a result of or in connection with the abortion procedure on a twenty-four (24) hour basis,” and if not a “local hospital emergency room[.]” the physician must “provide the patient with the name, address and telephone number of such facility in writing[.]”¹⁴⁰ The physician must comply with the standard informed consent provisions, which includes an exception from compliance for medical emergencies.¹⁴¹ If medication abortion is utilized, the physician has to “make reasonable efforts to ensure the patient returns for a follow-up visit so that a physician can confirm that the pregnancy has been terminated and assess the patient’s medical condition.”¹⁴²

Violation of the medication abortion-specific statute is not a criminal act, but may be subject to civil penalties, including a private right of action, damages

and an injunction against the provider “from performing further abortions” in violation of the law.¹⁴³ In addition, all risks and penalties associated with abortion care described above apply to abortion care provided through medication.

Disposition of Fetal Tissue Remains

In Idaho, a “dead fetus” less than 20 weeks gestation and less than 350 grams or 12.35 ounces does not need a permit for disposal, “where disposal of the fetal remains is made within the institution where the delivery of the dead fetus occurred.”¹⁴⁴ As such, legal requirements around the disposition of regulated medical waste and/or infectious waste likely apply in that situation.¹⁴⁵

However, fetal death from miscarriage or stillbirth has specific requirements, including notifying the

mother (or designee) as to the right to “direct the receipt and disposition of her deceased unborn infant’s bodily remains,”¹⁴⁶ releasing remains to the patient upon request “for final disposition in accordance with applicable law,”¹⁴⁷ or authorizing final disposition “of the stillborn fetus if the parent(s) so requests.”¹⁴⁸ “[T]ransporting, accepting for transport, interring, or otherwise disposing of a ... stillborn fetus without a permit or other authorization issued in accordance” with the statute may be subject to criminal penalties.¹⁴⁹

Idaho bans the sale, transfer, distribution, donation, acceptance, or use of fetal tissue from abortion, as well as its use in embryonic stem cell research (with some exceptions) or experimentation upon it.¹⁵⁰ Violations may be subject to criminal penalties, license suspension, and a private right of civil action.¹⁵¹

Need legal advice?

This document should not be construed as legal advice. If you need individualized legal advice, please contact the [Abortion Defense Network](#), where you will be matched with a pro bono attorney.

The Abortion Defense Network is managed by the [Lawyering Project](#) in partnership with the [American Civil Liberties Union](#), [Center for Reproductive Rights \(CRR\)](#), [National Women’s Law Center \(NWLC\)](#), and [Resources for Abortion Delivery \(RAD\)](#).



CENTER *for*
REPRODUCTIVE
RIGHTS



References

¹ [Idaho Code § 18-604\(1\)](#).

² [Id.](#)

³ See [Idaho Code § 39-241\(8\)](#) (defining “fetal death” as “death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such expulsion or extraction, the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.”).

⁴ [Planned Parenthood Great Nw. v. State](#), 522 P.3d 1132, 1203 (Idaho 2023), (citing the abortion ban’s definition of “pregnancy,” which is “the reproductive condition of having a *developing fetus in the body* and commences with fertilization.”) (emphasis in original).

⁵ [Idaho Code § 18-622\(5\)](#).

⁶ [Idaho Code § 18-606](#) (invalidated by [McCormack v. Hiedeman](#), 900 F. Supp. 2d 1128 (D. Idaho 2013)), *aff’d sub nom. McCormack v. Herzog*, 788 F.3d 1017 (9th Cir. 2015)).

⁷ [Idaho Code § 18-604\(1\)\(a\)](#).

⁸ [Idaho Code § 18-622](#).

⁹ [Idaho Code § 18-8801 et seq.](#)

¹⁰ An Idaho physician filed a federal lawsuit that challenges the application of Idaho’s bans to medically indicated abortion care, asserting that such care is protected by the United States Constitution. See [Amended Complaint, Seyb v. Members of the Idaho Board of Medicine](#), No. 1:24-CV-00244-BLW (D. Idaho). For updates on the case, please see: [Seyb v. Members of the Idaho Board of Medicine](#).

¹¹ [Idaho Code § 18-622](#).

¹² [Idaho Code § 18-622\(1\)](#).

