UNACCOUNTABLE HARMS:

THE DEVASTATING IMPACTS OF INDIANA’S SPECIAL SESSION ON HOOSIER MOMS & FAMILIES

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About Hoosier Action

Hoosier Action is a non-partisan, grassroots community organization dedicated to improving the lives of everyday Hoosiers. We believe in an Indiana where all Hoosiers, Black, white, and brown, are able to shape the decisions which affect our lives.

Over the course of the last five years, the Moms of Hoosier Action, a statewide chapter, has held thousands of conversations with Hoosier women about their experiences of pregnancy, childbirth, and childrearing in Indiana. They’ve heard stories about painful miscarriages, unintended pregnancies, high-risk pregnancies, stillborns, and abortion care, as well as the struggles of lower income and middle class families in Indiana to make ends meet.
Introduction

In the wake of the U.S. Supreme Court’s decision to overturn Roe v. Wade, the leadership of Indiana’s General Assembly chose to become the first state to hold a special legislative session on abortion. Over the course of a few short weeks and in the face of widespread public outcry, a majority of the Indiana General Assembly passed SB 1, a nearly total ban on abortion care, as well as SB 2, a bill intended to provide additional financial support to mothers and infants once abortion was banned. These new laws will likely impact every family in Indiana.

This report analyzes the great deal of harm that will come from SB 1, including adverse consequences that will be felt far beyond the mothers and families most obviously impacted, and demonstrates that SB 2 offers woefully inadequate support for Hoosier families.

Most Hoosiers believe that no matter what we look like or where we live, mothers, babies, and children in Indiana should have great health care and every opportunity to thrive. The decision to become a parent is one of the most important many of us will make in life, and the majority of people in Indiana believe they should have the right to make that decision themselves, without the interference of politicians.

Leading up to Indiana’s criminalization of abortion, statewide polling conducted by the ACLU as well as the Republican Party reveals that a large majority of Hoosiers support access to abortion care. Just a few weeks before Indiana’s special session began, a ballot referendum in Kansas, a state that is politically and demographically similar to Indiana, showed a substantial majority supported keeping abortion care safe and legal.

After SB 1 passed the Indiana General Assembly, the bill went to the governor to sign into a law or veto. A large majority of Hoosiers again expressed opposition to the bill. Like the majority at the Indiana General Assembly, Governor Holcomb also ignored these widespread public concerns and signed the bill into law.
The passage of both of these bills does not reflect the will of the people. Rather, it reflects the will of politicians who have pursued policies harmful to mothers and babies for the last two decades, and who have become increasingly disconnected from and unaccountable to the majority of Hoosiers.

Indiana’s care for mothers, babies and families has long been woefully inadequate. As noted in Indiana’s most recent Maternal Mortality Review Committee Report, “The pregnancy-associated mortality ratio in 2020 was 117.1 per 100,000 live births. This is the overall ratio of death to live births to Indiana women ages 10-60 who died either during or within one year of pregnancy due to any cause.”\(^5\) It is worth noting that this number also includes women “who died either during or within one year of pregnancy as a direct result of a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiological effects of pregnancy,” a statistic known as the “pregnancy-related mortality ratio,” which came out to 22.9 per 100,000 of live births in 2020.\(^6\)

A 2021 Indianapolis Star analysis, using state and federal data, concluded Indiana’s rate of maternal mortality was more than twice the national rate.\(^7\) It also found the rate was significantly higher in “obstetric deserts,” counties and regions without local obstetric care. Indiana’s infant mortality rate is among the highest in the nation, according to some data sources.\(^8\)

Indiana is also failing our families in the area of mental and psychological well-being. Mental health services contribute significantly to maternal and infant health outcomes. The most recent Indiana Maternal Mortality Review report found that drug overdose was the most common cause of pregnancy associated mortality. General population drug overdose deaths in Indiana have been substantially higher than for the country as a whole through 2020.

These devastating outcomes for mothers, babies and families are not accidental. They are the consequences of poor public policies.

For decades, Indiana legislators have implemented increasingly regressive revenue policies that have placed a disproportionate tax burden on lower income-families and favored the very wealthy and corporations.\(^9\) These tax policies have exacerbated income inequality in Indiana and impacted budgets for social safety net programs, such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the foster care system. Nearly half of the state’s general fund revenue comes from
regressive sales taxes, a little over a third comes from individual income taxes, and only about 5% comes from corporate income taxes. Wealthy corporations and individuals got richer as the state hoarded a growing budget surplus and the maternal and infant health disaster compounded across Indiana. The prioritization of corporate profits comes at the expense of providing adequate funding not only for maternal and infant health, but also for public education and a strong statewide health care system.

