

# Know Your State's Abortion Laws

## A Guide for Medical Professionals

### FLORIDA

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 has 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.

# Key Takeaways

Providing contraception, including emergency contraception, is legal.

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

Providing information about how to obtain a legal abortion in another state is legal.

Abortion is prohibited under Florida law after 6 weeks LMP unless:

- (1) two physicians certify the abortion is necessary to prevent a “serious risk of substantial and irreversible physical impairment of a major bodily function”;
- (2) two physicians certify there is a “fatal fetal abnormality” and the pregnancy has not progressed to the third trimester;
- (3) the pregnancy is the result of rape, incest, or human trafficking, the patient provides documentation, and the pregnancy is not more than 15 weeks LMP.

## State Constitutional Protection for Abortion

On April 1, 2024, the Florida Supreme overturned decades of precedent and ruled that the Florida constitution's explicit right to privacy no longer protects abortion rights.<sup>1</sup> In November 2024, Floridians voted on an amendment to the Florida constitution to limit government interference with abortion.<sup>2</sup> Despite a majority voting yes (57%), that amendment fell just short of the supermajority threshold (60%) needed to amend the state constitution.<sup>3</sup>

## Definition of Abortion & Contraception

### ABORTION

Florida defines abortion as “the termination of human pregnancy with an intention other than to produce a live birth or to remove a dead fetus.”<sup>4</sup>

The legal consensus is that the definition of “abortion” excludes the “removal” of a fetus that is “dead” (generally understood to mean there is no cardiac activity present in the embryo or fetus)<sup>5</sup> and management of an ectopic pregnancy (including use of methotrexate and surgical removal). This means that treatment for miscarriage where there is no cardiac activity (including medications, D&C, D&E, and labor induction) is not an abortion under Florida law and thus is not prohibited.

Miscarriage care is legal, so long as there is no cardiac activity. 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 not an explicit crime of self-managed abortion in Florida law, and no civil

law explicitly prohibiting a person from self-managing an abortion.

### CONTRACEPTION

Contraception is not illegal in any state in the country, including Florida.

## Abortion Bans

Florida has one abortion ban in effect with criminal (prison time) and civil (loss of medical license and/or fines) penalties.<sup>6</sup>

**6-Week Ban:** Florida's 6-week ban criminalizes abortion where a physician “knowingly perform[s] or induce[s] a termination” where “the physician determines the gestational age of the fetus is more than 6 weeks” as dated from the pregnant person's last menstrual period (“LMP”).<sup>7</sup> The 6-week Ban contains three exceptions (discussed below).

The penalties for violating the ban are: (1) criminal: a person who “willfully performs” or “actively participates” in an abortion in violation of the ban can be charged with a third-degree felony, which is punishable by imprisonment for up to five years and fines up to \$5,000 for a first offense;<sup>8</sup> (2) professional: the Florida Medical Board may impose disciplinary actions on physicians and healthcare professionals, including revocation of medical licenses; and (3) administrative: fines up to \$10,000 may be imposed for each violation.<sup>9</sup> Additionally, abortion clinics may be prevented from renewing their clinic licenses for violations of the 6-week Ban.<sup>10</sup>

The 6-week Ban further specifies that only a physician may perform an abortion and prohibits the use of telemedicine for abortions.<sup>11</sup>

## Exceptions to Abortion Ban

Florida’s 6-week ban contains three exceptions: (1) medical necessity; (2) “fatal fetal abnormality”; and (3) rape, incest, or human trafficking.

**Medical Necessity Exception:** Florida law permits abortions after 6 weeks LMP where “the termination of the pregnancy is necessary to save the pregnant woman’s life or avert a serious risk of substantial and irreversible physical impairment of a major bodily function of the pregnant woman other than a psychological condition,” and either (1) two physicians so certify this conclusion “in [their] reasonable medical judgment” in writing, or (2) a single physician certifies that the risks are “imminent” and “another physician is not available for consultation.”<sup>12</sup> “Reasonable medical judgment” is defined as “a medical judgment that would be made by a reasonably prudent physician, knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved.”<sup>13</sup> The Medical Necessity Exception explicitly states that it cannot apply to psychological conditions.<sup>14</sup>

On May 2, 2024, Florida’s Agency for Health Care Administration (“AHCA”) published two emergency rules regarding the 6-week Ban’s Medical Necessity Exception, both with a stated effective date of May 1, 2024.<sup>15</sup> The two emergency rules have similar language; one applies to licensed abortion facilities, and the other applies to hospitals. Under Florida law, emergency rules expire after 90 days.<sup>16</sup> AHCA subsequently issued two additional emergency rules that are nearly identical to the May 1 emergency rules; the new rules have a stated effective date of August 2, 2024.<sup>17</sup> On September 19, 2024, AHCA issued a notice to healthcare providers about the ban.<sup>18</sup>