¹³ [Idaho Code § 18-622\(2\)\(a\)\(i\)](#); Ongoing litigation challenges the boundaries of this exception. See [Seyb v. Members of the Idaho Board of Medicine](#), No. 1:24-cv-00244-BLW (D. Idaho); 26-5360 / 26-5558 (9th Cir.).

¹⁴ [Idaho Code § 18-622\(2\)\(b\)](#).

¹⁵ [Idaho Code § 18-622\(1\)](#).

¹⁶ [Id.](#)

¹⁷ [Idaho Code § 18-8804\(1\)](#); See [Planned Parenthood Great Nw. v. State](#), 172 Idaho 321, 532 P.3d 801 (2022) (vacating the prior stay of enforcement and allowing the Heartbeat Act to go into effect).

¹⁸ [Idaho Code § 18-8801\(2\)](#).

¹⁹ [Idaho Code § 18-8804](#).

²⁰ [Idaho Code § 18-8803](#) (“Any person who intends to perform or induce an abortion on a pregnant woman must determine if there is the presence of any fetal heartbeat, except in the case of a medical emergency.”); [Idaho Code § 18-8804\(1\)](#) (“A person may not perform an abortion on a pregnant woman when a fetal heartbeat has been detected, except in the case of a medical emergency ...”). Ongoing litigation challenges the boundaries of this exception. See [Seyb v. Members of the Idaho Board of Medicine](#), No. 1:24-cv-00244-BLW (D. Idaho); 26-5360 / 26-5558 (9th Cir.).

²¹ [Idaho Code § 18-8805\(2\)-\(3\)](#).

²² [Idaho Code § 18-8805\(4\)](#).

²³ [Idaho Code § 18-8807\(1\)](#).

²⁴ [Idaho Code § 18-622\(2\)\(a\)\(i\)-\(ii\)](#) The definition of a medical emergency under Idaho’s total ban is currently in litigation. See [St. Luke’s Health Sys., Ltd. v. Labrador](#), No. 1:25-cv-00015-BLW (D. Idaho).

²⁵ [Idaho Code § 18-622\(2\)\(a\)\(i\)-\(ii\)](#); See [Seyb v. Members of the Idaho Bd. of Med.](#), No. 1:24-cv-00244-BLW (D. Idaho Aug. 13, 2026); 26-5360 / 26-5558 (9th Cir.) (challenging this exclusion).

²⁶ [Idaho Code § 18-622\(2\)\(a\)\(ii\)](#).

²⁷ [Idaho Code § 18-8803](#).

²⁸ [Idaho Code § 18-8804\(1\)](#).

²⁹ [Idaho Code § 18-8801\(5\)](#).

³⁰ [Idaho Code § 18-8805\(4\)](#).

³¹ [Findings of Fact and Conclusions of Law, Adkins v. State of Idaho](#), Case No. CV01-23-14744 (4th Jud. Dist., Ada Cnty.

[Apr. 11, 2025\).](#)

³² [Id.](#) at 32–33; See [Seyb v. Members of the Idaho Board of Medicine](#), No. 1:24-cv-00244-BLW (D. Idaho); 26-5360 / 23-5558 (9th Cir.).

³³ The State of Idaho chose not to appeal the trial court decision, making the decision conclusive and binding on the State and its officers, employees, and agents. In another case, *Planned Parenthood Great Nw. v. State*, the Idaho Supreme Court explained that a judgment against the State of Idaho binds “those persons the State is comprised of (i.e., all its officers, employees, and agents).” [522 P.3d 1132, 1158 \(Idaho 2023\)](#).

³⁴ [Findings of Fact and Conclusions of Law, Adkins, Case No. CV01-23-14744](#), at 8.

³⁵ [Id.](#) at 9.

³⁶ [Id.](#) at 12 (emphasis added).

³⁷ [Id.](#) at 32–33; See [Seyb v. Members of the Idaho Board of Medicine](#), No. 1:24-cv-00244-BLW (D. Idaho); 26-5360 / 26-5558 (9th Cir.).

³⁸ [Findings of Fact and Conclusions of Law, Adkins, Case No. CV01-23-14744](#), at 32–33.

³⁹ [Id.](#) at 29–32.

⁴⁰ [Planned Parenthood Great Nw.](#), [522 P.3d](#) at 1203.

⁴¹ [Id.](#)

⁴² [Id.](#) at 1204.