These preferences for big business, wealthy individuals, and budget surpluses reveal a long-standing failure to adequately fund and support Indiana’s mothers and babies. For the last four years, powerful legislators at the Statehouse have derailed bills to provide much needed protections for pregnant workers. In the 2021 session, a well-organized advocacy campaign, aligning everyday people, small businesses, and public health interests, worked to progress several bills to provide meaningful accommodations for pregnant workers. But powerful business interests side tracked the efforts. The Indiana Chamber of Commerce and the Indiana Manufacturers Association prevailed upon legislators to put forward HB 1309, a pregnancy workplace accommodations bill in name only. In the end this low-impact legislation was passed in an attempt to create a story of care and compassion without really helping Hoosier mothers and babies.

While legislators failed to provide adequate access to reproductive care, and other programs that support children and families, anti-abortion groups and politicians have tried to demonize people who seek abortion care. The politicization of abortion care contributed to the General Assembly’s rush to pass legislation during the special session without heeding the voices of their constituents or experts. Some of the decisive votes cast during the special session were made by 17 outgoing legislators who had either announced retirement or had lost their primaries. During the session, normal procedure was often rushed or even completely suspended. In the Senate hearings, testimony was cut short. Everyone who showed up was allowed to testify in the House hearing, but it was clear that most legislators had already decided on the content of the bill. They did not listen to testimony because they had already negotiated the bill behind closed doors.
Impacts of Banning & Criminalizing Abortion

The freedom to determine our own futures and what happens to our own bodies, including if, when, and how we have a baby, is foundational for the well-being of all people. To have this freedom requires both knowledge about how one's body and reproduction works as well as access to affordable, consistent, quality reproductive healthcare. All of these are essential and critical not just for the lives of anyone who can become pregnant, but also for the life and well-being of their family.

The likely consequences of SB 1 include an increased risk of death and serious adverse effects on physical and psychological health of pregnant people and mothers.

To remove abortion from healthcare is to remove an essential part of caring for mothers. The removal rests on a willful misunderstanding of pregnancy and birth, and a deliberate turning away from the damage this will do to all Hoosier families.

SB 1 is also predicted to take an economic toll on Hoosier moms and their families. In addition to acting as primary caregiver, mothers are often the primary source of household income. Even if there is someone else who is the primary breadwinner, women are usually making significant economic contributions through household economic management (think grocery shopping and other household budgetary actions), as well as all the activities that fall under housekeeping and child care (often called “mothering”). If that cornerstone is pulled out, the family structure collapses: the primary breadwinner is stopped in their bread-winning, no one is there to take or pick up the kids from school or attend meetings with teachers, no one bakes the birthday cakes, no one visits grandma in the nursing home, no one feeds the goldfish.

The abortion ban is also sure to exacerbate longstanding disparities in health care by race and income in Indiana. While Black Hoosiers make up about 10% of the population in Indiana, Black women account for 24% of the pregnancy-related deaths in the state as a result of structural barriers to healthcare rooted in systemic racism. The maternal death
rate for Black women is about twice the rate for white women. Black women are disproportionately likely to seek abortion services throughout the United States as a result of systemic barriers to reproductive care and historically lower incomes. In Indiana, Black women have over 30% of the abortions performed in the state, according to the Guttmacher Institute.

**SB 1 Bill Provisions**
The major provisions of SB 1 include:

- Banning all abortions, both surgical and drug-induced, with narrow exceptions for rape, incest and to prevent death or serious risk to the mother’s health.
- Criminalization of providers for performing abortions not sanctioned by the bill. Illegal abortions will be a Level 5 felony, with a penalty of up to six years in prison and a fine of up to $10,000.
- Revocation of the medical license of a physician who performs an illegal abortion.
- Establishment of a prosecutorial oversight task force to address situations in which an elected local prosecutor declines to enforce laws against abortion. The task force will include six Republican legislators, two Democratic legislators and one representative each of judges, prosecutors and public defenders.
- Limitation of abortions to hospitals and clinics that are owned by hospitals.