*The Emergency Abortion Reporting Regulation:* One of the August 2 emergency regulations amends an existing regulation governing reporting requirements under Florida law.<sup>19</sup> The existing regulation states that “an

abortion clinic and any medical facility in which abortions are performed, including a physician’s office” must submit monthly reports to AHCA (regardless of the number per month).<sup>20</sup> Each facility must also maintain a log of the date and gestational age of each abortion.<sup>21</sup> The Emergency Abortion Reporting Regulation amends this regulation to make two changes. First, it replaces the term “termination of pregnancy” with “abortions” such that the reporting requirements in this regulation now apply to “abortions,” not “terminations of pregnancy.”<sup>22</sup> Second, it adds three sections to the existing regulation specifying that particular types of terminations of pregnancy are not abortions and thus do not need to be reported: (1) attempts to “induce the live birth” to treat “preterm premature rupture of membrane [“PPROM”] or premature rupture of membranes [“PROM”],” (2) treatment of an ectopic pregnancy, and (3) treatment of a “trophoblastic tumor.”<sup>23</sup> The Emergency Abortion Reporting Regulation does not define ectopic pregnancy or trophoblastic tumor, but molar pregnancies are understood in medicine to be a type of trophoblastic tumor.<sup>24</sup>

*The Emergency Hospital Regulation:* The second emergency regulation is similar to the first but applies only to hospitals. It does not amend an existing regulation but instead creates a new regulation relating to hospitals. The Emergency Hospital Regulation is broader than the Emergency Abortion Reporting Regulation; in addition to addressing hospital reporting of abortions, it also attempts to proscribe hospital policies and procedures. It states:

Each hospital shall maintain written policies and procedures governing the maintenance of medical records for the treatment of [PPROM], [PROM], ectopic pregnancies, trophoblastic tumors, and other life-threatening conditions. The policies and procedures shall be reviewed at least annually, dated to indicate

time of last review, and revised as necessary.<sup>25</sup>

These policies and procedures must address the following:

When a patient receives a diagnosis of [PPROM] or [PROM], the patient shall be admitted for observation unless the treating physician determines that another course of action is more medically appropriate under the circumstances to ensure the health of the mother and the unborn baby. When the treating physician determines that another course of action is more medically appropriate, the physician shall document the reasons why the alternate course of action is more appropriate.<sup>26</sup>

Like the Emergency Abortion Reporting Regulation, the Emergency Hospital Regulation goes on to specify that treatment for PPROM, PROM, ectopic pregnancy, and trophoblastic tumor do not constitute an abortion and shall not be reported pursuant to the abortion reporting rule.<sup>27</sup> The Emergency Hospital Regulation adds, however, that for each of these specified treatments, “[t]he treating physician shall document the treatment in the patient’s record.”<sup>28</sup>

**“Fatal Fetal Abnormality” Exception:** Florida law allows abortion after 6 weeks LMP where two physicians certify in writing, that in their reasonable medical judgement the fetus has a “fatal fetal abnormality.”<sup>29</sup> “Fatal fetal abnormality” is defined as “a terminal condition that, in reasonable medical judgment, regardless of the provision of life-saving medical treatment, is incompatible with life outside the womb and will result in death upon birth or imminently thereafter.”<sup>30</sup> This exception is limited, however, to pregnancies that have “not progressed

to the third trimester,” which Florida law defines as starting at 24 weeks LMP.<sup>31</sup>

### **Rape, Incest, or Human Trafficking Exception:**

Florida law allows abortion after 6 weeks LMP in cases of “rape, incest, or human trafficking” provided that the gestational age of the pregnancy is “not more than 15 weeks as determined by the physician.”<sup>32</sup> The patient must also “provide a copy of a restraining order, police report, medical record, or other court order or documentation providing evidence” that they are obtaining the termination of pregnancy because they are a victim of rape, incest, or human trafficking.<sup>33</sup> If the patient is over 18 years old, the “physician must report any known or suspected human trafficking to a local law enforcement agency.”<sup>34</sup> If the patient is a minor, the “physician must report the incident of rape, incest, or human trafficking to the central abuse hotline.”<sup>35</sup>

## **EMTALA**

A federal law called the Emergency Medical Treatment & Labor Act (“EMTALA”) requires emergency abortion care in some cases. EMTALA requires Medicare-participating hospitals with emergency departments (which includes most hospitals), to perform a medical screening to determine whether an emergency medical condition exists of any individual who comes to the emergency department and requests an examination or treatment.<sup>36</sup> Stabilizing medical treatment must be provided to individuals experiencing an emergency medical condition,<sup>37</sup> including people in labor or with emergency pregnancy complications.<sup>38</sup> 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.”<sup>39</sup> A person experiencing an emergency medical condition can only be transferred to a different hospital once they are stable or if certain conditions are met such as the medical benefits of transfer

outweigh the increased risks to the person experiencing the medical emergency.<sup>40</sup> 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.”<sup>41</sup> 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.”<sup>42</sup> The stabilizing treatment required by EMTALA can include abortion care in certain circumstances.

