



200 South Meridian Street, Suite 400, Indianapolis, IN 46225
 Mailing Address: P.O. Box 397, Indianapolis, IN 46206-0397
 p: 317.637.4343 · f: 317.637.4344
 www.ppin.org

Planned Parenthood of Indiana and Kentucky

Hand delivered 7-15-13
 Rec'd By:

July 15, 2013

Ann Hamel
 Program Director, Hospitals & ASCs
 Indiana State Department of Health
 2 North Meridian
 Indianapolis, IN 46204

[Handwritten signature]
 Amanda C. Yang

Dear Ms. Hamel:

Planned Parenthood of Indiana and Kentucky (PPINK) is submitting an abortion clinic licensing application to the Indiana State Department of Health (ISDH) for its health center located in Lafayette, Indiana. This location does not provide surgical abortions, but does offer women the option of a non-surgical abortion using the medication mifepristone. PPINK is submitting this application because SEA 371-2013 requires a “freestanding entity” that “provides an abortion inducing drug” to be licensed beginning January 1, 2014.

Pursuant to IC 16-21-1-9, Planned Parenthood of Indiana and Kentucky also seeks a waiver from ISDH of certain abortion clinic licensing requirements which should be granted because the waiver will not adversely affect the health, safety, or welfare of PPINK patients.

As noted above, the Lafayette health center does not provide surgical abortions. It provides only non-surgical abortions using the oral medication mifepristone. The patient comes to the health center where she takes the medication in the presence of the physician and then leaves the health center. Once absorbed, the mifepristone blocks the action of a hormone necessary to maintain a pregnancy. By blocking the hormone, mifepristone alters the uterine lining, induces menstrual bleeding, and causes the uterine lining to shed and the pregnancy to terminate. Another medication is taken one to two days later that causes the uterus to contract and expel the uterine contents.

As there is no surgery – or any type of procedure at all – performed as part of a non-surgical abortion, the waiver of the rules outlined below will have no impact on the health, safety, or welfare of PPINK’s patients. We, therefore, request that the ISDH waive the following rules which are applicable only to surgical procedures.

Rule	Rationale for waiver
410 IAC 26-10-1(b)(5) Patient Care and Nursing Services: Observation during recovery period	This rule presupposes a surgical recovery period which is not necessary in the provision of non-surgical abortion as there is no surgery performed.
410 IAC 26-11-2(a)	Abortion patients receive medication from the physician. No sterile

Infection Control Program: Sterilization of equipment and supplies.	equipment or supplies are required in the provision of an oral medication.
410 IAC 26-11-3 Infection Control Program: Laundry services	Abortion patients receive medication from the physician. No laundry service is required.
410 IAC 26-13-1 Anesthesia and Surgical Services: Anesthesia	No anesthesia is used.
410 IAC 26-13-3(b) &(c) Anesthesia and Surgical Services: Emergency equipment and supplies in the procedure and recovery area.	There is no procedure performed, no procedure room used, and no need for a recovery area in a non-surgical abortion. Therefore, there is no need for emergency equipment and supplies available to a procedure and recovery area.
410 IAC 26-17-2(c)(3) Physical Plant Standards: Toilet room.	Toilet in common administration and authorized visitor areas. Facility does not have a toilet in the waiting area. There is a patient toilet with lavatory for hand washing in the clinical area. For security purposes, the door between the clinical and waiting area is locked and unlocked upon request of patient or visitor.
410 IAC 26-17-2(c)(4) Physical Plant Standards: Drinking fountain.	Facility does not have drinking fountain in waiting area. Facility is willing to place a water cooler in the waiting area.
410 IAC 26-17-2(d)(1) Physical Plant Standards: Procedure room size.	There is no procedure performed and no procedure room used for a non-surgical abortion. Medications may be dispensed in a clinician office or examination room of less than 120 square feet.
410 IAC 26-17-2(d)(2) Physical Plant Standards: Hand washing station in procedure room.	There is no procedure performed and no procedure room used for a non-surgical abortion. Hand washing sinks are available near clinician office and in all examination rooms.
410 IAC 26-17-2(d)(3) Physical Plant Standards: Scrub facilities.	There is no procedure performed and no procedure room used for a non-surgical abortion, so scrub facilities are not required near procedure rooms.
410 IAC 26-17-2(d)(4) Physical Plant Standards: Separate recovery room or area.	There is no procedure performed and no need for a recovery area in a non-surgical abortion.
410 IAC 26-17-2(d)(6) Physical Plant Standards: Toilet room.	In the clinical area, the facility has 4 examination rooms, a patient bathroom, and a staff bathroom, all in clinical area. The patient bathroom also serves as the toilet for the waiting area. Staff unlock door between waiting area and clinical area for bathroom access from waiting area.
410 IAC 26-17-2(e)(1) Physical Plant Standards: Housekeeping room.	Facility has adequate storage for housekeeping supplies and equipment and a sink in the staff break area, but not a separate housekeeping room.