While the bill does allow for some exceptions to the abortion ban, they are very narrow, unclear, and do not allow for abortion after 20 weeks postfertilization. In cases of rape or incest, the deadline is even shorter: it is only legal up to 10 weeks after fertilization. In cases of legal abortion under SB 1, documentation of the reason must be provided by the physician. While the bill also allows exceptions to save the mother’s life or to prevent the “substantial and irreversible physical impairment of a major bodily function” of the mother, the procedure must occur within 20 weeks after fertilization. The same 20-week requirement holds for cases in which a fetus is diagnosed with a condition that will cause its death. So, after 20 weeks following fertilization, if a fetus is found to have a condition that will cause its death, an abortion would not be allowed, and the mother would be forced to carry a fatally ill fetus to term and death. Furthermore, the bill does not allow an abortion to protect a mother’s mental health or to prevent psychological trauma or if she threatens suicide.

**Impacts on Mortality & Health**
Although SB 1 instructs the state’s maternal mortality review committee to study the impact of the abortion law in maternal mortality in Indiana, expert testimony during the bill’s committee hearing as well as existing studies indicate that any abortion ban – including one making narrow exceptions for the mother’s health – will result in an increased rate of death among mothers in Indiana.
Dr. Mary Abernathy, the head of the Indiana Maternal Mortality Review Committee, testified at a hearing on the bill that the abortion ban will increase by 20% the number of all mothers who die, with a 30% increase in the deaths of Black mothers.15

The reason for this increase is that carrying a pregnancy to term and then giving birth is more risky than having an abortion. With a current maternal death rate of 22.9 deaths per 100,000 births, a 20% increase in births would result in 27.5 deaths per 100,000. As noted in the introduction, Indiana already has poor maternal health outcomes, ranking as the fourth worst state in the nation. More mothers dying will take us from bad to even worse.

However, focusing only on deaths can obscure other consequences of the ban. The bill defines the health of mothers in a very narrow way. Many women experience what is referred to as “severe maternal morbidity,” which in plain language means that the pregnancy or childbirth complications become so serious that the woman almost dies, or has what is called a “near-miss.” Typically, the data used to assess severe morbidity includes things like blood transfusions, as the complications often involve significant blood loss. We know that for every mother who dies, 100 more experience a near-miss.16 We do not yet know how many more near-misses will be added as a result of this ban. But if the pattern holds true, as we increase the number of deaths, we will also increase the number of near-misses by a factor of 100.

In weighing the life of the fetus against that of the mother, having to wait until the mother’s life is clearly at risk could result in waiting too long.17 For instance, cancer treatment may need to be delayed. A lethal fetal anomaly may be discovered after the 20-week postfertilization deadline, putting the mother at high risk for the remainder of the pregnancy. In general, delays in treatment during pregnancy create complications for the mother. Women who have experienced complications in pregnancy are more likely to develop heart or metabolic problems such as diabetes later in life.18

History of substance use disorder, psychosis, bi-polar disorder, anxiety disorder, and suicidal ideation (frequent thoughts of suicide) are not valid reasons for an abortion under the new law. One in seven mothers and one in 10 fathers experience postpartum depression. Previous
experience of postpartum depression can mean that someone is at greater risk of having it happen again. Women who have suffered from suicidal ideation or postpartum psychosis and fear for their ability to care for the child or children they already have will not be able to get an early elective abortion. Maternal and infant health are strongly correlated to the mental health of mothers. Postpartum mental health influences the odds of postpartum depression and can seriously impact a mother’s ability to care for her child. Considering that 25 Indiana counties lack any mental health services, this has serious implications for the health and wellbeing of entire families. These mental health deserts sit in stark contrast to the just released report from the Indiana Behavioral Commission, which recommends that every county have a rapid response mental health team.

Adverse health impacts and higher mortality rates will not be limited to pregnant people or mothers. The health and lives of both babies and the rest of the public will suffer as a result of Indiana's abortion ban. The very narrow fatal fetal anomaly provision only allows abortions before 20 weeks of pregnancy. According to experts, this will likely result in a higher rate of infant mortality:

“the Level 2 anatomical ultrasound, which most often diagnoses these fetal anomalies, takes place right around 20 weeks. That means that the ultrasound may take place concurrent with or after the window in which the lethal fetal anomaly exception ends, making this exception largely meaningless."
– Jody Lynee Madeira, a professor at IU Maurer School of Law.