⁴³ [St. Luke’s Health Sys., Ltd. v. Labrador](#), 2025 U.S. Dist. LEXIS 52979 (D. Idaho Mar. 20, 2025).

⁴⁴ [Id.](#)

⁴⁵ [Amended Complaint](#), [Seyb v. Members of the Idaho Board of Medicine](#), No. 1:24-CV-00244-BLW (D. Idaho).

⁴⁶ See [Seyb v. Members of the Idaho Board of Medicine](#), No. 1:24-cv-00244-BLW (D. Idaho); 26-5360 / 26-5558 (9th Cir.).

⁴⁷ See [Idaho Code § 18-604\(9\)](#) (“‘Medical emergency’ means a condition that, on the basis of the physician’s good faith clinical judgment, so complicates the medical condition of a pregnant woman as to necessitate the immediate abortion of her pregnancy to avert her death or for which a delay will create serious risk of substantial and irreversible impairment of a major bodily function.”); See *St. Luke’s Health Sys., Ltd. v. Labrador*, No. 1:25-cv-00015-BLW (D. Idaho).

⁴⁸ [Idaho Code § 18-609\(4\)](#).

⁴⁹ [Idaho Code § 18-609\(5\)](#).

⁵⁰ [Idaho Code § 18-609A\(7\)\(b\)](#).

⁵¹ [Idaho Code § 18-622\(2\)\(b\)](#).

⁵² [Idaho Code § 18-622\(2\)\(b\)\(i\)](#).

⁵³ [Idaho Code § 18-622\(2\)\(b\)\(ii\)](#).

⁵⁴ [Idaho Code § 18-609A\(7\)\(a\)](#).

⁵⁵ [Idaho Code § 18-8804](#).

⁵⁶ [Idaho Code § 18-8804\(1\)\(a\)](#).

⁵⁷ [Idaho Code § 18-8804\(1\)\(b\)](#).

⁵⁸ [EMTALA](#), 42 U.S.C. § 1395dd(a).

⁵⁹ [EMTALA](#), 42 U.S.C. § 1395dd(c)(1)(A).

⁶⁰ [EMTALA](#), 42 U.S.C. § 1395dd(c)(1)(B).

⁶¹ [EMTALA](#), 42 U.S.C. § 1395dd(b)(1)(A).

⁶² [EMTALA](#), 42 U.S.C. § 1395dd(e)(1).

⁶³ [EMTALA](#), 42 U.S.C. § 1395dd(b)(2).

⁶⁴ [EMTALA](#), 42 U.S.C. § 1395dd(c)(3)(A).

⁶⁵ [EMTALA](#), 42 U.S.C. § 1395dd(c)(2) (requiring hospital to use “qualified personnel and transportation equipment” when making a permitted transfer under EMTALA, among other requirements).

⁶⁶ [EMTALA](#), 42 U.S.C. § 1395dd(c)(1)(B)—(c)(2)(A).

⁶⁷ For example, in 2022, the Biden Administration issued guidance reiterating past administrative statements that the treatment required by EMTALA includes abortion care when such care is necessary to stabilize a pregnant person’s emergency medical condition. Ctrs. for Medicare & Medicaid Servs., [Reinforcement of EMTALA Obligations Specific to Patients who are Pregnant or are Experiencing Pregnancy Loss](#) (updated July 2022) (“2022 EMTALA Guidance”). While this guidance has since been rescinded, the requirements of EMTALA as outlined in it and other prior HHS statements have not changed.

Indeed, in the Trump Administration’s June 3, 2025 statement rescinding the 2022 guidance, the Administration stated that “CMS will continue to enforce EMTALA . . . including for identified emergency medical conditions that place the health of a pregnant woman or unborn child in serious jeopardy.” Ctrs. for Medicare & Medicaid Servs., [CMS Statement on Emergency Medical Treatment and Labor Act \(EMTALA\)](#) (June 3, 2025); *see also* Letter from Robert F. Kennedy Jr., Sec’y, U.S. Dep’t of Health & Hum. Servs., to Healthcare Providers (June 13, 2025) (“Kennedy Letter”), available at <https://essentialhospitals.org/wp-content/uploads/2025/06/6.13.25-EMTALA-letter-final.pdf>.

⁶⁸ Kennedy Letter.

⁶⁹ Kennedy Letter.