The U.S. Department of Health and Human Services (“HHS”) reaffirmed these requirements in guidance issued after *Roe v. Wade* was overturned. That guidance emphasizes that stabilizing treatment required by EMTALA could include abortion care if the examining physician or other qualified medical personnel determines that such treatment is required to stabilize a patient experiencing an emergency medical condition, including a condition that is “likely or certain to become emergent without stabilizing treatment.”<sup>43</sup> The guidance made clear those conditions might include, but are not limited to: “ectopic pregnancy, complications of pregnancy loss, or emergent hypertensive disorders, such as preeclampsia with severe features.”<sup>44</sup> The guidance reiterates that if EMTALA requires the provision of abortion care, then EMTALA expressly preempts any state law prohibiting or restricting access to abortion.<sup>45</sup> Indeed, HHS has recently cited hospitals in Kansas, Missouri and Florida for violating EMTALA by failing to provide abortion care to a patient with PPROM.<sup>46</sup>

Notwithstanding EMTALA’s clear requirements

with respect to emergency abortion, there is ongoing litigation relating to attempts by state officials in Idaho and Texas to restrict hospitals from complying with their federal legal obligations. In 2022, a federal district court in Idaho issued a preliminary injunction ensuring that Idaho’s abortion ban could not be enforced to prohibit health-saving emergency abortions required under EMTALA.<sup>47</sup> The U.S. Supreme Court temporarily stayed that injunction, allowing Idaho to enforce its abortion ban even in cases where abortion care is required under EMTALA.<sup>48</sup> But, in June 2024, the Supreme Court lifted that stay and restored the preliminary injunction.<sup>49</sup> In other words, Idaho may not currently enforce its abortion ban to prohibit health-saving abortions required under EMTALA. In July 2024, following that order, HHS issued a statement reiterating that EMTALA requires hospitals to provide emergency abortion care when it is necessary stabilizing treatment.<sup>50</sup> Meanwhile, HHS had asked the U.S. Supreme Court to review a Fifth Circuit decision that affirmed a lower court decision temporarily blocking federal enforcement of HHS’ guidance in Texas and as to other plaintiffs in that case. HHS petitioned the Supreme Court to reverse the preliminary injunction.<sup>51</sup> However, in October 2024, the Supreme Court declined to review the Fifth Circuit’s decision,<sup>52</sup> meaning the guidance is still blocked in Texas.

## 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.<sup>53</sup>

**Protection Against Discrimination in Employment:** The federal law known as the Church Amendments prohibits hospitals that receive certain federal funds from discriminating against healthcare providers who participate or are willing to participate in abortion care or sterilization procedures.<sup>54</sup>

**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.<sup>55</sup>

**Resident Training:** The Accreditation Council for Graduate Medical Education (ACGME) requires that accredited programs provide access to training in the provision of abortion.<sup>56</sup> 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.<sup>57</sup>

## 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.<sup>58</sup> The only abortion-specific documentation and reporting requirements are listed below. Some of these apply regardless of where an abortion is performed and others apply only to “abortion clinics,” which Florida defines as “any facility in which abortions are performed.”<sup>59</sup> Florida does not consider the following to be an abortion clinic: (1) a hospital or (2) “a physician’s office, provided that the office is not used primarily for the performance of abortions.”<sup>60</sup>

**Documentation:** Florida law requires that when a physician performs an abortion under the Medical Necessity Exception or “Fatal Fetal Abnormality” Exception to the 6-week Ban, two physicians must “certify in writing” that “in reasonable medical judgment” the termination is “necessary to save the pregnant woman’s life or avert a serious risk of substantial and irreversible physical impairment of a major bodily function of the pregnant woman other than a psychological condition” or that the fetus has a “fatal fetal abnormality.”<sup>61</sup>

As discussed above, AHCA’s Emergency Hospital Regulation requires hospitals to maintain written policies and procedures governing the maintenance of medical records for the treatment of PPROM, PROM, ectopic pregnancies, trophoblastic tumors, and “other life-threatening conditions.”<sup>62</sup> The policies and procedures must address certain specified issues, including the requirement to document treatment for such conditions in the patient’s medical record and, in the case of PPROM or PROM, the reasons why the treating physician determines that an alternate course of action is more appropriate than admission for observation where applicable.<sup>63</sup>

Florida law requires “abortion clinics” to keep a permanent individual clinical record on each clinic patient, regardless of whether the patient sought abortion care or other types of care.<sup>64</sup> These records must be complete, accurately documented, systematically organized to facilitate storage and retrieval, and contain a printed image of the ultrasound used to determine the period of gestation.<sup>65</sup> Florida also requires that “[o]perative reports signed by a physician performing a second trimester abortion . . . be recorded in the clinical record immediately following the procedure or that an operative progress note is entered in the clinical record to provide pertinent information.”<sup>66</sup> Clinical records shall be kept on file for a minimum of five years from the date of the last entry.<sup>67</sup>

