ABORTION DEFENSE NETWORK

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.

Last updated June 2026

ABORTION DEFENSE NETWORK

FLORIDA

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.

Last updated June 2026

ABORTION DEFENSE NETWORK

FLORIDA

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.[1] In November 2024, Floridians voted on an amendment to the Florida constitution to limit government interference with abortion.[2] Despite a majority voting yes (57%), that amendment fell just short of the supermajority threshold (60%) needed to amend the state constitution.[3]

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."[4]

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) [5] 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.[6]

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").[7] The 6-week Ban contains three exceptions (discussed below).

The 6-week Ban specifies that only a physician may perform an abortion and prohibits the use of telemedicine for abortions.[8]

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;[9] (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.[10] Additionally, abortion clinics may be prevented from renewing their clinic licenses for violations of the 6-week Ban.[11]

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."[12] "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."[13] The Medical Necessity Exception explicitly states that it cannot apply to psychological conditions.[14]

On September 19, 2024, Florida's Agency for Health Care Administration ("AHCA") issued a notice to healthcare providers about the 6-week Ban.[15] The AHCA subsequently promulgated two final regulations regarding the 6-week Ban's Medical Necessity Exception, effective November 19, 2024.[16] The regulations have similar language; one applies to licensed abortion facilities, and the other applies to hospitals.

The Final Abortion Reporting Regulation: One of the aforementioned final regulations amends an existing regulation governing reporting requirements under Florida law.[17] 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).[18] Each facility must also maintain a log of the date and gestational age of each abortion.[19] The Final 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."[20] 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."[21] The Final 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.[22]

The Final Hospital Regulation: The second final regulation is similar but applies only to hospitals. It does not amend an existing regulation but instead creates a new regulation relating to hospitals. The Final Hospital Regulation is broader than the Final 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.[23]

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.[24]

Like the Final Abortion Reporting Regulation, the Final 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.[25] The Final Hospital Regulation adds, however, that for each of these specified treatments, "[t]he treating physician shall document the treatment in the patient's medical record."[26]

"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."[27] "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."[28] 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.[29]

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."[30] 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.[31] If the patient is over 18 years old, the "physician must report any known or suspected human trafficking to a local law enforcement agency."[32] If the patient is a minor, the "physician must report the incident of rape, incest, or human trafficking to the central abuse hotline."[33]

Other Abortion Restrictions: Florida has various other restrictions for abortions that are not medical emergencies, including: only physicians can provide abortions; a mandatory 24-hour delay following in-person state-mandated counseling[34]; a requirement that young people receive either consent from a parent or judicial approval.[35]

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.[36] 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."[37] 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."[38]

EMTALA requires stabilizing medical treatment be provided to any individual experiencing an emergency medical condition,[39] including people in labor or with emergency pregnancy complications,[40] unless the individual refuses to consent to such treatment.[41] 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."[42] 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.[43] 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."[44]

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.[45]

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."[46] 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."[47] 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."[48] 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.[49]

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.[50] 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]."[51] 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.[52] 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.[53] Following the change of presidential administrations, the United States dismissed that case entirely. [54]

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.[55] As a result, the Fifth Circuit's decision is final.[56,57]

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.[58]

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.[59]

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.[60]

Resident Training: The Accreditation Council for Graduate Medical Education (ACGME) requires that accredited programs provide access to training in the provision of abortion.[61] 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.[62]

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.[63] 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."[64] 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."[65]

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."[66]

As discussed above, AHCA's Final 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."[67] 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.[68]

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.[69] 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.[70] 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."[71] Clinical records shall be kept on file for a minimum of five years from the date of the last entry.[72]

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.[73] If the abortion is not performed in a medical facility, the physician performing the abortion shall submit the report.[74] Monthly reports must be received by AHCA within thirty days following the preceding month.[75] 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.[76] This requirement likely applies to "abortion clinics," but the regulation does not explicitly state this.

As discussed above, AHCA's Final Abortion Reporting Regulation amends the reporting rule in the abortion clinic licensing regulation, stating that it does not apply to treatment for PPROM, PROM, ectopic pregnancy, or trophoblastic tumor.[77] The Final Abortion Reporting Regulation does not alter the statutory language requiring reporting.[78]

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.[79] 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."[80] If the patient is a minor, the physician must report the incident of rape, incest, or human trafficking to Florida's central abuse hotline.[81]

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."[82] Each incident must be reported to AHCA within ten days after the incident occurs on the Abortion Clinic Incident Report form provided by AHCA.[83] 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.[84] The report to the Department shall be filed as required by Florida's rules governing death and fetal death registration.[85]

