

Know Your State's Abortion Laws

A Guide for Medical Professionals

LOUISIANA

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 Louisiana law unless:

(1) necessary to “prevent the death” of the patient or to prevent “the serious, permanent impairment of a life-sustaining organ,” or

(2) the pregnancy is “medically futile,” meaning the fetus has a condition “incompatible with sustaining life after birth.”

Definition of Abortion & Contraception

ABORTION

Louisiana law defines abortion as “the performance of any act with the intent to terminate a clinically diagnosable pregnancy with knowledge that the termination by those means will, with reasonable likelihood, cause the death of the unborn child.”¹ However, several procedures that the medical community may consider as abortions are *not* defined as “abortion” under Louisiana abortion bans, including: (1) “removal of a dead unborn child” or miscarriage and stillbirth care; (2) “removal of an ectopic pregnancy;” (3) abortions to prevent death or “serious, permanent impairment of a life-sustaining organ;” and (4) removal of a “medically futile” pregnancy. The “Exceptions to Abortion Bans” section below contains additional information on these categories.

With respect to self-managed abortion, it is legal for providers to give medical care to a pregnant person who has initiated or recently completed a self-managed abortion. This treatment can lawfully include abortion care where there is no embryonic or fetal cardiac activity or the patient qualifies under one of the exceptions to Louisiana’s bans (see below). A pregnant person cannot be convicted under Louisiana’s abortion ban for self-managing their abortion because the state’s criminal abortion ban explicitly exempts pregnant people from liability.²

CONTRACEPTION

Louisiana law permits the provision or use of any contraceptives, such as intrauterine devices, or emergency contraceptives, such as Plan B. Contraceptives are defined as “any device, measure, drug, chemical, or product, including single-ingredient levonorgestrel, that has been approved by the United States Food and Drug Administration for

the purpose of preventing pregnancy and is intended to be administered prior to the time when a clinically diagnosable pregnancy can be determined.”³ Emergency contraceptive is defined as a “drug, chemical, or product, including but not limited to single-ingredient levonorgestrel or ulipristal, that has been approved by the Food and Drug Administration designed or intended to be taken after sexual intercourse but prior to the time when a clinically diagnosable pregnancy can be determined.”⁴ Louisiana law specifies that the definition of “abortion-inducing drug” does not include contraceptives or emergency contraceptives, and that the language in Louisiana’s abortion bans is not intended to apply to the sale and use of contraceptives or emergency contraceptives for the purposes of contraception.⁵

Abortion Bans

2022 Trigger Bans: “Abortion”—as defined above—is unlawful under Louisiana law at any gestational age.⁶ State law prohibits both providing a pregnant person with abortion medications and conducting any procedure upon a pregnant person with the intent of causing an abortion.⁷ All criminal and civil penalties are aimed at those providing or aiding in abortions, and abortion-seekers are generally excluded from liability.⁸ Two total trigger bans went into effect in 2022.

The penalties for violating Louisiana’s 2022 total abortion bans are: (1) criminal: violation of the statutes can result in imprisonment for one to ten years and a fine of \$10,000 to \$100,000;⁹ (2) professional: violation of the statutes provides a basis for professional disciplinary action,¹⁰ including but not limited to revocation of a license;¹¹ and (3) civil: violation of the statutes provides a basis for a civil malpractice action brought by the patient; for recovery by the patient for the death of the “unborn child,” whether or not the fetus was viable at the time the abortion was performed; and for state

officials to obtain a writ of injunction.¹²

Louisiana institutes harsher criminal penalties for abortions performed after fifteen weeks LMP—what the state terms “late term abortions.”¹³ Penalties for performing an abortion after fifteen weeks LMP include imprisonment for one to fifteen years and a fine of \$20,000 to \$200,000. The professional and civil penalties remain the same.

2006 Trigger Ban: Louisiana has another total criminal abortion ban that may be in effect. This ban provides that “no person may knowingly administer to, prescribe for, or procure for, or sell to any pregnant woman any medicine, drug, or other substance” or “knowingly use or employ any instrument or procedure” upon a pregnant person with the “specific intent of causing or abetting the termination of the life of an unborn human being.”¹⁴ Violation of this ban carries criminal, professional, and civil penalties. Although this ban does not use the term “abortion” in explaining what conduct is prohibited, Louisiana has agreed that the exceptions set forth in the 2022 trigger bans, including the exception for ectopic pregnancies, apply to this ban.¹⁵

Other Bans: Louisiana has not repealed other laws related to abortion. Louisiana law retains gestational bans that prohibit care when a fetal heartbeat can be detected,¹⁶ at twenty-two weeks LMP,¹⁷ and post-viability.¹⁸ State law prohibits medication abortion¹⁹ and abortions after twenty-two weeks LMP sought for reasons of disability.²⁰ Louisiana law continues to include requirements that pregnant people who seek abortion care must undergo a mandatory seventy-two hour waiting period; counseling; and an ultrasound;²¹ pre-abortion disclosure requirement, consent and certification requirements;²² and prohibitions on public funding²³ and private insurance coverage.²⁴ Louisiana has physician-only and hospital admitting privileges requirements.²⁵

It continues to require that a young person under 18 have a parent, legal guardian,²⁶ or judge in the young person’s parish²⁷ consent to their abortion.