**Abortion Reporting:** Florida law requires the director of any medical facility in which abortions are performed, including a physician’s office, to submit a report each month to AHCA through the Induced Termination of Pregnancy (“ITOP”) reporting system, regardless of the number of abortions performed or the method used.<sup>68</sup> If the abortion is not performed in a medical facility, the physician performing the abortion shall submit the report.<sup>69</sup> Monthly reports must be received by AHCA within thirty days following the preceding month.<sup>70</sup> The abortion clinic licensing regulations further require each “clinic” to maintain a log of all abortions, recording the date of the procedure and period of gestation.<sup>71</sup> This requirement likely applies to “abortion clinics,” but the regulation does not explicitly state this.

As discussed above, AHCA’s Emergency Abortion Reporting Regulation amends the reporting rule in the abortion clinic licensing regulation, stating that it does not apply to treatment for PPRM, PROM, ectopic pregnancy, or trophoblastic tumor.<sup>72</sup> The emergency regulation does not alter the statutory language requiring reporting.<sup>73</sup>

Providing abortions under the Rape, Incest, or Human Trafficking Exception to the 6-week Ban triggers additional reporting requirements that vary based on the age of the patient.<sup>74</sup> If the patient is 18 years of age or older, the physician must report “any known or suspected human trafficking to a local law enforcement agency.”<sup>75</sup> If the patient is a minor, the physician must report the incident of rape, incest, or human trafficking to Florida’s central abuse hotline.<sup>76</sup>

**Complication Reporting:** Florida requires “abortion clinics” to maintain a record of each incident involving patients receiving second trimester abortions in any abortion clinic providing second-trimester abortions that results in serious injury, which is defined as “an injury that occurs at

an abortion clinic and that creates a serious risk of substantial impairment of a major bodily organ.”<sup>77</sup> Each incident must be reported to AHCA within ten days after the incident occurs on the Abortion Clinic Incident Report form provided by AHCA.<sup>78</sup> If a patient death occurs in relation to a second trimester abortion, the abortion clinic shall report the death to the Health Department and the appropriate regulatory board no later than the next work date.<sup>79</sup> The report to the Department shall be filed as required by Florida’s rules governing death and fetal death registration.<sup>80</sup>

Florida does not have abortion specific complication reporting requirements for abortions performed in abortion clinics that do not provide second-trimester abortions or in other healthcare facilities.

**Fetal Death Reporting:** Florida law requires the filing of a certificate for “fetal death,”<sup>81</sup> which is defined as “death prior to the complete expulsion or extraction of a product of human conception from [the pregnant person] if the 20th week of gestation has been reached and 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.”<sup>82</sup> The certificate must be submitted to the Department of Health within five days after such death and prior to final disposition.<sup>83</sup> In the absence of a funeral director, the physician, physician assistant, advanced practice registered nurse, or other person in attendance at or after the death shall electronically file the certificate of fetal death.<sup>84</sup> The person required to file the certificate must also notify the parent of a stillborn child that the parent may request a certificate of birth.<sup>85</sup> The term “stillborn child” is defined as “an unintended intrauterine fetal death after a gestational age of not less than 20 completed weeks.”<sup>86</sup>



When a spontaneous fetal demise occurs after a gestation of “less than 20 completed weeks,” Florida requires certain healthcare facilities and certain providers to notify the patient of their options to arrange for burial or cremation of the fetal remains, as well as procedures provided by general law.<sup>87</sup> Florida’s hospital licensure regulations require the healthcare facility to provide a Notification of Disposition of Fetal Demise form to the “mother” for her completion.<sup>88</sup> Florida’s vital records regulations also require a healthcare practitioner “in custody of fetal remains” following a spontaneous fetal demise before 20 completed weeks of gestation to provide such a form.<sup>89</sup> These regulations link to different versions of that form.<sup>90</sup>

**Other Mandatory Reporting:** All other general mandatory reporting to the Department of Family and Protective Services, local law enforcement, etc., also applies for abortion patients.<sup>91</sup> This includes reporting of sexual abuse of young people, child abuse, and vulnerable adult abuse.<sup>92</sup>

**Electronic Medical Records:** Many electronic medical record systems (EMRs) allow healthcare providers to securely share patient records across healthcare institutions.<sup>93</sup> While EMRs have settings that allow patients to choose how and when their records are shared, hospital systems often instead use their EMR’s default settings that widely share patient records. Though often done for continuity of care purposes, these settings 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.<sup>94</sup>