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,"[86] 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."[87] The certificate must be submitted to the Department of Health within five days after such death and prior to final disposition.[88] 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.[89] 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.[90] The term "stillborn child" is defined as "an unintended intrauterine fetal death after a gestational age of not less than 20 completed weeks.[91]

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.[92] 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.[93] 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.[94] These regulations link to different versions of that form.[95]

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.[96] This includes reporting of sexual abuse of young people, child abuse, and vulnerable adult abuse.[97]

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.[98] 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.[99, 100]

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.[101] 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.[102]

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.[103]

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."[104] Florida requires in-person dispensing by a physician for medication abortion and explicitly prohibits mail-dispensing of medication abortion drugs.[105] Florida also explicitly prohibits the use of telehealth for abortions, including but not limited to "medical abortions."[106] Florida's 6-week ban reinforced this.[107]

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.[108] Any failure to dispose of fetal remains in accordance with those requirements is a misdemeanor of the first degree.[109]

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."[110] 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.[111] 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).[112] 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.[113] 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), National Women's Law Center (NWLC), and Resources for Abortion Delivery (RAD).

References

[1] *Planned Parenthood of Sw. & Cent. Fla. v. State*, 384 So. 3d 67 (Fla. 2024).
[2] *Amendment to Limit Government Interference with Abortion, 23-07*.
[3] *Id.*
[4] Fla. Stat. § 390.011(1).
[5] *See, e.g.*, Fla. Stat. § 390.011(1), 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.").
[6] Fla. Stat. § 390.0111. Prior to the 6-week ban, Florida had two other bans, a 15-week ban and post-viability ban. Fla. Stat. § 390.0111 (effective July 1, 2022) (15-week ban); *see also* 2023 FL S.B. 300 Sec. 4 (NS); Fla. Stat. § 390.01112 (effective July 1, 2014) (post-viability ban). The 6-week ban expressly replaced a 15-week ban, 2023 FL S.B. 300 Sec. 4 (NS); and the post-viability ban was repealed when the Florida Supreme Court issued its decision in *Planned Parenthood of Southwest and Central Florida vs. State of Florida*, 384 So. 3d 67 (Fla. 2024), fulfilling a contingency set forth in 2023 FL S.B. 300 Sec. 9 (NS); *see also* Fla. Stat. § 390.01112 n.1.
[7] 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.").
[8] Fla. Stat. § 390.0111(2).
[9] Fla. Stat. § 390.0111(10)(a); *see also* Fla. Stat. §§ 775.082(3)(e) (felony sentencing), 775.083(1)(c) (felony fines).
[10] Fla. Stat. §§ 390.0111(13), 390.018, 456.072(2), 458.331(2), 459.015(2), 464.018(2).
[11] Fla. Admin. Code R. 59A-9.020(4).
[12] Fla. Stat. § 390.0111(1)(a)–(b).
[13] Fla. Stat. § 390.011(12).
[14] Fla. Stat. § 390.0111(1)(a)–(b).
[15] Fla. Agency for Health Care Admin., *Notice to Health Care Providers Regarding Misinformation About Abortions in Florida* (Sept. 19, 2024).
[16] Fla. Admin. Code. R. 59A-3.282 (governing hospitals); Fla. Admin. Code. R. 59A-9.034 (governing "abortion clinic[s]" and "any medical facility in which abortions are performed, including a physician's office").
[17] Fla. Admin. Code. R. 59A-9.034.
[18] Fla. Admin. Code. R. 59A-9.034(1).
[19] Fla. Admin. Code. R. 59A-9.034(3).
[20] Fla. Admin. Code. R. 59A-9.034(1).
[21] Fla. Admin. Code. R. 59A-9.034(4)–(6).