Louisiana law also generally prohibits both dilation and evacuation (“D&E”) procedures and intact D&E procedures (sometimes called D&X procedures),²⁸ though such procedures may be used if they are “necessary to prevent [a] serious health risk” to the patient.²⁹ The statute defines “serious health risk” as a determination that, “in reasonable medical judgment[,] the mother has a condition that so complicates her medical condition that it necessitates the abortion of her pregnancy to avert her death or to avert serious risk of substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions.”³⁰ The definition of “serious health risk” for the D&E ban exception is thus slightly different from the similar exception to Louisiana’s abortion bans, detailed below.³¹ However, because the D&E ban refers to “dismemberment abortions,” incorporating the definition of the term “abortion” as used in the 2022 trigger bans, a procedure that does *not* fall into the definition of “abortion” under Louisiana law is not governed by the D&E ban. Therefore, in addition to instances of “serious medical risk” described above, a provider may lawfully use D&E procedures if relying on one of the exceptions to Louisiana’s abortion bans, discussed below.

Exceptions to Abortion Bans

As stated above, Louisiana law excludes the following categories of pregnancy termination from the legal definition of “abortion,” meaning they are not criminalized by Louisiana’s abortion bans: miscarriage management; termination of ectopic pregnancies; abortions to prevent death or “serious, permanent impairment of a life-sustaining organ;” and abortions of “medically futile” pregnancies. Louisiana does not have exceptions for rape or

incest, and the state legislature rejected proposed legislation to create these exceptions.³²

Miscarriage & Stillbirth Management: Louisiana law generally allows stillbirth management and miscarriage care with certain limitations. Louisiana law defines “miscarriage” or “stillbirth” as the “spontaneous or accidental death of an unborn child, whether the death occurred in the womb or in the process of birth.”³³ The law notes that the “death” of a fetus is indicated by “lack of signs of breathing or any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.”³⁴

The “removal of a dead unborn child or the inducement of delivery of uterine contents” is not an unlawful “abortion” if there has been a diagnosis—certified in writing and via ultrasound—that the pregnancy “has ended or is in the unavoidable and untreatable process of ending.”³⁵ When these requirements are met and certified, uterine contents can lawfully be removed or delivered using medication, D&C, D&E or labor induction procedures.³⁶

After a miscarriage, a health facility licensed by the Louisiana Department of Health must notify a patient of their right to manage the disposition of fetal remains, but if the patient makes no such request, there are no specific fetal tissue disposal requirements beyond generally applicable state law (discussed below).³⁷

Ectopic Pregnancies: Louisiana law excludes the following actions from the definition of abortion: the “removal of an ectopic pregnancy,” “use of methotrexate to treat an ectopic pregnancy,” and “performance of a medical procedure necessary in good faith medical judgment or reasonable medical judgment to prevent the death or substantial risk of death to the pregnant woman due to a physical condition, or to prevent the serious, permanent

impairment of a life-sustaining organ of a pregnant woman.”³⁸ As a result, treatment of an ectopic pregnancy is lawful under the trigger bans.

Necessary to Prevent Death or Permanent Impairment: Louisiana law excludes abortion procedures that are “necessary . . . to prevent the death or substantial risk of death to the pregnant woman due to a physical condition, or to prevent the serious, permanent impairment of a life-sustaining organ of the pregnant woman” from the definition of abortion.³⁹ This exception does not require that the risk of death or permanent impairment of a life-sustaining organ be imminent. It does, however, require that the threat to the pregnant person’s health be permanent. “Life-sustaining organ” is not defined.

When performing an abortion under this exception, a physician does not need to comply with the informed consent and 72-hour delay requirements;⁴⁰ physicians need not perform an ultrasound to determine if the fetus is viable;⁴¹ and a physician does not need the otherwise-required consent from a parent or legal guardian if the patient is under 18.⁴²

“Medically Futile” Pregnancies: Louisiana law does not consider the “removal of an unborn child who is deemed to be medically futile” to be an abortion.⁴³ “Medically futile” means that “the unborn child has a profound and irremediable congenital or chromosomal anomaly that is incompatible with sustaining life after birth.”⁴⁴ The Louisiana Department of Health has promulgated a rule within the Louisiana Administrative Code that establishes an “exclusive” list of conditions deemed “medically futile.”⁴⁵ The list includes twenty-six conditions, including but not limited to anencephaly, craniorachischisis, trisomy 13, 16, 28, and 22, as well as a “catch-all” provision to accommodate certain conditions not listed. To use the “catch-all” provision, an assessment of medical futility must be certified by two physicians and recorded in the

patient's medical record.⁴⁶ The full list of conditions can be found [at this link](#) and is also reproduced in the references at the end of this document.⁴⁷

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.⁴⁸ 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.”⁴⁹ 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.”⁵⁰