The federal government has taken steps to address this concern by issuing a new HIPAA rule, effective June 25, 2024.<sup>95</sup> The rule prohibits the use or disclosure of protected health information (PHI) if sought to conduct a criminal, civil, or administrative investigation into or impose liability on any person for the mere act of seeking, obtaining, providing, or

facilitating lawful reproductive healthcare, or identifying any person for these purposes.<sup>96</sup> A provider who receives a request for disclosure of PHI potentially related to reproductive care must obtain a signed attestation from the requestor that the request is not for a prohibited purpose.<sup>97</sup> The attestation is required when the request is for: law enforcement purposes, disclosures to coroners and medical examiners, judicial and administrative proceedings, and health oversight activities.<sup>98</sup> If the abortion care – self-managed or otherwise – was provided by someone else, a provider is allowed to assume the care was provided lawfully unless 1) the patient tells them otherwise or 2) the attestation provides evidence of unlawfully provided care.<sup>99</sup>

The new rule only applies to healthcare providers who are subject to HIPAA. Separate from HIPAA, interoperability rules may apply when a healthcare provider uses EMRs.<sup>100</sup> Because of this, we encourage you to discuss alternative EMR settings and information blocking exceptions with your institution’s compliance officers, counsel, and/or technology officers, who may be able to offer customized solutions.<sup>101</sup>

## Counseling & Referral

Speech about abortion is legal in Florida. Medical professionals in Florida can thus (1) provide accurate options counseling, including about abortion; and (2) refer patients to medical providers in states where abortion is legal.<sup>102</sup>

## Medication Abortion

Florida has additional rules that apply specifically to “medical abortion,” which is defined as “the administration or use of an abortion-inducing drug to induce an abortion.”<sup>103</sup> Florida requires in-person dispensing by a physician for medication abortion and explicitly prohibits mail-dispensing of medication abortion drugs.<sup>104</sup> Florida also explicitly prohibits the use of telehealth for abortions,

including but not limited to “medical abortions.”<sup>105</sup> Florida’s 6-week ban reinforced this.<sup>106</sup>

## Disposition of Fetal Tissue Remains

Florida law requires that “fetal remains” be disposed of in a sanitary manner pursuant to Florida’s laws and regulations governing biomedical waste.<sup>107</sup> Any failure to dispose of fetal remains in accordance with those requirements is a misdemeanor of the first degree.<sup>108</sup>

Florida also gives agencies authority to adopt and enforce rules governing “abortion clinics” to ensure the “prompt and proper disposal of fetal remains and tissue resulting from pregnancy termination.”<sup>109</sup> AHCA regulations governing “abortion clinics” require that fetal remains be disposed of “in a sanitary and appropriate manner” and that storage of fetal remains at a clinic shall: (1) not exceed 30 days; (2) be in an interior restricted access location of the clinic; and (3) be packaged and sealed in

impermeable, red plastic bags or sharps container.<sup>110</sup> Additionally, packages or containers of fetal remains must be labeled to include the name and address of the clinic and a specific phrase (either Biomedical Waste, Biohazardous Waste, Biohazard, Infectious Waste or Infectious Substance).<sup>111</sup> Florida’s law governing “abortion clinics” further states that if an owner, operator, or employee of an “abortion clinic” fails to dispose of fetal remains and tissue as required by Florida law, the abortion clinic’s license may be suspended or revoked, and the person commits a first degree misdemeanor.<sup>112</sup> While these requirements are found in regulations governing “abortion clinics,” they are not explicitly limited to those types of healthcare facilities. As such, it is not entirely clear whether other healthcare facilities must comply with the requirements in this paragraph.

Florida’s fetal tissue disposal requirements do not apply to any process where the patient passes the pregnancy tissue outside of a medical facility, nor does it put any requirements on patients.

## 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 \(CRR\)](#), [If/When/How: Lawyering for Reproductive Justice](#), [National Women’s Law Center \(NWLC\)](#), and [Resources for Abortion Delivery \(RAD\)](#).



