EXHIBIT 4

IN THE UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF MISSOURI CENTRAL DIVISION

COMPREHENSIVE HEALTH OF PLANNED PARENTHOOD GREAT PLAINS, et al.	)	
Plaintiffs,	)	
v.	)	Case No. 2:16-cv-04313-HFS
PETER LYSKOWSKI, in his official capacity as Director of the Missouri Department of Health and Senior Services, et al.	)	
Defendants.	)	

DECLARATION OF GEORGE W. JOHANNES IN SUPPORT OF PLAINTIFFS' MOTION FOR A PRELIMINARY INJUNCTION

George W. Johannes declares the following:

1. I am an architect licensed in the State of Missouri and a member of the American Institute of Architects, St. Louis Chapter. I have been practicing architecture for more than 40 years. I hold a Bachelor of Arts in architecture and a Master of Architecture from Washington University in St. Louis. Since 2006, I have been the owner and principal of my own firm, George W. Johannes, AIA Architect; between 1980 and 2006, I was the managing partner, president, or principal of several other architecture firms. I am also a Senior Lecturer in the Sam Fox School of Design & Visual Arts at Washington University in St. Louis in the Graduate School of Architecture, where I have taught for twenty-four years. I have designed over $300 million in industrial, commercial, residential, and infrastructure projects that have been built throughout North America. A copy of my curriculum vitae is attached hereto as Exhibit A.

2. Since the 1990s, I have worked on approximately thirty-two projects for evaluating,

constructing and/or renovating hospitals, surgical facilities, and doctors' offices, including approximately twenty-five health centers providing abortions.

3. I provide the following facts and opinions as an expert in the design and construction of health care facilities. My opinions are based on my education, teaching and years of professional experience as a practicing architect; my knowledge of the relevant literature; my consultation with contractors who have recent experience building ASC facilities; and surveys that I personally undertook of Plaintiff Reproductive Health Services of Planned Parenthood of the St. Louis Region ("RHS") health centers located in Joplin and Springfield, Missouri.[1]

4. I provide these opinions in support of Plaintiffs' Motion for a Preliminary Injunction against enforcement of Missouri's Ambulatory Surgical Center Licensing Law, Mo. Ann. Stat. § 197.200 et seq ("ASCLL" or "ASC Requirement"), and its implementing regulations, Mo. Code. Regs. Ann. tit. 19 § 30-30.070, which, among other things, prescribe certain physical facility requirements that abortion facilities must meet in order to be licensed.

5. The Joplin and Springfield health centers do not currently meet the ASCLL's physical facility requirements, and the cost of bringing them into compliance would be extremely high. It would not be possible for these health centers to undertake renovations within their existing footprints to come into compliance with the ASCLL because those existing footprints are too small. I estimate the costs of expanding and renovating the Joplin and Springfield facilities to meet the ASCLL to be $2.19 million and $2.26 million respectively, not including lost revenue during the approximately 8 month construction period. Conversion of these facilities to meet the ASCLL would require complete removal and replacement of the

[1] I understand that Planned Parenthood health centers in Columbia and Kansas City, Missouri also do not meet these requirements, but they are not the subject of this declaration.

roofs of both facilities and additionally the exterior walls at the Springfield facility. While technically this is possible, the disruption to the facility makes this an unreasonable option, as is explained in more detail below. Therefore, in my professional opinion, the only reasonable option for RHS, if an ASC were required for its services, would be to build entirely new ASCs in Joplin and Springfield. Building an entirely new ASC would cost approximately $2.31 million (not including the cost of the land).