EMTALA requires stabilizing medical treatment be provided to any individual experiencing an emergency medical condition,⁵¹ including people in labor or with emergency pregnancy complications,⁵² unless the individual refuses to consent to such treatment.⁵³ 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.”⁵⁴ 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.⁵⁵ 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.”⁵⁶

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.⁵⁷

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.”⁵⁸ 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.”⁵⁹ 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.”⁶⁰ 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.⁶¹

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.⁶² 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]."⁶³ 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.⁶⁴ That case made it all the way to the U.S. Supreme Court, where the appeal was ultimately dismissed as prematurely granted in June 2024.⁶⁵ Following the change of presidential administrations, the United States dismissed that case entirely.⁶⁶

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.⁶⁷ As a result, the Fifth Circuit's decision is final.^{68 69}

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.⁷⁰

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.⁷¹

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.⁷²

Resident Training: The Accreditation Council for Graduate Medical Education ("ACGME") requires that accredited programs provide access to training in the provision of abortion.⁷³ 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.⁷⁴

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.⁷⁵ 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 only abortion-specific documentation and reporting requirements are:

Induced Termination of Pregnancy Reporting:

Each “induced termination of pregnancy” must be reported to the vital records registry within fifteen days by the person in charge of the institution where the abortion procedure was performed.⁷⁶ If the induced termination was performed outside an institution, the physician in attendance at or immediately after delivery shall prepare and file the report. Whenever an abortion procedure results in a live birth, a birth certificate shall be issued certifying the birth of said born human being even though said human being may thereafter die.⁷⁷

Medical Futility Documentation & Reporting:

When a physician terminates a pregnancy deemed “medically futile,” the diagnosis of medical futility must be a judgment certified by two physicians and recorded in the patient’s medical record.⁷⁸ After the procedure, which must take place in a licensed ambulatory surgical center or hospital, the physician must submit an “individual abortion report” that includes appropriate evidence of the certified diagnosis.⁷⁹ The requirements for an individual abortion include information such as the type of abortion procedure, reason for the abortion, and complications by type.⁸⁰ These reports should be submitted to the Louisiana Department of Health within thirty days after the date of the procedure.⁸¹

Complication Reporting: Complications from abortion may also need to be reported in a

complication report if a physician provides post-abortion care.⁸² This reporting requirement does not apply to any non-physician providers who treat abortion complications. Complication reports require the date of the abortion, the name and address of the facility where the abortion was performed, the nature of the abortion complication, and the name and address of the facility where the post-abortion care was provided.⁸³ All complication reports should be submitted to the Louisiana Department of Health within thirty days after the date of the completion of post-abortion care.⁸⁴ “Complication” is not defined.

The statute defining abortion explicitly directs providers to fill out abortion report forms in instances of medical futility.⁸⁵ Thus, complications following a termination performed in an instance of medical futility must likely also be reported. However, other abortion care—including treatment for ectopic pregnancies and miscarriages or performing an abortion to preserve the life of the pregnant person—do not contain this explicit requirement to fill out an abortion report form. Because they are outside the statutory definition of abortion, they may not require complication reporting.

The complication reporting law requires all physicians that treat a patient for post-abortion care to submit a complication report, irrespective of how the patient accessed the abortion or who provided it. The statute may also require physicians to report when they provide “post-abortion care” after self-managed abortion (“SMA”). However, the reporting statute does not require physicians to disclose patients’ names, and reports are made only to the Department of Health, not any law enforcement agency. No complication report should need to identify an abortion as being self-managed.

“Severe Adverse Event” Reporting: If a pregnancy is terminated using abortion medications and the

physician knows that the patient experienced a “serious adverse event,” as defined by the MedWatch Reporting System, during or after the use of the drug, the physician must report the event to the FDA through the MedWatch Reporting System within three days of learning about the event.⁸⁶

Spontaneous Fetal Death Certificate & Reporting: Louisiana law requires the reporting of each “spontaneous fetal death of twenty complete weeks gestation or more, calculated from the date [the] last normal menstrual period began to the date of delivery, or a weight of three hundred fifty grams or more.”⁸⁷ This type of report is not required following an “induced termination of pregnancy,” an abortion.⁸⁸ The report must be made to the vital records registry “or as otherwise directed by the state registrar” within five days of delivery.⁸⁹ If the dead fetus is delivered “in an institution, the person in charge of the institution or his or her designated representative” must prepare and file the spontaneous fetal death certificate.⁹⁰ The Louisiana Attorney General has previously issued guidance indicating that a spontaneous fetal death certificate must be filed if the date of *delivery* occurs after twenty weeks or more LMP, “regardless of the actual date of the fetal demise.”⁹¹

Additionally, a medical certificate of the cause of death must be completed, signed, and provided to a funeral director, if applicable, within 24 hours after the death by the “physician, midwife, or other person in attendance at the spontaneous fetal death.”⁹² The local registrar must refer cases for investigation where the “the circumstances of the case suggest that the . . . spontaneous fetal death was caused by other than natural causes.”⁹³

Miscarriage & Stillbirth Documentation: When a physician performs a procedure to treat a miscarriage, the doctor must certify in writing in the patient’s medical record, along with the results of an ultrasound test, that the pregnancy had ended or was

in the “unavoidable and untreatable process of ending.”⁹⁴

Other Mandatory Reporting: All other general mandatory reporting to the Department of Children’s Services, local law enforcement, etc., also applies for abortion patients.⁹⁵ This includes reporting of sexual abuse of young people, child abuse, and vulnerable adult abuse.