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## References

- <sup>1</sup> *Planned Parenthood of Sw. & Cent. Fla. v. State*, 384 So. 3d 67 (Fla. 2024).
- <sup>2</sup> *Amendment to Limit Government Interference with Abortion, 23-07*.
- <sup>3</sup> *Id.*
- <sup>4</sup> Fla. Stat. § 390.011(1).
- <sup>5</sup> See, e.g., Fla. Stat. § 782.32(2) (a homicide provision defining “living fetus” to mean “any unborn member of the human species who has a heartbeat or discernible spontaneous movement.”)
- <sup>6</sup> Prior to the 6-week ban, Florida had a 15-week ban and post-viability ban. Fla. Stat. § 390.0111 (effective July 1, 2022) (15-week ban); Fla. Stat. § 390.01112 (effective July 1, 2014) (post-viability ban). The 15-week ban replaced a third-trimester ban. Compare Fla. Stat. § 390.0111 (effective July 1, 2022) (15-week ban) with Fla. Stat. § 390.0111 (effective June 30, 2011) (third-trimester ban). The 6-week ban replaced the 15-week ban and repealed the post-viability ban. See [2023 FL S.B. 300](#).
- <sup>7</sup> Fla. Stat. § 390.0111(1); see also Fla. Stat. § 390.011(7) (defining “gestation” to mean the development of the pregnancy “as calculated from the first day of the pregnant woman’s last menstrual period.”).
- <sup>8</sup> Fla. Stat. § 390.0111(10)(a); see also Fla. Stat. §§ 775.082(3)(e) (felony sentencing), 775.083(1)(c) (felony fines).
- <sup>9</sup> Fla. Stat. §§ 390.0111(13), 390.018, 456.072(2), 458.331(2), 459.015(2), 464.018(2); Fla. Admin. Code r. 64B8-8.001.
- <sup>10</sup> Fla. Admin. Code R. 59A-9.020(4).
- <sup>11</sup> Fla. Stat. § 390.0111(2).
- <sup>12</sup> Fla. Stat. § 390.0111(1)(a)–(b).
- <sup>13</sup> Fla. Stat. § 390.011(12).
- <sup>14</sup> Fla. Stat. § 390.0111(1)(a)–(b).
- <sup>15</sup> Fla. R. 59AER24-1: *Medical Records Procedures for Treatment of Premature Rupture of Membranes and Other Life Threatening Conditions* (governing hospitals); Fla. R. 59AER24-2: *Reports* (governing “abortion clinic[s]” and “any medical facility in which abortions are performed including a physician’s office”).
- <sup>16</sup> Fla. Stat. § 120.54(4)(c).
- <sup>17</sup> Fla. R. 59AER24-3: *Medical Records Procedures for Treatment of Premature Rupture of Membranes and Other Life Threatening Conditions* (governing hospitals); Fla. R. 59AER24-4: *Reports* (governing “abortion clinic[s]” and “any medical facility in which abortions are performed including a physician’s office”).
- <sup>18</sup> Fla. Agency for Health Care Admin., *Notice to Health Care Providers Regarding Misinformation About Abortions in Florida* (Sept. 19, 2024).
- <sup>19</sup> Fla. R. 59AER24-4.
- <sup>20</sup> Fla. Admin. Code R. 59A-9.034(1).
- <sup>21</sup> Fla. Admin. Code R. 59A-9.034(3).
- <sup>22</sup> Fla. R. 59AER24-4(1).
- <sup>23</sup> Fla. R. 59AER24-4(4)–(6).
- <sup>24</sup> See Cleveland Clinic, *Gestational Trophoblastic Disease* (June 14, 2022) (stating that molar pregnancy is the most common form of gestational trophoblastic disease).
- <sup>25</sup> Fla. R. 59AER24-3.
- <sup>26</sup> *Id.*
- <sup>27</sup> *Id.*
- <sup>28</sup> *Id.*
- <sup>29</sup> Fla. Stat. § 390.0111(1)(c).
- <sup>30</sup> Fla. Stat. § 390.011(6).
- <sup>31</sup> Fla. Stat. §§ 390.0111(c), 390.011(14)(c).
- <sup>32</sup> Fla. Stat. § 390.0111(1)(d).
- <sup>33</sup> *Id.*
- <sup>34</sup> *Id.*
- <sup>35</sup> *Id.*
- <sup>36</sup> EMTALA, 42 U.S.C. § 1395dd(a).
- <sup>37</sup> EMTALA, 42 U.S.C. § 1395dd(b)(1)(A).

