

**TITLE 410 INDIANA STATE DEPARTMENT OF HEALTH**

**Proposed Rule**  
LSA Document # 12-268

**DIGEST**

Adds 410 IAC 15-5 to establish the license fees for hospitals, ambulatory outpatient surgical centers, abortion clinics, and birthing centers. Effective date January 1, 2013.

**410 IAC 15-5**

SECTION 1. 410 IAC 15-5-1 IS ADDED TO READ AS FOLLOWS:

**Rule 5. License Fees for Hospitals, Ambulatory Outpatient Surgical Centers, Abortion Clinics, and Birthing Centers**

**410 IAC 15-5-1 Hospital license fees**

**Authority:** IC 16-21-2-12; IC 16-21-2-14

**Affected:** IC 16-21-1; IC 16-21-2; IC 16-21-6-3

**Sec. 1. (a)** Each hospital licensed under IC 16-21-2 and 410 IAC 15 shall pay a license fee or annual renewal fee.

**(b)** An application for a hospital license must be accompanied by a licensing fee at the rate set in the fee schedule in this subsection. Annual renewal fees will be due upon application, as provided by 410 IAC 15-1.3, for an annual renewal of a hospital's license based upon total operating expenses as reported to the state department of health on the most recently filed hospital fiscal report (State Form 49520) required by IC 16-21-6-3. The fee schedule shall be as follows:

<b>Total Operating Expenses</b>	<b>Fee</b>
<b>0 – \$49,999,999</b>	<b>\$1,000</b>
<b>\$50,000,000 – \$99,999,999</b>	<b>\$2,000</b>
<b>\$100,000,000 – \$199,999,999</b>	<b>\$3,000</b>
<b>\$200,000,000 – \$299,999,999</b>	<b>\$4,000</b>
<b>\$300,000,000 and above</b>	<b>\$5,000</b>

*(Indiana State Department of Health; 410 IAC 15-5-1)*

**410 IAC 15-5-2 Ambulatory outpatient surgical center license fees**

**Authority:** IC 16-21-2-12; IC 16-21-2-14

**Affected:** IC 16-21-1; IC 16-21-2

**Sec. 2. (a)** Each ambulatory outpatient surgical center licensed under IC 16-21-2 and 410 IAC 15 shall pay a license fee or annual renewal fee.

**(b)** Ambulatory outpatient surgical center license fees will be due upon initial application for and annual renewal of the ambulatory outpatient surgical center's license

based upon total annual procedures performed as reported to the state department of health in section III, total patients and procedures, on the annual utilization review report (State Form 49933). The fee schedule shall be as follows:

Total Annual Procedures	Fee
0 – 799	\$500
800 – 3,499	\$1,000
3,500 – 6,999	\$2,000
7,000 and above	\$3,000

*(Indiana State Department of Health; 410 IAC 15-5-2)*

#### **410 IAC 15-5-3 Abortion clinic license fees**

**Authority: IC 16-21-2-12; IC 16-21-2-14**

**Affected: IC 16-21-1; IC 16-21-2**

**Sec. 3. (a) Each abortion clinic licensed under IC 16-21-2 and 410 IAC 26 shall pay a license fee or annual renewal fee.**

**(b) An application for an abortion clinic license must be accompanied by a licensing fee at the rate set in the fee schedule in this subsection. Annual renewal fees will be due upon application for renewal of license, as provided by 410 IAC 26-2, based upon total annual surgical abortion procedures performed as reported to the state department of health on the terminated pregnancy report (State Form 36526). The fee schedule shall be as follows:**

Total Annual Surgical Abortion Procedures	Fee
0 – 799	\$500
800 – 3,499	\$1,000
3,500 – 6,999	\$2,000
7,000 and above	\$3,000

*(Indiana State Department of Health; 410 IAC 15-5-3)*

#### **410 IAC 15-5-4 Birthing center license fees**

**Authority: IC 16-21-2-12; IC 16-21-2-14**

**Affected: IC 16-21-1; IC 16-21-2**

**Sec. 4. (a) Each birthing center licensed under IC 16-21-2 and 410 IAC 27 shall pay a license fee or annual renewal fee.**

**(b) An application for a birthing center license must be accompanied by a licensing fee at the rate set in the fee schedule in this subsection. Annual renewal fees will be due upon application for renewal of license, as provided by 410 IAC 27-2, upon total annual births as reported to the state department of health on the most recently filed annual birthing center report (State Form 52236). The fee schedule shall be as follows:**

Total Annual Deliveries	Fee
0 – 799	\$500
800 – 3,499	\$1,000

**3,500 – 6,999**

**\$2,000**

**7,000 and above**

**\$3,000**

*(Indiana State Department of Health; 410 IAC 15-5-4)*