Ability of Joplin and Springfield Health Centers to Meet the ASCLL Requirements

6. Missouri's ASCLL implementing regulations outline physical facility requirements that must be met by new abortion facility ASCs. Mo. Code. Regs. Ann. tit. 19 § 30-30.070. In addition, the regulations incorporate the requirements of *Standard on Types of Building Construction 1979* published by the National Fire Protection Association. I recently surveyed the Joplin and Springfield health centers at which RHS seeks to provide abortion services to determine if they are in compliance with the ASCLL's physical facility requirements. Before visiting the facilities, I prepared a list of architectural elements that each clinic would have to meet to satisfy the ASCLL. At each facility, I conducted a visual inspection, took photographs, made measurements both inside and outside of the building, spoke with staff, and obtained plans. I spent approximately half a day at each facility. My conclusions regarding each facility's compliance with the ASCLL are based on comparing the information I obtained during my surveys to the list of requirements I had prepared earlier.

7. I conclude that, currently, neither facility meets the ASCLL's requirements. For example, neither meets the minimum areas for procedure rooms or minimum hallway widths. Meeting these requirements, in particular, would require expansion of both facilities. Furthermore, neither facility has an HVAC system that meets the requirements contained in the

ASCLL, including requirements for 6 air changes per hour and air filtration in certain portions of the facility. Installing such a system would require significant modifications to both buildings. The facilities also fail to meet a number of other ASCLL requirements, including, for example, requirements concerning ceiling heights, door widths, scrub sinks, and personnel and patient change rooms. In addition, neither facility meets the construction type required in *Standard on Types of Building Construction 1979* published by the National Fire Protection Association, and renovating to meet this requirement would require complete removal and replacement of the roofs of both facilities and additionally the exterior walls at the Springfield facility. For each facility I have prepared detailed charts that identify which ASCLL requirements are met and which are not. Those charts are attached hereto as Exhibits B and C.

8. In order to estimate the cost to renovate the two facilities to bring them into compliance with the ASCLL, I determined the total square footage that would be required for these facilities to meet the ASCLL, based on the ASCLL regulatory requirements and the size, shape, and configuration of the existing buildings. I determined minimum square foot requirements for various aspects of the facilities and totaled these figures to determine the approximate square footage that would be required. My Cost Analysis, attached hereto as Exhibit D, contains a Space Program that indicates the minimum square footage for various aspects of the facilities.

9. The minimum amount of space that these facilities would need to meet the ASCLL requirements with two procedure rooms is approximately 4300 square feet.[2] In my experience,

[2] The total square footage of the Springfield facility following renovation would be approximately 6070 square feet, since this facility currently contains approximately 1770 square feet that is non-medical space. For purposes of my analysis, I have estimated the cost of construction to renovate only the medical portion of the facility to meet the ASCLL requirements. The medical portion of the facility would be approximately 4300 square feet

ASCs are most often constructed to have at least two procedure rooms or operating rooms, because this allows the medical team to treat patients in one while the other is being cleaned and prepared for the next patient. Having two procedure rooms would be especially important to ensure an efficient patient flow through an ASC that performs abortions because I understand that the procedure itself is so short in duration that preparing the room could take as long as the procedure itself.[3]

10. In order to estimate the cost of renovating the Joplin and Springfield health centers, as well as the cost of building a new ASC, I relied on healthcare construction industry sources to determine unit square foot cost estimates for the various aspects of these projects. I then made minor adjustments to these estimates based on the specific building sizes and configurations and my professional experience. This is the approach I would typically take in preparing a rough, initial cost estimate for any client, and is standard in the industry. As part of my work, I regularly consult with contractors and construction managers to price the costs of my clients' projects. I also teach cost estimating as a unit in my class at Washington University; the project I use as a real-world example for my students is an ASC that was built about four years ago in Illinois. The final unit square foot cost estimates are reflected in my Cost Analysis. Ex. D.

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following renovation and the additional non-medical administrative space would remain approximately 1770 square feet. Renovation to meet the required National Fire Protection Association construction type, however, would require renovations to both the medical and non-medical space, as reflected in Exhibit D.

[3] An ASC with only a single procedure room would require approximately 4000 square feet to meet the ASCLL requirements (accounting for one less procedure room, a smaller recovery room, and reduced required circulation to access the additional rooms). A one-procedure-room ASC would be only slightly smaller than a two-procedure-room ASC because, in either case, much of the facility's footprint would be taken up by the spaces necessary to maintain separation of soiled and sterile areas, six foot corridors, and other required spaces that are needed regardless of the number of procedure rooms.