Electronic Medical Records: Many electronic medical record systems (EMRs) allow healthcare providers to securely share patient records across healthcare institutions.⁹⁶ 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.⁹⁷

The federal government has taken steps to address this concern by issuing a HIPAA rule that became effective on June 25, 2024.⁹⁸ The rule prohibits the use or disclosure of protected health information (PHI) if sought to conduct an investigation into or impose liability on any person solely for seeking, obtaining, providing, or facilitating lawful reproductive healthcare, or identifying any person for these purposes.⁹⁹ A provider who receives a request to disclose PHI potentially related to reproductive care must obtain an attestation from the requestor that the request is not for a prohibited purpose.¹⁰⁰ 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.¹⁰¹ If the abortion care – self-managed or otherwise – was provided by someone else, the rule allows a provider to assume it was provided lawfully unless 1) the patient tells them otherwise or 2) the

attestation provides evidence of unlawfully provided care.¹⁰² The rule only applies to healthcare providers who are subject to HIPAA.¹⁰³ Though several states are challenging this rule in litigation, it currently remains in place as these cases move forward.¹⁰⁴

Separate from HIPAA, interoperability rules that penalize certain information blocking may apply when a healthcare provider uses EMRs.¹⁰⁵ Because of this, we encourage you to discuss alternative EMR settings and information blocking exceptions that may be available with your institution's compliance officers, counsel, and/or technology officers.¹⁰⁶

Counseling & Referral

Speech about abortion is legal in Louisiana. Medical professionals in Louisiana can thus (1) provide accurate options counseling, including about abortion; and (2) refer patients to medical providers in states where abortion is legal. Louisiana's ban on abortion advertising has been permanently enjoined and is not in effect.¹⁰⁷

There is a Louisiana-specific note of caution, however, as to a statute that prohibits anyone employed by the state of Louisiana or by any public or private social service agency that receives any form of governmental assistance from requiring or recommending that any woman have an abortion.¹⁰⁸ The prohibition on recommending an abortion does not apply to a licensed doctor acting to "save or preserve the life" of the pregnant person.¹⁰⁹

Medication Abortion

Definition and Application: Louisiana law defines "abortion-inducing drug" to include "any drug or chemical, or any combination of drugs or chemicals, or any other substance when used with the intent to cause an abortion, including but not limited to RU-486, the Mifeprex regimen, misoprostol (Cytotec), or methotrexate."¹¹⁰

Prohibitions: Louisiana has two statutes targeting the provision of abortion medications by mail:

- **Criminal abortion by means of abortion-inducing drug:** A criminal abortion by means of abortion medications is committed "when a person knowingly causes an abortion to occur by means of delivering, dispensing, distributing, or providing a pregnant woman with an abortion-inducing drug" when the person administering the drug is not a physician licensed in the state of Louisiana.¹¹¹ (Note: the administration of abortion-inducing drugs by physicians licensed in the state of Louisiana is still largely illegal, it is just not criminalized by *this* statute). The penalties for violating this statute include imprisonment from one to five years and/or a fine of \$5,000 to \$50,000. The penalties increase if the criminal abortion by abortion-inducing drug results in death or serious bodily injury of the pregnant person and increase again if the injured pregnant person is under eighteen.
- **Ban on sale and delivery:** Louisiana law states that "no abortion-inducing drug may be sold, prescribed, dispensed, distributed, or delivered" in Louisiana.¹¹² It further states that delivery of abortion-inducing drugs "to a person in Louisiana by mail-order, courier, or as a result of a sale made via the internet" is "strictly prohibited."¹¹³ A violation of the prohibition on sales and delivery may result in a fine of up to \$1000, up to six months' imprisonment, or both.

Both statutes allow for prescribing and dispensing potential abortion medications for lawful medical reasons not intended to cause an abortion.¹¹⁴ In these cases, the prescriber must write a "diagnosis code" on the prescription that clearly indicates that the prescription is not intended to cause an abortion.¹¹⁵ Any act by a pharmacist or pharmacy related to filling such a prescription—as confirmed by the diagnosis code written on the prescription by the prescriber—is not subject to liability.¹¹⁶

Neither statute applies to acts or omissions by a pregnant person regarding her own embryo or fetus, including possessing for her own consumption or consuming an abortion-inducing drug.¹¹⁷

There are only a few cases where abortion medications can be legally administered for the purpose of terminating a pregnancy (e.g., in instances of medical futility, to prevent the death of a pregnant woman, or the use of methotrexate to treat an ectopic pregnancy). These are each outside of the statutory definition of abortion, so the statutory restrictions in place that require medication abortion be administered in the presence of the physician who prescribed the drug and certain written disclosures may no longer apply.¹¹⁸