410 IAC 26-17-2(e)(8) Physical Plant Standards: Antiscald device.	Because there is no laundry service, there is no washing machine required with its higher water temperature setting. Hot water temperatures for hand washing can be regulated by setting the temperature on the hot water heater and an antiscald device is not required.
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We appreciate your consideration and look forward to a prompt response.

Sincerely,



Liz Carroll
Vice President, Patient Services



**APPLICATION FOR LICENSE
TO OPERATE AN ABORTION CLINIC**

State Form 52233 (R2/6-06)
Indiana State Department of Health-Division of Acute Care
(Pursuant to IC 16-21-2 and 410 IAC 26)
Form Approved By State Board Of Accounts-2006

<u>Division of Acute Care Use Only</u>		
Date Received _____	Date Approved _____	Date Rejected _____

Please Type or Print Legibly

SECTION I - TYPE OF APPLICATION			
Application (check appropriate item)			
<input checked="" type="checkbox"/> New Facility <input type="checkbox"/> Renewal <input type="checkbox"/> Change of Ownership (Anticipated date of Sale/Purchase/Lease) _____ Submit a dated and signed copy of the bill of sale, lease or other document of transfer			
SECTION II - IDENTIFYING INFORMATION			
A. Abortion Clinic Location			
Name of Abortion Clinic Planned Parenthood of Indiana and Kentucky - Lafayette Health Center			
Street Address 964 Mezzanine Drive			P.O. Box
City Lafayette		County Tippecanoe	Zip Code +4 47905-8631
Telephone Number (765) 446-8078	Fax Number ()	Abortion Clinic e-mail address: _____ Internet Web Address: <u>www.ppin.org</u>	
B. Mailing Address (if different from abortion clinic location)			
Street Address			P.O. Box
City		County	Zip Code +4
C. Licensee/Ownership Information			
Licensee: The applicant entity as registered with the secretary of state Planned Parenthood of Indiana and Kentucky, Inc.			
Street Address 200 South Meridian Street, Suite 400			P.O. Box
City Indianapolis		State IN	Zip Code+4 46225-1055
Telephone Number (317) 637-4343	Fax Number (317) 637-4344	EIN Number 35-0874276	Fiscal Year End Date (mm/dd) 06/30

D. Services provided under this license:

Code items 1 and 2 as follows: 1. Provided directly by employee(s), 2. Provided by a contract service, 3. Both 1 and 2.

1. Ancillary Services: Laboratory: CLIA Certificate # 15DO360690 Radiology Counseling
 Family Planning Pharmacy Other (List): _____

2. Surgical Services: Gynecology Other (List): No surgical, abortion inducing drug only

For item 3, indicate the total number of individuals (employees plus contractors) working in this clinic. This includes hourly, part-time, and full-time persons.