[22] *See* Cleveland Clinic, *Gestational Trophoblastic Disease* (June 14, 2022) (stating that molar pregnancy is the most common form of gestational trophoblastic disease).
[23] Fla. Admin. Code. R. 59A-3.282.
[24] *Id.*
[25] *Id.*
[26] *Id.*
[27] Fla. Stat. § 390.0111(1)(c).
[28] Fla. Stat. § 390.011(6).
[29] Fla. Stat. §§ 390.0111(c), 390.011(14)(c).
[30] Fla. Stat. § 390.0111(1)(d).
[31] *Id.*
[32] *Id.*
[33] *Id.*
[34] Fla. Stat. § 390.0111(3)(a).
[35] Fla. Stat. § 390.01114.; *see also Doe v. Uthmeier*, 407 So. 3d 1281 (Fla. Dist. Ct. App. 2025) (holding the "maturity" and "best-interest" provisions of Florida's judicial bypass statute unconstitutional).
[36] EMTALA, 42 U.S.C. § 1395dd(a).
[37] EMTALA, 42 U.S.C. § 1395dd(e)(1)(A).
[38] EMTALA, 42 U.S.C. § 1395dd(e)(1)(B).
[39] EMTALA, 42 U.S.C. § 1395dd(b)(1)(A).
[40] EMTALA, 42 U.S.C. § 1395dd(e)(1).
[41] EMTALA, 42 U.S.C. § 1395dd(b)(2).
[42] EMTALA, 42 U.S.C. § 1395dd(e)(3)(A).
[43] 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).
[44] EMTALA, 42 U.S.C. § 1395dd(c)(1)(B)–(c)(2)(A).
[45] 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.pdf.
[46] Kennedy Letter.
[47] Kennedy Letter.
[48] *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.).
[49] Center for Reproductive Rights, *Complaints Against Texas Hospitals for Denying Emergency Care for Ectopic Pregnancies*, (updated May 8, 2025).
[50] *St. Luke's Health System, LTD. v. Labrador*, No. 1:25-cv-00015, ECF No. 1 (D. Idaho Jan 14, 2025).
[51] *St. Luke's Health System, LTD v. Labrador*, No. 1:25-cv-00015, ECF No. 49 at 59 (D. Idaho Mar. 20, 2025).
[52] *United States v. Idaho*, 623 F. Supp. 3d 1096, 1117 (D. Idaho 2022).
[53] *Moyle v. United States*, 144 S. Ct. 2015 (June 27, 2024) (per curiam).
[54] *Idaho v. United States*, No. 1:22-cv-00329, ECF No. 182 (D. Idaho Mar. 5, 2025).
[55] *Becerra v. Texas*, No. 23-1076 (U.S. Oct. 7, 2024) (denying certiorari).
[56] *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).

[57] 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.

[58] 42 C.F.R. § 482.13(a)(1), (b)(1)–(2).

[59] 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).

[60] Fla. Stat. § 766.101 *et seq.*

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

[62] 42 U.S.C. § 238n.

[63] 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.

[64] Fla. Stat. § 390.011(2).

[65] *Id.*

[66] Fla. Stat. § 390.0111(1)(a), (c).

[67] Fla. Admin. Code. R. 59A-3.282.

[68] *Id.*

[69] Fla. Admin. Code R. 59A-9.031.

[70] Fla. Admin. Code R. 59A-9.031(1)(a)-(b).

[71] Fla. Admin. Code R. 59A-9.031(1)(c).

[72] Fla. Admin. Code R. 59A-9.031(2).

[73] 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).

[74] Fla. Stat. § 390.0112(1).

[75] Fla. Admin. Code R. 59A-9.034(1).

[76] Fla. Admin. Code R. 59A-9.034(3).

[77] Fla. Admin. Code. R. 59A-9.034(4)–(6).

[78] Fla. Stat. § 390.0112.

[79] Fla. Stat. § 390.0111(1)(d).

[80] *Id.*

[81] *Id.*; *see also* Fla. Dep't of Children & Families, *Abuse Hotline* (last visited Mar. 7, 2025).

[82] Fla. Admin. Code R. 59A-9.029; *see also* Fla. Stat. § 390.012(3)(h)(1) (defining "serious injury").

[83] Fla. Admin. Code R. 59A-9.029(1)–(2).

[84] Fla. Admin. Code R. 59A-9.029(3).

[85] *Id.*

[86] Fla. Stat. § 382.008(1); *see also* Fla. Dep't of Health, *Fetal Death* (June 30, 2023).

[87] Fla. Stat. § 382.002(8).

[88] Fla. Stat. § 382.008(1).

[89] Fla. Stat. § 382.008(2)(a).

[90] Fla. Stat. § 382.0085(2)(a).

[91] Fla. Stat. § 382.002(17).

[92] Fla. Stat. § 383.33625.

[93] Fla. Admin. Code. R. 59A-3.281; Fla. Agency for Health Care Admin., *Notification of Disposition of Fetal Remains* (Jan. 2005).

[94] Fla. Admin. Code. R. 64V-1.019; Fla. Dep't of Health, *Notification of Disposition of Fetal Demise* (Oct. 2003).
[95] *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).
[96] 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.
[97] Fla. Stat. §§ 39.201, 415.1034.
[98] 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).
[99] 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.
[100] 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.
[101] 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.
[102] 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.
[103] 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).
[104] Fla. Stat. § 390.011(9).
[105] Fla. Stat. § 390.0111(2); *see also* Fla. Stat. § 456.47(2)(f).
[106] Fla. Stat. § 456.47(2)(f).
[107] Fla. Stat. § 390.0111(2).
[108] 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.").

[109] 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).
[110] Fla. Stat. § 390.012(6).
[111] Fla. Admin. Code R. 59A-9.030(1).
[112] Fla. Admin. Code R. 59A-9.030(2).
[113] Fla. Stat. § 390.012(7).