Controlled Substances: As of October 2024, Louisiana classifies Mifepristone and Misoprostol as Schedule IV drugs under Louisiana’s Controlled Dangerous Substances Act.¹¹⁹ Schedule IV drugs are illegal to knowingly or intentionally possess unless they are obtained with a “valid prescription or order from a practitioner” acting within their scope of practice.¹²⁰ Violations carry a prison term of one to five years and may carry a fine of up to five thousand dollars.¹²¹ It is not, however, a violation of the law for a patient to possess misoprostol or mifepristone for their own consumption.¹²² It is also unlawful to produce, manufacture, distribute or dispense or possess with intent to produce, manufacture, distribute, or dispense, a controlled dangerous substance classified in Schedule IV, except as provided by law.¹²³ Louisiana law allows prescriptions for Schedule IV drugs to be made by a written, oral, or electronic prescription order for those who hold a valid license that authorizes them to prescribe controlled dangerous substances.¹²⁴ But

if a prescription is provided in electronic form, it must be done in conformance with the federal rules established by the United States Drug Enforcement Administration.¹²⁵ Prescriptions must also be tracked in the prescription monitoring program set by the State.¹²⁶

Disposition of Fetal Tissue Remains

Louisiana law requires that all embryonic and fetal tissue remains resulting from an induced abortion are disposed of by interment or cremation.¹²⁷ This does not apply to medication abortions when the patient passes pregnancy tissue outside the medical facility.¹²⁸ Additionally, as the only legal terminations under the Louisiana ban—instances of medical futility, to preserve the life of the pregnant person, to treat ectopic pregnancies, and to treat miscarriages—are outside of the statutory definition of abortion, the statutory restrictions requiring interment or cremation may not apply.¹²⁹

Louisiana has a total prohibition on buying, selling, and otherwise transferring fetal tissue remains resulting from an induced abortion.¹³⁰ After an induced abortion, no person may “remove” any “tissue” for any purpose, including research. However, as mentioned above, this restriction may not apply in instances outside of the statutory definition of “abortion.”¹³¹

Neither of the above provisions apply to fetal and embryonic tissue remains resulting from natural miscarriage or stillbirth,¹³² though patients may arrange for the final disposition of miscarriage remains if they so choose.¹³³ Neither provision puts 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 \(RAD\)](#).



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References

¹ LA. STAT. ANN. [§ 14:87.1](#). This definition includes termination by the following means: “Administering, prescribing, or providing any abortion-inducing drug, potion, medicine, or any other substance, device, or means to a pregnant female” and “[u]sing an instrument or external force on a pregnant female.” *Id.* [§ 14:87.1\(1\)\(a\)\(i\)-\(ii\)](#).

² LA. STAT. ANN. [§§ 14:87.7\(D\)](#), [40:1061\(H\)](#).

³ LA. STAT. ANN. [§ 14:87.1\(6\)](#).

⁴ *Id.* [§ 14:87.1\(8\)](#).

⁵ LA. STAT. ANN. [§§ 14:87.1\(2\(b\)\)](#), [40:1061\(E\)](#).

⁶ LA. STAT. ANN. [§§ 14:87.7](#), [40:1061](#).

⁷ LA. STAT. ANN. [§§ 14:87.7](#), [40:1061](#).

⁸ *See* LA. STAT. ANN. [§§ 14:87.7\(D\)](#), [14:87.8\(C\)](#), [40:1061\(H\)](#).

⁹ LA. STAT. ANN. [§14:87.7](#).

¹⁰ LA. STAT. ANN. [§ 40:1061.29](#).

¹¹ LA. STAT. ANN. [§ 37:1285\(A\)\(8\)-\(9\)](#).

¹² LA. STAT. ANN. [§ 40:1061.29](#).

¹³ LA. STAT. ANN. [§ 14:87.1\(16\)](#); *id.* [§ 14:87.8](#); *see also id.* [§ 14:87.1\(13\)](#) (“‘Gestational age’ means the age of the unborn child as measured by the time elapsed since the first day of the last menstrual period as determined by a physician and confirmed through the use of an ultrasound test of a quality generally used in existing medical practice.”).

¹⁴ LA. STAT. ANN. [§ 40:1061](#).

¹⁵ Joint Stipulation of Voluntary Dismissal at 1, *June Med. Servs. v. Landry*, No. C-720988 (La. East Baton Rouge Par. Civ. Dist. Ct. Feb. 23, 2024).

¹⁶ LA. STAT. ANN. [§ 40:1061.1.5](#).

¹⁷ LA. STAT. ANN. § 40:1061.1.2.

¹⁸ *Id.* § 40:1061.13.

¹⁹ LA. STAT. ANN. §§ 14:87.9, 40:962.2.

²⁰ LA. STAT. ANN. § 40:1061.1.4.