3. Staffing : Physicians: Registered Nurses: Licensed Practical Nurses:
 Licensed Social Workers: Other (List title and number): Health Center Manager (1) Center Assistants (3)

E. Number of Procedure Rooms Utilizing:

Local analgesia/anesthetic Moderate/Conscious Sedation

F. Type of Entity:

For Profit

- Individual
- Partnership
- Corporation
- Limited Liability Company
- Sole Proprietorship
- Other (specify) _____

Non-Profit

- Church Related
- Individual
- Partnership
- Corporation
- Limited Liability Company
- Other (specify) _____

Government

- State
- County
- City
- City/County
- Hospital District
- Federal
- Other (specify) _____

G. Officers (if the business entity is incorporated)

Position	Name	Address/City/State/Zip
President/Chairperson/CEO	Yvonne Perkins	200 South Meridian Street, Suite 400 Indianapolis, IN 46225-1055
Vice-President/Vice-Chairperson/COO	Marya Rose	Same
Treasurer/CFO	Alan Albright	Same
Secretary	Kathy Willing	Same

H. Ownership and/or Change in Ownership:

List names and addresses of individuals or organizations having direct or indirect ownership or controlling interest of five percent (5%) in the applicant entity. Indirect ownership interest is an entity that has an ownership interest in the applicant entity. Ownership in any entity higher in a pyramid than the applicant constitutes indirect ownership. (use additional sheet if necessary)

Name	Business Address/City/State/Zip	EIN Number

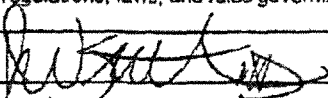
CERTIFICATION OF APPLICATION

The undersigned hereby makes application for a license to operate an Abortion Clinic (Clinic) in the State of Indiana, and in support of this application, represents and shows that the owner(s) and operator(s) are of reputable and reasonable character, are able to comply with the Abortion Clinic statutes, IC 16-21-2-2.5 and IC 16-34, and the rules promulgated there under, 410 IAC 26 and will operate and maintain this clinic in accordance with those rules.

I certify that the operational policies of the clinic will not provide for discrimination based upon race, color, creed, or national origin.

I swear and affirm under the penalty of perjury that all statements made in this application and any attachments thereto are correct and complete and that I will comply with all regulations, laws, and rules governing the licensing of clinics in Indiana.

Signature of the Medical Director:



Printed Name and Title:

John Stutsman, M.D.

Date of Signature:

7/15/13

Signature of the Clinic Administrator:



Printed Name and Title:

Lauren Hatke, Center Manager

Date of Signature:

7/15/13

See the following page for instructions regarding licensure fees and submission of this application

License Fee

Select the appropriate fee based upon the total number of first trimester procedures as reported to the Indiana State Department of Health (ISDH) on the Terminated Pregnancy Report (State Form 36526).

Check One	Total First Trimester Procedures in the Clinic	Fee
✓	Zero to 799	\$500.00
	800 to 3,499	\$1,000.00
	3,500 to 6,999	\$2,000.00
	7,000 and above	\$3,000.00

Indiana Hospital Council; 414 IAC 1-1-3

Enclose the following:

1. *A completed Application for License to Operate an Abortion Clinic (this form);*
2. *Any supporting attachments; and*
3. *Payment made payable to "Indiana State Department of Health."*

Mail to:

INDIANA STATE DEPARTMENT OF HEALTH
 CASHIER'S OFFICE
 P. O. BOX 7236
 INDIANAPOLIS, INDIANA 46207-7236



Planned Parenthood of Indiana
Post Office Box 397
Indianapolis, Indiana 46206-0397



20-667740

THE NATIONAL
BANK OF INDIANAPOLIS
INDIANAPOLIS, INDIANA

49283

NUMBER

DATE

AMOUNT

Five hundred dollars and ⁰⁰/₁₀₀ cents. 7/12/2013

500.00

PAY
TO THE
ORDER
OF

Indiana State Dept of
Health

VOID IF NOT CASHED WITHIN 60 DAYS
TWO SIGNATURES REQUIRED FOR OVER \$20,000.00

[Handwritten Signature]

AUTHORIZED SIGNATURE

TRUE WATERMARK PAPER - HOLD TO LIGHT TO VIEW

HEAT SENSITIVE RED IMAGE DISAPPEARS WITH HEAT

⑈049283⑈ ⑆074006674⑆

1479187⑈