⁷⁰ *Hearing on the Fiscal Year 2026 Dep’t of Health and Hum. Servs. Budget Before the H. Comm. on Energy & Com., Subcomm. on Health*, 119th Cong. (2025) (statement of Robert F. Kennedy Jr., Sec’y of Health & Hum. Serv.).

⁷¹ Center for Reproductive Rights, [Complaints Against Texas Hospitals for Denying Emergency Care for Ectopic Pregnancies](#), (updated May 8, 2025).

⁷² *St. Luke’s Health System, LTD. v. Labrador*, No. 1:25-cv-00015, ECF No. 1 (D. Idaho Jan 14, 2025).

⁷³ *St. Luke’s Health System, LTD v. Labrador*, No. 1:25-cv-00015, ECF No. 49 at 59 (D. Idaho Mar. 20, 2025).

⁷⁴ [United States v. Idaho](#), 623 F. Supp. 3d 1096, 1117 (D. Idaho 2022).

⁷⁵ *Moyle v. United States*, 144 S. Ct. 2015 (June 27, 2024) (per curiam).

⁷⁶ [Idaho v. United States](#), No. 1:22-cv-00329, ECF No. 182 (D. Idaho Mar. 5, 2025).

⁷⁷ *Becerra v. Texas*, No. 23-1076 (U.S. Oct. 7, 2024) (denying certiorari).

⁷⁸ *Texas v. Becerra*, 89 F.4th 529, 546 (5th Cir. 2024) (affirming permanent injunction barring HHS from enforcing the 2022 EMTALA Guidance’s “interpretation that Texas abortion laws are preempted by EMTALA” and “it’s interpretation of EMTALA—both as to when an abortion is required and EMTALA’s effect on state laws governing abortion—within the State of Texas or against [plaintiff organizations’] members.”); *see also* Ctrs. for Medicare & Medicaid Servs., *Emergency Medical Treatment & Labor Act (EMTALA)*, <https://www.cms.gov/medicare/regulations-guidance/legislation/emergency-medical-treatment-labor-act> (last modified Dec. 6, 2024).

⁷⁹ A separate challenge to the guidance was filed by the Catholic Medical Association in Tennessee, [Compl.](#), *Catholic Med. Ass’n v. Dep’t of Health & Hum. Servs.*, No 3:25-cv-00048, ECF No. 1 (M.D. Tenn. Jan. 10, 2025), but the plaintiff voluntarily dismissed that action on June 3, 2025.

⁸⁰ 42 C.F.R. §§ 482.13(a)(1), (b)(1), (b)(2).

⁸¹ Know Your Rights: Existing Laws May Protect Health Care Professional Who Provide or Support Abortion from Discrimination in Employment, NAT’L WOMEN’S LAW CTR. (Feb. 9, 2023), <https://nwlrc.org/resource/know-your-rights-existing-laws-may-protect-health-care-professionals-who-provide-or-support-abortion-from-discrimination-in-employment/>.

⁸² [Idaho Code § 6-1012](#).

⁸³ Accreditation Council for Graduate Med. Educ., [ACGME Program Requirements for Graduate Medical Education in Obstetrics and Gynecology](#) (Sept. 3, 2025).

⁸⁴ 42 U.S.C. § 238n.

⁸⁵ There is no reason to report a self-managed abortion to the police. Fact sheets from If/When/How with additional detail, including some state-specific fact sheets, are available [here](#). If/When/How adds state-specific fact sheets to their website as they are finalized.

⁸⁶ [Idaho Code § 18-506\(1\)](#), *id.* § 39-261(a).

⁸⁷ [Idaho Code § 39-261\(a\)](#).

⁸⁸ *Id.*

⁸⁹ [Idaho Code § 18-506\(3\)](#).

⁹⁰ *Id.*

⁹¹ [Idaho Code § 18-609\(7\)](#).

⁹² *Id.*

⁹³ [Idaho Code § 18-609\(9\)](#).

⁹⁴ [Idaho Code § 39-9504\(1\)](#).