²¹ *Id.* §§ 40:1061.16, 40:1061.17, 40:1061.10, 40:1061.11.1. Pregnant people who live one hundred fifty miles or more from the nearest abortion provider are subjected to a twenty-four-hour waiting period. *Id.* § 40:1061.16(B)(2).

²² *Id.* § 40:1061.10(b).

²³ LA. STAT. ANN. § 40:1061.6.

²⁴ LA. STAT. ANN. § 22:1014.

²⁵ LA. STAT. ANN. § 40:1061.10(A).

²⁶ LA. STAT. ANN. § 40:1061.14(A).

²⁷ *Id.* § 40:1061.14(B); see also id. § 40:1061.21(A)(5)(c).

²⁸ LA. STAT. ANN. §§ 40:1061.28, 40:1061.1.3, 14:87.11, 14:87.12.

²⁹ LA. STAT. ANN. § 40:1061.1.3(C)(1); see also id. § 40:1061.28(A) (allowing an intact D&E to be performed where the procedure “is necessary because of a medical emergency or to save the life of the [pregnant person]”). A “medical emergency” means “any physical condition, not including any emotional, psychological, or mental condition, [which] within the reasonable medical judgment of a reasonably prudent physician . . . necessitates the immediate abortion of the pregnancy to avert the pregnant woman's death or to avert substantial and irreversible impairment of a major bodily function arising from continued pregnancy.” LA. STAT. ANN. § 14:87.1(18).

³⁰ LA. STAT. ANN. § 14:87.1(26).

³¹ *See id.* § 14:87.1(1)(b)(v).

³² Sara Cline, *Rape, Incest Exceptions to Louisiana Abortion Ban Rejected by GOP Lawmakers*, ASSOCIATED PRESS (May 10, 2023), <https://apnews.com/article/louisiana-abortion-rape-incest-ban-ed103502c56a48b96e66a3d8a7a0379c>. Rape and incest claims must be reported to law enforcement. LA. STAT. ANN. § 40:1061.18; see also id. § 40:1061.6(B).

³³ LA. STAT. ANN. § 14:87.1(20).

³⁴ *Id.*

³⁵ *Id.* § 14:87.1(1)(b)(ii).

³⁶ *See id.*

³⁷ LA. STAT. ANN. § 40:1191.2.

³⁸ LA. STAT. ANN. § 14:87.1(1)(b)(iii)-(v).

³⁹ LA. STAT. ANN. § 14:87.1(1)(b)(v).

⁴⁰ LA. STAT. ANN. § 40:1061.17(H)(2). *But see id. § 40:1061.17(F)* (“Where a medical emergency compels the performance of an abortion, the physician shall orally inform the woman, before the abortion, if possible, of the medical indications supporting his judgment that an abortion is necessary to avert her death or to avert substantial and irreversible impairment of a major bodily function.”).

⁴¹ *Id.* § 40:1061.10.

⁴² *Id.* § 40:1061.14.

⁴³ LA. STAT. ANN. § 14:87.1(1)(b)(vi).

⁴⁴ *Id.* § 14:87.1(19)(a).

⁴⁵ LA. ADMIN. CODE tit. 48, pt. 1, § 401 (Jan. 2025).

⁴⁶ LA. STAT. ANN. § 14:87.1(1)(b)(vi); see also Ava Sasani & Emily Cochrane, *I’m Carrying This Baby Just to Bury It: The Struggle to Decode Abortion Laws*, N.Y. TIMES (Aug. 19, 2022), <https://www.nytimes.com/2022/08/19/>

[us/politics/louisiana-abortion-law.html](https://politics/louisiana-abortion-law.html).

⁴⁷ The full list of conditions that are considered “medically futile” is as follows: “achondrogenesis; acrania; anencephaly; arcadia; body stalk anomaly; campomelic dysplasia; craniorachischisis; dysencephalia splanchnocystica (Meckel-Gruber syndrome); ectopia cordis; exencephaly; gestational trophoblastic neoplasia; holoprosencephaly; hydrops fetalis; iniencephaly; perinatal hypophosphatasia; osteogenesis imperfecta (type 2); renal agenesis (bilateral); short rib polydactyly syndrome; sirenomelia; thanatophoric dysplasia; triploidy; trisomy 13; trisomy 16 (full); trisomy 18; trisomy 22; and a profound and irremediable congenital or chromosomal anomaly existing in the unborn child that is incompatible with sustaining life after birth in reasonable medical judgment as certified by two physicians that are licensed to practice in the state of Louisiana.” LA. ADMIN. CODE tit. 48, pt. 1, § 401 (Jan. 2025).

⁴⁸ [EMTALA, 42 U.S.C. § 1395dd\(a\)](#).

⁴⁹ [EMTALA, 42 U.S.C. § 1395dd\(e\)\(1\)\(A\)](#).

⁵⁰ [EMTALA, 42 U.S.C. § 1395dd\(e\)\(1\)\(B\)](#).

⁵¹ [EMTALA, 42 U.S.C. § 1395dd\(b\)\(1\)\(A\)](#).