IU Health, Indiana’s largest hospital system, anticipates that, with the increase in births, 10% of those newborns will have to be admitted to a neonatal intensive care unit. IU Health reports that all of its Neonatal Intensive Care Units (NICUs) are currently operating at 90-95% capacity. While hospital systems scramble to increase NICU capacity, they will also have to contend with challenges recruiting healthcare providers in a state with such an aggressive ban on abortion care.

The abortion ban erects barriers to accessing healthcare through provisions that are part of enforcing the new law. It is anticipated that these additional barriers will impact far more Hoosiers than those seeking abortion care or their babies. Among the most destructive provisions is the criminalization of doctors and other care providers. The very real threat of losing medical licenses and livelihood will negatively impact clinical decision-making, increase the role of hospital legal departments in clinical care, hamper efforts to recruit doctors to practice in our state, and potentially raise health care costs for everyone as people are saddled with major hospital bills and medical debt increases.
The ban’s narrow and vague definition of maternal risk in tandem with the criminalization of abortions will make doctors less likely to perform necessary abortions. Hospitals and physicians are forming legal teams to review every request for an abortion. Attorneys are trained to shield their clients from risk, not to save the lives of patients. When the Texas abortion law was passed, oncologists reported that they were waiting for pregnant cancer patients to become sicker before recommending an abortion. They were doing this because the patients would be more likely to meet the threshold of risk to their lives if they had become more seriously ill.23

Indiana already suffers from a shortage of physicians – not just obstetricians and gynecologists, but also anesthesiologists, oncologists and psychiatrists.24 Hoosiers also suffer from a shortage of nurses, midwives, pharmacists, and other healthcare providers. Indiana's medical schools will also be affected if new medical students decide not to attend a school in a state that criminalizes physicians and bans a health care procedure.25 IU Health has already stated that it will have to send medical residents out of state in order to be trained in how to perform an abortion.26

Restricting the choices that healthcare providers can make will only exacerbate the problems of maternal healthcare deserts within the state of Indiana. Every shortage of a health care provider translates into longer distances that patients must travel to get the care that they need. Every shortage means more time spent trying to locate someone who can do what is needed. During a pregnancy, every day that passes makes an abortion more complicated. This will not affect just the families who want to have the freedom to decide about how, when, and whether they have more children. It also raises obstacles to finding consistent, stable, affordable prenatal care as well as a place near home to have their baby.

**Economic Impacts on Hoosier Families**

Obviously, having a child represents a major, long-term financial commitment for any family. Women seeking abortions overwhelmingly said it was for economic, educational, or work-related reasons when asked for a 2005 report by the Guttmacher Institute. These reasons were also almost always related to caring for the family they already had.27 Banning abortions means forcing women to have babies despite their own assessment of what is best for their families. More mothers and children – that is to say, more families – will be trapped in poverty and unable to achieve their educational or work-related goals. When we take away self-determination around having a family without providing adequate financial support for those families, we are saying we as a community are comfortable with more children growing up in poverty.

The Turnaway Study, a 10-year, multidisciplinary research project that examines the consequences for women of being denied an abortion, reinforces this conclusion: “Women denied a wanted abortion who have to carry an unwanted pregnancy to term have four times greater odds of living below the Federal Poverty Level (FPL).”28
The women in the study who were denied an abortion: “were more likely to live in poverty, to raise children alone, to stay tethered to an abusive partner, and were less likely to have and achieve aspirational plans for the future, compared with women who obtained the wanted abortion. These factors may affect the home environment and resources available to children in the family and therefore may affect the well-being of existing children in the home.”

These children are more likely to grow up in households where the parents do not have enough money to pay for food, housing, or transportation. These children will be slower to achieve developmental milestones. They are three times more likely to be living in households that depend on programs such as WIC, TANF and SNAP. Delays in child development and the need for social safety net programs affect everyone in the household, including parents and other children, and ripple out to the extended family. They affect not just multigenerational households, but parents who have elder care responsibilities, or who help with nieces and nephews. It often means that a parent who was going to work outside the home now will be forced to stay home to care for a new baby because infant care is the most expensive child care. These consequences are a perfect example of the resource-dilution model: “parents’ time, money, and energy are finite, so as the number of children in a family increases, resources allocated to any one child decline, ultimately impacting outcomes of all children in the household.”

When women say, “I cannot afford to have a baby right now,” we should believe them. Many women who seek an abortion already have children to care for; they know what it takes to provide for a family. They know what toll pregnancy, birth, and postpartum take on their bodies and their lives.