⁹⁵ *Id.*

⁹⁶ Including: “(a) Uterine perforation or injury to the uterus; (b) Injury or damage to any organ; (c) Cervical perforation or

injury to the cervix; (d) Infection; (e) Heavy or excessive bleeding; (f) Hemorrhage; (g) Blood clots; (h) Blood transfusion; (i) Failure to actually terminate the pregnancy; (j) Incomplete abortion or retained tissue; (k) Weakness, nausea, vomiting or diarrhea that lasts more than twenty-four (24) hours; (l) Pain or cramps that do not improve with medication; (m) A fever of one hundred and four-tenths (100.4) degrees or higher for more than twenty-four (24) hours; (n) Hemolytic reaction due to the administration of ABO-incompatible blood or blood products; (o) Hypoglycemia where onset occurs while the patient is being cared for in the abortion facility; (p) Pelvic inflammatory disease; (q) Endometritis; (r) Missed ectopic pregnancy; (s) Cardiac arrest; (t) Respiratory arrest; (u) Renal failure; (v) Metabolic disorder; (w) Shock; (x) Embolism; (y) Coma; (z) Placenta previa or preterm delivery in subsequent pregnancies; (aa) Free fluid in the abdomen; (bb) Adverse or allergic reaction to anesthesia or other drugs; (cc) Subsequent development of breast cancer; (dd) Death; (ee) Any psychological or emotional condition reported by the patient, such as depression, suicidal ideation, anxiety or a sleeping disorder; or (ff) Any other adverse event as defined by the federal food and drug administration criteria provided in the medwatch reporting system." [Idaho Code § 39-9503\(2\)](#).

⁹⁷ [Idaho Code § 39-9504\(1\)](#).

⁹⁸ [Idaho Code § 39-9504\(3\)](#).

⁹⁹ [Idaho Code § 39-260\(4\)](#).

¹⁰⁰ [Idaho Code § 39-260\(4\)](#).

¹⁰¹ [Idaho Code § 39-260\(4\)\(a\)](#).

¹⁰² [Idaho Code § 39-260\(4\)\(b\)](#).

¹⁰³ [Idaho Code § 39-260\(4\)\(a\)-\(b\)](#).

¹⁰⁴ [Idaho Code § 39-260\(4\)\(a\)](#).

¹⁰⁵ [Idaho Code § 39-260\(4\)\(b\)](#).

¹⁰⁶ [Idaho Code § 39-260\(5\)](#).

¹⁰⁷ [Idaho Code § 39-268\(1\)](#).

¹⁰⁸ Fact sheets from If/When/How with a comprehensive list of the state-specific mandatory reporting requirements that apply for all abortion procedures are available [here](#).

¹⁰⁹ [Idaho Code §§ 16-1605; 39-9503](#).

¹¹⁰ For example, an EMR may employ a tool that securely shares information among healthcare institutions that use the same EMR (e.g., from one hospital system to another) and allows robust sharing among affiliated healthcare institutions (e.g., a Texas hospital treating a patient may be able to see the patient's records from an Illinois hospital within the same health system).

¹¹¹ For example, if a patient travels from a ban state to an access state for abortion care or obtains an abortion in the ban state under an exception, then later obtains any type of healthcare at a different provider that uses the same EMR, the patient's records may be automatically shared with the second provider. If the second provider believes that the care violated the state's abortion ban, they may report it to authorities.

¹¹² Some states have taken steps to address vulnerabilities in information sharing, specifically for abortion and gender-affirming care. For example, Maryland and California, among other states, have enacted laws that restrict disclosure of abortion-related records and require EMRs to develop tools to limit or prohibit such disclosure. *See, e.g., H.B. 812*, 445th Leg., Reg. Sess. (Md. 2023), [A.B. 352](#), 2023 Leg., Reg. Sess. (Cal. 2023).

While the federal government under the Biden administration created additional HIPAA protections related to the disclosure of reproductive health care records by issuing a HIPAA Reproductive Health Rule, in 2025, a federal district court vacated the rule nationwide and the requirements of the rule are no longer in effect (except for the notice of privacy practices provisions related to substance use disorder treatment records, which went into effect on February 16, 2026). [HIPAA Privacy Rule to Support Reproductive Health Care Privacy](#), 89 Fed. Reg. 32976 (2024) (modifying 45 C.F.R. §§ 160, 164), *Purl v. U.S. Dep't of Health & Hum. Servs.*, No. 2:24-cv-228-Z (N.D. Tex. Jun 18, 2025) (vacating the majority of the rule). All HIPAA protections that were in place prior to this rule remain in place.

¹¹³ Many of these setting options are quite broad, blocking not only a subsequent provider's access to more "sensitive" information, but also to less sensitive information that is critical to continuity of care. For this reason, many patients may not want to limit access to their records.