⁵² [EMTALA, 42 U.S.C. § 1395dd\(e\)\(1\)](#).

⁵³ [EMTALA, 42 U.S.C. § 1395dd\(b\)\(2\)](#).

⁵⁴ [EMTALA, 42 U.S.C. § 1395dd\(e\)\(3\)\(A\)](#).

⁵⁵ [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).

⁵⁶ [EMTALA, 42 U.S.C. § 1395dd\(c\)\(1\)\(B\)—\(c\)\(2\)\(A\)](#).

⁵⁷ 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>.

⁵⁸ Kennedy Letter.

⁵⁹ Kennedy Letter.

⁶⁰ *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.).

⁶¹ Center for Reproductive Rights, [Complaints Against Texas Hospitals for Denying Emergency Care for Ectopic Pregnancies](#), (updated May 8, 2025).

⁶² *St. Luke’s Health System, LTD. v. Labrador*, No. 1:25-cv-00015, ECF No. 1 (D. Idaho Jan 14, 2025).

⁶³ *St. Luke’s Health System, LTD v. Labrador*, No. 1:25-cv-00015, [ECF No. 49](#) at 59 (D. Idaho Mar. 20, 2025).

⁶⁴ [United States v. Idaho](#), 623 F. Supp. 3d 1096, 1117 (D. Idaho 2022).

⁶⁵ *Moyle v. United States*, 144 S. Ct. 2015 (June 27, 2024) (per curiam).

⁶⁶ [Idaho v. United States](#), No. 1:22-cv-00329, ECF No. 182 (D. Idaho Mar. 5, 2025).

⁶⁷ *Becerra v. Texas*, No. 23-1076 (U.S. Oct. 7, 2024) (denying certiorari).

⁶⁸ *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).

⁶⁹ 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.

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

⁷¹ 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://nwlc.org/resource/know-your-rights-existing-laws-may-protect-health-care-professionals-who-provide-or-support-abortion-from-discrimination-in-employment/>.

⁷² LA. STAT. ANN. § 40:1231.1 et seq.

⁷³ Accreditation Council for Graduate Med. Educ., *ACGME Program Requirements for Graduate Medical Education in Obstetrics and Gynecology*, ACCREDITATION COUNCIL FOR GRADUATE MED. EDUC. (effective July 1, 2022), https://www.acgme.org/globalassets/pfassets/programrequirements/220_obstetricsandgynecology_2023.pdf.

⁷⁴ 42 U.S.C. § 238n.

⁷⁵ There is no reason to report a self-managed abortion to the police. Fact sheets from If/When/How with additional detail, including a Louisiana-specific fact sheet, are available [here](#). If/When/How adds state-specific fact sheets to their website as they are finalized.

⁷⁶ LA. STAT. ANN. § 40:48(B); see also La. Dep't of Health, *Induced Termination of Pregnancy (ITOP) Data* (last accessed Feb. 25, 2025), <https://ldh.la.gov/page/schs-itop>.

⁷⁷ *Id.* § 40:48(A).

⁷⁸ *Id.* § 14:87.1(1)(b)(vi).

⁷⁹ *Id.*

⁸⁰ LA. STAT. ANN. § 40:1061.21(A). This statute uses the term abortion. However, the section of Louisiana laws where it is located uses the abortion definitions of abortion from the criminal abortion ban. LA. STAT. ANN. § 40:1061.1 (Aligning the health code abortion definitions with those in the criminal code unless “a different meaning clearly appears in the context”). Since LA. STAT. ANN. § 14:87.1(1)(b)(vi) specifically directs such a report to be completed in instances of fetal anomaly, a different meaning of the word abortion clearly appears in the context, so as to include fetal anomaly abortions under this reporting requirement. As no other procedure directs providers to the abortion reporting code in LA. STAT. ANN. § 40:1061.21 it does not seem that the context of the code requires this form of reporting for other lawful pregnancy terminations.

⁸¹ *Id.*

⁸² LA. STAT. ANN. § 40:1061.21(B).

⁸³ *Id.*

⁸⁴ *Id.*

⁸⁵ LA. STAT. ANN. § 14:87.1(1)(b)(vi).

⁸⁶ LA. STAT. ANN. § 40:1061.11(D).

⁸⁷ LA. STAT. ANN. § 40:49(B)(9).

⁸⁸ See La. Atty. Gen. Op. No. 09-0225 (Oct. 8, 2009).

⁸⁹ *Id.*

⁹⁰ *Id.* § 40:49(B)(10).

⁹¹ La. Atty. Gen. Op. No. 09-0225 (Oct. 8, 2009) (citing La. R.S. 40:49(B)(9)) (emphasis added).

⁹² *Id.* § 40:49(B)(2), (12).

⁹³ *Id.* § 40:49(B)(4).

⁹⁴ LA. STAT. ANN. § 14:87.1(1)(b)(ii).

⁹⁵ 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.

⁹⁶ 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).

⁹⁷ 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.

⁹⁸ Although effective on June 25, 2024, compliance with this rule was required on December 23, 2024, except for the applicable requirements for revising Notice of Policy Practices (as required by [45 CFR 164.520](#)), which must be complied with by February 16, 2026.