Whether or when to have a child is one of the most important decisions Hoosiers will make in their lives. Having a baby impacts all aspects of a woman’s life and well-being and it encompasses not only pregnancy and childbirth, but also the postpartum period and lactation. A woman is not a container, an oven, or a vessel. The negative impacts that Indiana’s abortion ban is likely to have on Hoosier mothers, babies, and families include increased maternal deaths, poorer health outcomes for Hoosier mothers and babies, the shuttering of medical practices, and the increase in children in poverty in Indiana. These harms will ripple across our communities, impacting far more Hoosiers than those who are able to become pregnant.
SB 2: Too Little Family Support, Too Late

In an attempt to counteract the suffering that will result from the passage of SB 1, the Indiana General Assembly also passed SB 2 during the summer’s special session. Although touted as providing ample family support, analysis of SB 2 reveals the bill’s provisions to be inadequate to address Indiana's existing maternal and infant mortality crisis; nor does it even come close to counteracting the variety of harms that will be brought about by a near total abortion ban. SB 2 allocates a mere $200 more per child for the 280,000 Hoosier children currently living in poverty. $200 per child will not undo the consequences of decades of underfunding, and it is predicted that SB 1 will cause another 6,000 more children per year to be born into poverty.\(^{32}\)

SB 2 Bill Provisions
SB 2 contains provisions intended to alleviate some of the adverse outcomes expected from SB 1 as well as modifications of the funding of state pensions and taxpayer refunds from the state's cash reserves. The major provisions of SB 2 include:

- An appropriation of
  - $45 million fund for the creation of a Hoosier Families First Fund,
  - $10 million for Child Care and Development Fund vouchers,
  - $10 million for expansion of the Nurse Family Partnership program,\(^ {33}\)
  - $5.5 million for expansion of the “Safety PIN (Protecting Indiana's Newborns) Grant Fund” and authorization of local health department and health care providers to receive Safety PIN grants to assist people seeking contraceptives,\(^ {34}\)
  - An appropriation of $2 million to Real Alternatives,\(^ {35}\)
- Expansion of Medicaid to include coverage for not less than 12 months postpartum, provide coverage for donated breast milk, and provide reimbursement for “long acting reversible contraception,”
- Modification of the state tax code to include a tax exemption for adopted children, an adoption tax credit, and the removal of sales tax on children's diapers,
- Requiring that the Indiana Department of Health contract for a study of access to low-cost birth control and access to education and services on unwanted pregnancy,
- Requiring that the Office of Medicaid Policy and Planning analyze Indiana and bordering states for Medicaid reimbursement for inpatient hospital services and outpatient hospital and clinical services for prenatal, pregnancy, postnatal, and pediatric wellness by December 1, 2022,
- Establishment of a Doula Reimbursement Advisory Board.
Analysis of SB 2 Appropriations

Although the targets for increased appropriations are generally well-suited to address some of the most immediate impacts of banning and criminalizing abortion in Indiana, the amounts are woefully inadequate for the challenges facing mothers and families in Indiana. $45 million for services provided by the state and $10 million for child care vouchers are insufficient to have a meaningful effect. The latest Indiana state budget provided nearly $1.3 billion for the Family and Social Service Administration’s division of family services, close to another $1.3 billion for the department of child services, and $230 million for early childhood development, for a total of $2.8 billion.

The $55 million addition is then less than 2% of the base funding, and is a one time appropriation for just the period from September 15th, when SB 1 went into effect, to July of 2023, when a new state budget would go into effect.

In Indiana in 2020, the population of children under the age of 19 was 1,749,145, with 16% or 280,000 living below the federal poverty level. A $55 million expenditure amounts to less than $200 per child. In 2021, nearly 8,000 abortions were performed in Indiana. With an estimated 75% of patients falling at or below the federal poverty level, the nearly total ban on abortion could result in another 6,000 children annually being born into poverty. By any measure, the funding provided by SB 2 is trivial relative to the scope of the problems that are being intensified by SB 1.