¹¹⁴ E.g., healthcare institutions must comply with interoperability rules that penalize certain information blocking (though exceptions are available). *See 21st Century Cures Act: Interoperability, Information Blocking and the ONC Health IT*

[Certification Program](#), 85 Fed. Reg. 25642 (May 1, 2020) (amending 45 C.F.R. §§ 170, 171), [21st Century Cures Act: Establishment of Disincentives for Health Care Providers That Have Committed Information Blocking](#), 89 Fed. Reg. 54662 (July 1, 2024) (amending 42 C.F.R. §§ 171.414, 425, 495). *See also* [Health Data, Technology, and Interoperability: Protecting Care Access](#), 89 Fed. Reg. 102512 (Dec. 17, 2024) (adding 45 C.F.R. § 171.206 to except information blocking practices intended to reduce potential exposure to legal action based on lawful reproductive health care provision, subject to certain conditions). Not all healthcare providers are currently subject to the disincentives included in the 2024 rule. However, the Centers for Medicare & Medicaid Services (CMS) may apply disincentives to certain hospitals and merit-based incentive payment system (MIPS) eligible clinicians.

¹¹⁵ [Letter from Raúl R. Labrador, Att’y Gen., State of Idaho, to Brent Crane, Representative, Idaho House of Representatives \(Mar. 27, 2023\)](#) (“Idaho law requires the suspension of a health care professional’s license when he or she ‘assists in performing or attempting to perform an abortion.’ Idaho Code §18-622(2) (emphasis added).”).

¹¹⁶ [Planned Parenthood Greater Northwest et al. v. Labrador et al.](#), 684 F. Supp. 3d 1062 (D. Idaho, July 31, 2023); [Planned Parenthood Greater Northwest et al. v. Labrador](#), 122 F.4th 825 (9th Cir. Dec. 4, 2024).

¹¹⁷ [Consent Decree, Planned Parenthood Greater Northwest et al. v. Labrador et al.](#), No. 1:23-cv-00142-BLW (D. Idaho July 17, 2025) (“[T]he Attorney General of Idaho, the Ada County Prosecuting Attorney, and the Valley County Prosecuting Attorney shall not enforce Idaho Code § 18-622 against Plaintiffs for the conduct of referring a woman across state lines to an abortion provider, which includes, but is not limited to, informing about, counseling about, recommending, providing a referral for, scheduling an appointment for, informing about sources of funding for, or otherwise advising or assisting an individual in learning about or obtaining, an abortion or out-of-state consultation for abortion pills where that abortion will be performed or the out-of-state prescription will be filled outside the boards of Idaho where it is legal to obtain such abortion or prescription for abortion pills.”)

¹¹⁸ [Idaho Code § 18-603](#).

¹¹⁹ [Id. § 18-607](#).

¹²⁰ [Letter from Raúl R. Labrador, Att’y Gen., State of Idaho, to Brent Crane, Representative, Idaho House of Representatives \(Mar. 27, 2023\)](#).

¹²¹ [Complaint for Declaratory and Injunctive Relief, Mayday Health v. Labrador](#), No. 1:26-cv-003340-AKB (D. Idaho).

¹²² [Idaho Code § 18-623](#).

¹²³ [Idaho Code § 18-623](#).

¹²⁴ [Idaho Code § 18-623\(5\)](#).

¹²⁵ [Matsumoto v. Labrador](#), 701 F. Supp. 3d 1032 (D. Idaho Nov. 8, 2023); [Matsumoto v. Labrador](#), 122 F.4th 787 (9th Cir. 2024); [Order Modifying Preliminary Injunction, Matsumoto v. Labrador](#), Case No. 1:23-dv-00323-DKG (D. Idaho Mar. 7, 2025).

¹²⁶ [Order Modifying Preliminary Injunction, Matsumoto v. Labrador](#), Case No. 1:23-dv-00323-DKG (D. Idaho Mar. 7, 2025).

¹²⁷ [Idaho Code § 18-8705\(1\)](#); Intentional violations of the law are punishable as a misdemeanor or felony, including fines and jail time dependent upon the amount of “misused” funds. [Idaho Code § 18-8709](#), referencing [Idaho Code § 18-5702](#). Intentional violations also incur other penalties, such as termination for cause. [Idaho Code § 18-5702\(5\)](#).