- <sup>38</sup> [EMTALA, 42 U.S.C. § 1395dd\(e\)\(1\)](#).
- <sup>39</sup> [EMTALA, 42 U.S.C. § 1395dd\(e\)\(3\)\(A\)](#).
- <sup>40</sup> [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).
- <sup>41</sup> [EMTALA, 42 U.S.C. § 1395dd\(c\)\(1\)\(B\)—\(c\)\(2\)\(A\)](#).
- <sup>42</sup> [EMTALA, 42 U.S.C. § 1395dd\(e\)\(1\)](#).
- <sup>43</sup> Ctrs. for Medicare & Medicaid Servs., [Reinforcement of EMTALA Obligations Specific to Patients who are Pregnant or are Experiencing Pregnancy Loss](#) (updated July 2022).
- <sup>44</sup> *Id.*
- <sup>45</sup> *Id.*; see also [EMTALA, 42 U.S.C. § 1395dd\(f\)](#) (“The provisions of this section do not preempt any State or local law requirement, except to the extent that the requirement directly conflicts with a requirement of this section.”).
- <sup>46</sup> Ctrs. for Medicare & Medicaid Servs., [Freeman Health System—Freeman West, Statement of Deficiencies and Plan of Correction](#) (April 10, 2023); Ctrs. for Medicare & Medicaid Servs., [University of Kansas Hospital, Statement of Deficiencies and Plan of Correction](#) (April 10, 2023); Press Release, U.S. Dep’t of Health and Human Servs., [HHS Secretary Xavier Becerra Statement on EMTALA Enforcement](#) (May 1, 2023).
- <sup>47</sup> [United States v. Idaho, 623 F. Supp. 3d 1096, 1117 \(D. Idaho 2022\)](#).
- <sup>48</sup> *Idaho v. United States*, 144 S. Ct. 541 (Mem) (2022).
- <sup>49</sup> *Moyle v. United States*, 144 S. Ct. 2015 (June 27, 2024) (per curiam).
- <sup>50</sup> Press Release, U.S. Dep’t of Health and Human Servs., [Biden-Harris Administration Reaffirms Commitment to EMTALA Enforcement](#) (July 2, 2024).
- <sup>51</sup> [Texas v. Becerra, No. 23-10246, 2024 WL 20069 \(5th Cir. Jan. 2, 2024\)](#), petition for cert. filed (U.S. Apr. 1, 2024) (No. 23-1076).
- <sup>52</sup> *Becerra v. Texas*, No. 23-1076, 2024 WL 4426546 (U.S. Oct. 7, 2024) (denying cert).
- <sup>53</sup> [42 C.F.R. § 482.13\(a\)\(1\), \(b\)\(1\)–\(2\)](#).
- <sup>54</sup> Nat’l Women’s Law Ctr., [Know Your Rights: Existing Laws May Protect Health Care Professional Who Provide or Support Abortion from Discrimination in Employment](#) (Feb. 9, 2023).
- <sup>55</sup> [Fla. Stat. § 766.101 et seq.](#)
- <sup>56</sup> Accreditation Council for Graduate Med. Educ., [ACGME Program Requirements for Graduate Medical Education in Obstetrics and Gynecology](#) (Sept. 17, 2022).
- <sup>57</sup> [42 U.S.C. § 238n](#).
- <sup>58</sup> 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.
- <sup>59</sup> [Fla. Stat. § 390.011\(2\)](#).
- <sup>60</sup> *Id.*
- <sup>61</sup> [Fla. Stat. § 390.0111\(1\)\(a\), \(c\)](#).
- <sup>62</sup> [Fla. R. 59AER24-3](#).
- <sup>63</sup> *Id.*
- <sup>64</sup> [Fla. Admin. Code R. 59A-9.031](#).
- <sup>65</sup> [Fla. Admin. Code R. 59A-9.031\(1\)\(a\)-\(b\)](#).
- <sup>66</sup> [Fla. Admin. Code R. 59A-9.031\(1\)\(c\)](#).
- <sup>67</sup> [Fla. Admin. Code R. 59A-9.031\(2\)](#).
- <sup>68</sup> [Fla. Stat. § 390.0112\(1\)](#); see also [Fla. Admin. Code R. 59A-9.034\(1\)](#) (requiring “an abortion clinic and any medical facility in which abortions are performed, including a physician’s office,” to submit monthly reporting); Fla. Agency for Health Care Admin., [Induced Termination of Pregnancy \(ITOP\) Reporting System Guide](#) (July 1, 2022).
- <sup>69</sup> [Fla. Stat. § 390.0112\(1\)](#).
- <sup>70</sup> [Fla. Admin. Code R. 59A-9.034\(1\)](#).
- <sup>71</sup> [Fla. Admin. Code R. 59A-9.034\(3\)](#).
- <sup>72</sup> [Fla. R. 59AER24-4\(4\)–\(6\)](#).
- <sup>73</sup> [Fla. Stat. § 390.0112](#).

<sup>74</sup> [Fla. Stat. § 390.0111\(1\)\(d\)](#).

<sup>75</sup> *Id.*

<sup>76</sup> *Id.*; see also Fla. Dep’t of Children & Families, [Abuse Hotline](#) (last visited Oct. 8, 2024).

<sup>77</sup> [Fla. Admin. Code R. 59A-9.029](#); see also [Fla. Stat. § 390.012\(3\)\(h\)\(1\)](#) (defining “serious injury”).

<sup>78</sup> [Fla. Admin. Code R. 59A-9.029\(1\)–\(2\)](#).

<sup>79</sup> [Fla. Admin. Code R. 59A-9.029\(3\)](#).

<sup>80</sup> *Id.*

<sup>81</sup> [Fla. Stat. § 382.008\(1\)](#); see also Fla. Dep’t of Health, [Fetal Death Certifications](#) (June 30, 2023).

<sup>82</sup> [Fla. Stat. § 382.002\(8\)](#).

<sup>83</sup> [Fla. Stat. § 382.008\(1\)](#).

<sup>84</sup> [Fla. Stat. § 382.008\(2\)\(a\)](#).

<sup>85</sup> [Fla. Stat. § 382.0085\(2\)\(a\)](#).