Furthermore, there is no actual requirement that the state spend the mere $45 million allocated for the The Hoosier Families First Fund. The monies will be allocated by the State Budget Agency, and are to be split between the Department of Child Services, Indiana Department of Health, and Homeland Security.
The bill specifies that the allocations will be made for the purposes of:

- Supporting the health of pregnant women, postpartum mothers, and infants,
- Supporting pregnancy planning,
- Reducing barriers to long acting reversible contraception,
- Supporting low income families with children less than four years of age,
- Increasing access to the Child Care Development Fund (CCDF),
- Increasing support to foster families and adoptive families,
- Increasing support to the department of child services system, increasing funding for newborn safety devices, and funding for maternal support and to help pregnant women bring their pregnancy to term.

If this funding is not spent within one year, it will be returned to the state's general operating budget.

**In essence, the legislature has merely provided a list of funding recommendations to which the appropriated funds may be allocated, but has provided no guidance on relative priorities and no requirements for transparency and accountability for the allocation process.**

Similarly, there are very few details of precisely how and where the Nurse Family Partnership Program, a community health program to address maternal and child health outcomes and child maltreatment, will be expanded using the additional $10 million allocated. This program currently operates in only 39 of Indiana’s 92 counties.

The Safety PIN program awards grants to local health organizations to address infant mortality in Indiana. In 2020 there were over 78,000 births in Indiana, and in 2021 there were nearly 8,000 abortions. Assuming Indiana’s pregnancy rate stays steady, that means we can anticipate a total of about 86,000 pregnancies over the course of the next year. The $5.5 million funding therefore equates to $64 per child. Once again, too little in funding to significantly impact Indiana’s high infant mortality rate.

SB 2 also allocates $2 million dollars in funding to Real Alternatives, an anti-abortion group from Pennsylvania. Real Alternatives is a pass-through organization, funneling money to six other entities which operate in 11 counties, mostly in northern Indiana. This is a substantial amount of money for an organization that has never had to provide transparent reports to the public. Former Gov. Mike Pence announced a deal with Real Alternatives in 2015 without publicizing the contract or sharing details, following a $1 million one-year pilot program in northeastern Indiana. According to the organization’s current contract, progress reports shall be oral and provided only if the Department of Health deems it necessary. The organization has been investigated in Pennsylvania and Michigan for misusing taxpayer funds. Michigan terminated Real Alternatives after Gov.
Gretchen Whitmer vetoed funding for “fake health centers that intentionally withhold information from women about their health, bodies and full reproductive freedom.” It appears that Real Alternatives was selected based on the nature of their anti-abortion counseling, rather than their ability to meet the needs of pregnant women in Indiana, as there is no evidence that they actually improve maternal or infant health outcomes.

**SB 2 Tax Provisions**

SB 2 also includes tax provisions which provide financial incentives for adopting children in Indiana, including an increase to the tax credit for adoption, and provides a new $3,000 tax exemption for adopted children under the age of 19 or under the age of 24 for full-time students. Previously, Indiana's adoption tax credit was nonrefundable and set at 10% of the federal adoption tax credit up to a cap of $1,000. SB 2 makes the state adoption tax credit refundable and increases it to 20% of the federal credit up to $2,500 per child. **Unlike some other states, Indiana does not offer a child tax credit to provide financial support for families, nor did legislators take advantage of this opportunity to enact a child tax credit, which has been shown to be one of the most effective means of reducing child poverty.** The new adoption tax exemption is projected to be applicable to 45,000 to 55,000 children per year, with a fiscal impact of $4.4 million to $5.3 million per year.

Another tax provision in SB 2 will help both biological and adoptive parents: the sales tax exclusion for children's diapers. The fiscal analysis of the impact found a state sales tax revenue reduction of $6.2 to $8.3 million by 2024. This money would stay in the hands of Hoosier families.

In aggregate, the tax provisions are projected to provide between $11.4 and $14.6 million in relief for Hoosier families. These totals equate with just 0.2% to 0.3% of the state’s more than $6 billion in excess financial reserves, which suggests that, despite these new provisions, funding support for Hoosier families remains a low priority.

Considering the SB 2 provisions in totality, the bill obviously will not materially improve the support systems for Indiana’s mothers, babies and families. These systems remain in need of a significant funding increase after decades of neglect and a projected increase in child poverty in the wake of SB 1.
Conclusion

As of the publication of this report, Indiana’s nearly total abortion ban has been suspended as a result of a lawsuit brought by the ACLU representing Planned Parenthood and other Indiana abortion providers. The case will likely be decided by the state’s supreme court in 2023.

Although the fate of SB 1 remains to be determined, what is clear is that if implemented the bill will hurt Hoosier families, resulting in more maternal death and illness and pushing more families deeper into poverty.

