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## Abortion pill sets off clinic debate

Indiana legislators consider rewriting definition of facility.



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By CHARLES WILSON  
Associated Press

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INDIANAPOLIS -- Indiana lawmakers are talking about rewriting the definition of an **abortion** clinic to include facilities that perform the procedure surgically and by prescribing a pill, a conflict that arose from a wrinkle in the wording of a state law.

The move would potentially affect **women's health** providers who previously have been untouched by laws meant to limit access to abortions. It's the latest battle over abortion rights in a state that passed the first law nationwide meant to deny **Planned Parenthood** federal funding for general health services.

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Anti-abortion rights activists and abortion rights supporters alike expect the drug, marketed as Mifeprex, to be the subject of legislation in as many as nine states -- Indiana included -- as they re-examine how their laws define an abortion clinic.

Initially known as RU-486, the abortion pill was introduced in France in 1988, and gained the approval of the **Food and Drug Administration** on Sept. 28, 2000. Thirty-nine states already have laws that in some way restrict the drug's use.

"In general terms, there need to be tighter regulations on the abortion pill," said Indiana Sen. Travis Holdman, R-Markle, who earlier this year unsuccessfully sponsored a bill that would have added restrictions on drug-induced abortions in Indiana.

Indiana's dispute comes on the heels of a lawsuit over a 2011 Indiana law that would have denied Medicaid funds to Planned Parenthood because it performs abortions. A legal challenge is still wending its way through federal court.

Unsatisfied, Indiana anti-abortion activists are going after the abortion pill. Earlier this month, Indiana Right to Life asked the state to investigate whether a Planned Parenthood clinic in Lafayette is violating state law by performing abortions without a license.

Indiana law essentially defines abortion as the deliberate termination of a human pregnancy. But to qualify as an abortion clinic under the law, a freestanding facility must perform surgical abortions.

Indiana Right to Life questioned whether the clinic, which administers Mifeprex, meets state standards for inspections and licensing that are required of other abortion clinics.

The attorney general's office said any investigation would be up to the Department of Health, which said the clinic isn't under its purview because it is not required to be licensed.

"We believe Indiana's abortion law is at conflict with itself and that Planned Parenthood is exploiting that conflict to expand its abortion business," said Mike Fichter, president and CEO of Indiana Right to Life. He said the organization believes medication abortions should fall under state licensing and inspection requirements.

Ten locations offer abortions in Indiana, Planned Parenthood of Indiana President Betty Cockrum said, including four Planned Parenthood clinics and six private offices. The Lafayette clinic is the sole clinic in the state that offers only medication abortion, she said.

"There is no argument that medication abortion is in fact an abortion," Cockrum said. But, she added, state law clearly defines an abortion clinic as a freestanding clinic where surgical abortions are performed. Lafayette is the sole clinic that offers only drug-induced abortions, she said.

Holdman said he thought the wording of Indiana's abortion law was ambiguous. Rules for the use of the abortion pill are "not like rules for other abortions," he said.

Indiana is one of four states, along with Louisiana, Maryland and Missouri, where the restrictions on abortion clinics are clearly limited to surgical abortion, Elizabeth Nash, state issues manager for the New York-based Guttmacher Institute, said in an e-mail Friday. In five additional states, the law isn't clear, she said. Arizona and Arkansas both modified their laws in 2011 to apply to both medication and surgical abortion. The Institute is an abortion rights group focused on sexual and reproductive health research.

The procedure, which works during the first nine weeks of pregnancy, involves swallowing Mifeprex, known chemically as mifepristone. The pill causes an embryo to detach from the uterine wall, and a

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second pill, misoprostol, is used two days later to cause contractions and push the embryo out of the uterus.

Nationally, the drug is available only through clinics, hospitals and physicians, but women can complete the abortion process at home.

Fichter and Cockrum both said they expect Indiana legislators to take up regulation of Mifeprex early in 2013, and Holdman said he still believes the state should require that a woman see a doctor in person because of the drug's potentially dangerous side effects.

Six states already have similar requirements, according to the Guttmacher Institute, though National Right to Life gives the number as eight. But Right to Life wants to restrict the use of telemedicine to administer Mifeprex in every state, said Mary Spaulding Balch, the national organization's director of state legislation.

Abortion rights supporters oppose such a ban, saying it will reduce access to abortions for women in remote, rural areas.

A report released earlier this year by the Indiana State Department of Health found that nearly one in five abortions in 2010 was drug-induced. A 2011 study by the Guttmacher Institute -- based on 2008 data -- found the proportion of such procedures increased from 14 percent to 17 percent of all abortions between 2005 and 2008.

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