¹²⁸ [Idaho Code § 18-8705\(4\)](#).

¹²⁹ [Idaho Code § 18-8707](#).

¹³⁰ [Opinion No. 23-04 of Raul R. Labrador, Att’y Gen. State of Idaho \(Sept. 15, 2023\)](#).

¹³¹ [Idaho Code § 18-611\(2\)](#).

¹³² [Idaho Code § 18-611\(3\)](#).

¹³³ [Idaho Code § 18-611\(4\), \(6\)](#).

¹³⁴ [Idaho Code § 18-612](#).

¹³⁵ [Idaho Code § 18-617](#); Idaho law defines “chemical abortions” to include “the exclusive use of an abortifacient or a combination of abortifacients to effect an abortion.” [Idaho Code § 18-617\(1\)\(b\)](#); An “abortifacient” is defined as “mifepristone, misoprostol and/or other chemical or drug dispensed with the intent of causing an abortion.” [Idaho Code § 18-617\(1\)\(a\)](#).

¹³⁶ *See* [Idaho Code § 18-617\(1\)\(a\)](#) (excluding treatment of ectopic pregnancy from the definition of “abortifacient”).

¹³⁷ [Idaho Code § 18-604\(1\)](#); *See* [Idaho Code § 39-241\(8\)](#) (defining “fetal death”).

¹³⁸ [Idaho Code § 18-617\(2\)\(a\)-\(b\)](#).

¹³⁹ [Idaho Code § 18-617\(2\)\(c\).](#)

¹⁴⁰ [Idaho Code § 18-617\(2\)\(d\).](#)

¹⁴¹ [Idaho Code § 18-617\(2\)\(e\); See Id. § 18-609.](#)

¹⁴² [Idaho Code § 18-617\(3\).](#)

¹⁴³ [Idaho Code § 18-618](#); An action for damages against a person who knowingly or recklessly violates the chemical abortion statute may be brought by “[a]ny female upon whom an abortion has been attempted or performed, or the father of the unborn child who was the subject of the abortion if the father was married to the woman who received the abortion at the time the abortion was attempted or performed, or a maternal grandparent of the unborn child in the event the mother is deceased....” [Idaho Code § 18-618\(1\)](#). A court may also grant punitive damages or injunctive relief. *Id.* Further, the county prosecuting attorney or the attorney general may seek an injunction against a person who knowingly or recklessly violates the statute so that they can no longer perform abortions in violation of the law. [Idaho Code § 18-618\(2\)](#).

¹⁴⁴ [Idaho Code § 39-268\(5\).](#)

¹⁴⁵ See [Idaho Admin. Code r. 16.03.14.010\(19\)](#) (including “[p]athologic waste including tissue, organs, body parts ...” in the definition of infectious wastes); See [Idaho Admin. Code r. 16.03.14.550\(06\)](#) (detailing requirements for disposal of infectious waste); See [Regulated Medical Waste Management and Disposal Guidance](#), State of Idaho Dep’t of Env’t Quality (March 2014) (including “[t]issues, organs, body parts, and body fluids removed during surgery and autopsy” in the definition of regulated medical waste).

¹⁴⁶ [Idaho Code § 39-9304](#); [Id. § 39-9303\(5\)](#) (defining “fetal death” as “the death of an unborn infant prior to expulsion or extraction from the unborn infant’s mother, provided that the unborn infant reached a stage of development such that there are cartilaginous structures or fetal or skeletal parts.”); [Id. § 39-9303\(7\)](#) (defining “miscarriage” as “the spontaneous or accidental death of an unborn infant in utero other than by induced abortion or stillbirth.”); [Id. § 39-241\(20\)](#) (defining “stillbirth” as “a spontaneous fetal death of twenty (20) completed weeks gestation or more, based on a clinical estimate of gestation, or a weight of three hundred fifty (350) grams (twelve and thirty-five hundredths (12.35) ounces) or more”).

¹⁴⁷ [Idaho Code § 39-9304.](#)

¹⁴⁸ [Idaho Code § 39-268\(3\).](#)

¹⁴⁹ [Idaho Code § 39-273\(b\).](#)

¹⁵⁰ [Idaho Code § 39-9306.](#)

¹⁵¹ See [Idaho Code § 39-9308](#); See [Idaho Code § 39-9310](#).