⁹⁹ [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. DEPT 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).

¹⁰⁰ [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>.

¹⁰¹ [42 U.S.C. §§ 164.509\(a\), 512\(d\)-\(g\)\(1\)](#).

¹⁰² [42 U.S.C. § 164.502\(a\)\(5\)\(iii\)](#).

¹⁰³ American Medical Association, *HIPAA Privacy Rule to Support Reproductive Health Care Privacy AMA Drafted Summary of Regulatory Changes in Final Rule* (April 26, 2024), <https://www.ama-assn.org/system/files/summary-regulatory-changes-final-rule-reproductive-health-information.pdf> (last visited June 27, 2024).

¹⁰⁴ *Tennessee v. U.S. Dept. of Health & Human Servs.*, Case No. 3:25-cv-00025 (E.D. Tenn. Jan. 17, 2025); *Texas v. U.S. Dept. of Health & Human Servs.*, Case No. 5:24-cv-00204-H (N.D. Tex. Sept. 4, 2024); *Purl v. U.S. Dept. of Health & Human Servs.*, Case No. 2:24-cv-00228-Z (N.D. Tex. Dec. 22, 2024) (enjoining the 2024 HIPAA Rule as to Dr. Purl only).

¹⁰⁵ [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). 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.

¹⁰⁶ In addition to the federal government, some states have taken steps to address vulnerabilities in this information sharing, specifically for abortion and gender-affirming care. For example, in 2023, Maryland and California passed bills that restrict disclosure of abortion-related records and require EMRs to develop tools to limit or prohibit such disclosure.

¹⁰⁷ See *Weeks v. Connick*, 733 F. Supp. 1036, 1039 (E.D. La. 1990).

¹⁰⁸ LA. STAT. ANN. [§ 40:1061.5](#).

¹⁰⁹ *Id.*

¹¹⁰ LA. STAT. ANN. [§ 14:87.1\(2\)](#).

¹¹¹ *Id.* [§ 14:87.9](#).

¹¹² *Id.* [§ 40:962.2](#).

¹¹³ *Id.*

¹¹⁴ *Id.*; *id.* [§ 14:87.9](#).

¹¹⁵ *Id.* [§ 40:962.2](#).

¹¹⁶ *Id.* [§§ 40:962.2\(F\), 14:87.9\(6\)](#).

¹¹⁷ *Id.* [§§ 14:87.9\(C\)\(3\), 40:962.2\(E\)](#).

¹¹⁸ *Id.* [§§ 40:1061.11, 14:87.9\(C\)\(5\)](#).

¹¹⁹ [La. Act No. 246](#), 2024 Leg., Reg. Sess. (La. 2024), § 3 (amending LA. STAT. ANN. [§§ 40:964\(F\), 40:969\(C\)](#))(effective Oct. 1, 2024). The law specifically provides that, “[u]nless listed in another schedule, any material, compound, mixture, or preparation containing any detectable quantity of mifepristone or misoprostol” is a Schedule IV Controlled Dangerous Substance. *Id.* A state challenge to the law was recently filed. *See Amended Petition for Declaratory and Permanent Injunctive Relief Enjoining the Enforcement of Act 246 of the 2024 Regular Legislative Session, Birthmark Doula Collective v. Louisiana*, No. C-7552171 (La. Dist. Ct., filed Jan. 23, 2025).

¹²⁰ LA. STAT. ANN. [§ 40:969\(C\)](#).

¹²¹ *Id.* This sentence can be enhanced up to 10 years under certain circumstances. *See* LA. STAT. ANN. [§ 40:981.3](#).

¹²² [La. Act No. 246](#), § 3 (adding [§ 40:969\(C\)\(2\)](#)).

¹²³ LA. STAT. ANN. [§ 40:969\(A\)\(1\)](#).

¹²⁴ *See id.* [§ 40:978 \(B\)](#).

¹²⁵ *Id.* [§ 40:978\(D\)](#).

¹²⁶ LA. STAT. ANN. [§ 40:973\(A\)](#); *see also* LA. STAT. ANN. [§ 40:1001 et seq.](#)

¹²⁷ LA. STAT. ANN. [§ 40:1061.25\(A\)\(1\)](#).

¹²⁸ *Id.*

¹²⁹ This is true even though this provision lives in Title 40 of the Louisiana code, and the definition of abortion lives in Title 14, as Title 40 explicitly states that “unless a different meaning clearly appears in the context, the terms, whether singular or plural, have the same meaning as the definitions provided in R.S. 14:87.1.” LA. STAT. ANN. [§ 40:1061.1.1](#).

¹³⁰ LA. STAT. ANN. [§ 14:87.3](#).

¹³¹ *See* LA. STAT. ANN. [§ 14:87.1\(1\)\(b\)](#).

¹³² *Id.*; LA. STAT. ANN. [§ 40:1061.25](#).

¹³³ LA. STAT. ANN. [§ 40:1191.2](#).