<sup>86</sup> [Fla. Stat. § 382.002\(17\)](#).

<sup>87</sup> [Fla. Stat. § 383.33625](#).

<sup>88</sup> [Fla. Admin. Code R. 59A-3.281](#); Fla. Agency for Health Care Admin., [Notification of Disposition of Fetal Remains](#) (Jan. 2005).

<sup>89</sup> [Fla. Admin. Code R. 64V-1.019](#); Fla. Dep’t of Health, [Notification of Disposition of Fetal Demise](#) (Oct. 2003).

<sup>90</sup> Compare Fla. Agency for Health Care Admin., [Notification of Disposition of Fetal Remains](#) (Jan. 2005) with Fla. Dep’t of Health, [Notification of Disposition of Fetal Demise](#) (Oct. 2003).

<sup>91</sup> 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.

<sup>92</sup> [Fla. Stat. §§ 39.201, 415.1034](#).

<sup>93</sup> For example, one EMR, Epic, uses a tool called Care Everywhere to securely share information between healthcare institutions (e.g., from one hospital system to another) and allows robust sharing within a single institution (e.g., a Texas hospital treating a patient may be able to see the patient’s records from an Illinois hospital that within the same system).

<sup>94</sup> 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.

<sup>95</sup> Although effective on June 25, 2024, compliance with this rule is not required until December 23, 2024, except for the applicable requirements for revising Notice of Policy Practices (as required by [45 C.F.R. 164.520](#)), which must be complied with by February 16, 2026.

<sup>96</sup> [42 U.S.C. § 164.502\(a\)\(5\)\(iii\)](#). See also *HIPAA Privacy Rule Final Rule to Support Reproductive Health Care Privacy: Fact Sheet*, U.S. DEP’T OF HEALTH & HUM. SERVS., <https://www.hhs.gov/hipaa/for-professionals/special-topics/reproductive-health/final-rule-fact-sheet/index.html> (content last reviewed April 22, 2024).

<sup>97</sup> [42 U.S.C. § 164.509](#). The U.S. Department of Health & Human Services (HHS) recently released a model attestation, available here: <https://www.hhs.gov/sites/default/files/model-attestation.pdf>.

<sup>98</sup> [42 U.S.C. §§ 164.509\(a\), 512\(d\)-\(g\)\(1\)](#).

<sup>99</sup> [42 U.S.C. § 164.502\(a\)\(5\)\(iii\)](#).

<sup>100</sup> [21<sup>st</sup> 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), [21<sup>st</sup> 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). 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. HHS intends to expand disincentives to other groups of health care providers in future rulemaking.

<sup>101</sup> In the past year, states and the federal government have taken steps to address these vulnerabilities, specifically for abortion and gender-affirming care. Maryland and California have passed bills that restrict disclosure of abortion-related records and require EMRs to develop tools to limit or prohibit such disclosure. As these laws are implemented, the landscape for how electronic abortion records are handled may change.

<sup>102</sup> [Fla. Stat. § 390.025\(3\)](#) and [Fla. Admin. Code R. 59A-9.035](#) created register and fee provisions, requiring abortion referral or counseling agencies to register with AHCA and pay an initial or renewal registration fee. Abortion clinics, hospitals, and certain other healthcare facilities were excluded from this requirement. [Fla. Stat. § 390.025\(4\)](#). This requirement is blocked. *Fulwider v. Senior*, No. 4:16-CV-00765-RH-CAS, 2018 WL 11669458 (N.D. Fla. July 5, 2018).

<sup>103</sup> [Fla. Stat. § 390.011\(9\)](#).

<sup>104</sup> [Fla. Stat. § 390.0111\(2\)](#); *see also* [Fla. Stat. § 456.47\(2\)\(f\)](#).

<sup>105</sup> [Fla. Stat. § 456.47\(2\)\(f\)](#).

<sup>106</sup> [Fla. Stat. § 390.0111\(2\)](#).

<sup>107</sup> [Fla. Stat. §§ 390.0111\(7\)](#), [381.0098](#); [Fla. Admin. Code R. 64E-16.001](#) (“This chapter applies to all facilities that generate, transport, store, or treat biomedical waste to ensure that the waste is properly handled to protect public health.”).

<sup>108</sup> [Fla. Stat. § 390.0111\(7\)](#); *see also* [Fla. Stat. §§ 775.082\(4\)](#) (setting maximum prison time for misdemeanors), [775.083\(1\)\(d\)-\(e\)](#) (setting maximum fine for misdemeanors).

<sup>109</sup> [Fla. Stat. § 390.012\(6\)](#).

<sup>110</sup> [Fla. Admin. Code R. 59A-9.030\(1\)](#).

<sup>111</sup> [Fla. Admin. Code R. 59A-9.030\(2\)](#).

<sup>112</sup> [Fla. Stat. § 390.012\(7\)](#).