SB 2, the companion bill to address support services for mothers, babies, and families, was a feeble attempt to fund the additional support and services necessary to mitigate the devastating health and economic consequences of SB 1.

Sadly, none of this information should come as a surprise to members of the General Assembly: much of it was outlined in testimony about SB 1 & SB 2. Instead of reflecting the will of the people, the passage of both of these bills reflects the behavior of a legislature that has pursued policies destructive to the lives of mothers and babies for the last two decades. The hasty passage of SB 1 was motivated by the demands of a small, highly motivated minority of voters with extreme views on abortion care that are out-of-step with the values and priorities of the majority of Hoosiers. This fact begs the question: why is this small group of people able to exercise an outsized political influence in Indiana?

WRTV 6 Photographer Paul Chiodo photographed State Rep. Dr. Tim Brown playing solitaire during testimony about SB 1 and 2.
One answer lies in the fact that Indiana’s legislature has been significantly gerrymandered, both during the 2010 and 2020 redistricting processes. As a result, very few statehouse races in the last decade have been competitive, and elections are often decided during lower voter turnout primaries by partisan voters. Legislators can end up only accountable to a minority of more extreme primary voters in their own party, rather than the majority of people in their district.44

As we outlined in our 2021 Report “Corporate Captive: Big Business at the Indiana General Assembly,” Indiana’s democracy has also been eroded by organized money representing corporate special interests and wealthy individuals who have sought to consolidate power in the hands of the few. Through campaign contributions and lobbyists, these rich few are able to drive policy at the statehouse, often at the expense of the average Hoosier family.45

Perhaps aware that their decisions are actually unpopular, powerful individual legislators during both the special session and regular session have tried to shield themselves from accountability by curtailing public comment and making decisions in private. During this year’s regular legislative session we often saw anti-democratic and chaotic practices and behaviors. Legislators often relegated substantive discussions of important legislation to closed-door party caucus meetings, which are exempt from Indiana’s Open Door Law. In addition, bills that did not receive transparent committee hearings progressed through the secretive conference committee process from which the public and the media are completely excluded. The special session carried on with the type of anti-democratic behaviors in evidence during the regular session.

If Hoosiers organize, however, it is possible to undo SB 1 and pass a budget and policies that provides care and support for Hoosier mothers and families. Thousands of Hoosiers rallied at the Statehouse during the session, demanding their rights be protected. More rallies and protests took place when the abortion ban took effect.46 This public pressure must continue and grow leading up to the 2022 elections and into the 2023 session.

If more Hoosiers do not organize, it is possible that Indiana’s abortion ban will become even worse, and more families will suffer. During the special session, a majority of House Republicans voted to remove the extremely narrow exceptions for rape and incest from SB1; only opposition from a minority of
Republicans and all Democrats kept the exceptions in the law. Anti-abortion groups and legislators have said they will try again for a complete ban on abortion – no exceptions – in the 2023 regular legislative session. Some of those who pushed for SB1 have indicated they will take aim at our rights to marriage equality, to contraception, and to fair treatment for LGBTQ Hoosiers.

To hold our elected officials accountable, more Hoosiers must get to know who our representatives are, what they stand for, and the power that they have to impact all of our lives. Reading and sharing reports like this one, as well as contacting their legislators are good first steps. Everyday Hoosiers must do more; they must work together with their neighbors across their differences to build relationships and the power necessary to move or replace their elected officials if they are not representing their values and interests. The lives and futures of Hoosiers and their families depend upon it.
Endnotes & Citations

1 Let’s Talk About Abortion, https://www.letstalkabortionindiana.org/
6 Ibid.
14 This term “postfertilization” is not commonly used; but because it is in the law, we will use it in this report. The usual way to date a pregnancy is from the date of the last menstrual period. Conception is assumed to have occurred two weeks after that date. So 10 weeks postfertilization is equivalent to what is commonly referred to as 12 weeks (or the first trimester). Researchers have found some variation across individuals as to when ovulation occurs (see for example: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC27529/) Further reading on how to date a pregnancy:
Abortion Bans to Increase Maternal Mortality Even More


The term postpartum depression should be considered to include a whole host of mood and anxiety disorders that occur in pregnancy through the postpartum period. See Postpartum Support International for more information and resources.


Krause, Rachael, August 25, 2022, WTHR. Doctors warn Indiana's new abortion laws may worsen OB care deserts

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