11. As is reflected in the Cost Analysis, I estimate that it would cost approximately $2.19 million to renovate the Joplin facility to bring it into compliance with the ASCLL, and approximately $2.26 million to renovate the Springfield facility to bring it into compliance with the ASCLL, not including lost revenue during the approximately 8 month construction period for each health center.

12. Conversion of these facilities to meet the ASCLL's requirement of a non-combustible construction type, as required by 19 CSR § 30-30.070(2)(D), requires complete removal and replacement of the roofs of both facilities and additionally the exterior walls at the Springfield facility. To hypothetically accomplish this change in construction type would require complete removal of the exterior walls and roof structure to eliminate combustible materials. The exterior walls and roof would then be entirely replaced with non-combustible structural materials (steel) and then protected with 1-hour fire-resistant material (5/8" thick Fire-code gypsum board on the interior and fire-resistant exterior-grade sheathing on the exterior, plus replacement of exterior finish material; brick and insulation for the walls; insulation and roofing for the roof)). This replacement process would likely take approximately 2–3 months. During this period the building interior would be entirely exposed to the elements and would require temporary protection. While technically this is possible, the extreme disruption to the facility make this an unreasonable option. Therefore, in my professional opinion, the only reasonable option if RHS needed an ASC to provide its services would be for it to build entirely new ASCs in Joplin and Springfield. Building an entirely new ASC would cost approximately $2.31 million (not including the cost of the land).

I declare under penalty of perjury that the foregoing is true and correct.

Dated: December 12, 2016

George W. Johannes
George W. Johannes, AIA

EXHIBIT A

BIOGRAPHY

George W. Johannes, AIA

Mr. Johannes has been practicing architecture since 1973 after receiving a Master of Architecture Degree from Washington University in St. Louis Graduate School of Architecture. During his career he has had the opportunity to be involved in a wide variety of project types. His commissions have included commercial/retail, restaurants, educational, residential, municipal, governmental, health care, elderly care, corporate, institutional and research facilities. Projects for which he was personally responsible have ranged in construction cost from $10,000 to over $40 million. The services involved have spanned the full range from master planning, facilities audits, programming, space planning, and architectural design, to project management, construction documentation and construction administration.

Over the course of his career Mr. Johannes has developed a strong confidence in the practicality of combining high quality architectural design with technical competence and responsible project management. He has developed methodologies for managing project costs and schedules, which not only do not get in the way of good architectural design, but, in actuality, allow quality design to happen. The good fortune of having been asked to take on major project responsibilities early in his career has been an invaluable asset in his architectural education.

Mr. Johannes joined The Christner Partnership, Inc. in 1976. In 1977, he was named an Associate in the firm, and in 1980 became Managing Partner. The Christner Partnership, then with a staff of 19, grew over the next decade under his leadership to 70 individuals, including 39 registered architects, and became one of St. Louis' largest and most-respected architectural and interior design practices. Annual gross billings from 1980 to 1990 increased by over 500%.

Much of this growth and success came as a result of Mr. Johannes' emphasis on sound project organization, adherence to project budgets and schedules, development of very positive client relations, and the promotion of high-quality design.

In 1990, with nearly two decades of professional experience, Mr. Johannes founded Johannes+Associates/Architects, in an effort to apply the methodologies which he had learned or developed to smaller projects. This move allowed Mr. Johannes to once again be very personally involved in both the management and the design of his architectural commissions, and brought him great satisfaction. In 1992, Mr. Johannes joined with Thomas Hilton Cohen, AIA, forming Johannes/Cohen Collaborative to provide an increased capability to design and produce large projects, ranging to $15 million.

In 2006, Mr. Johannes founded the firm George W. Johannes, AIA, Architect. Additionally, he has expanded his teaching and is currently responsible for the Professional Practice curriculum in the Washington University Graduate School of Architecture and Landscape Architecture in the Sam Fox School of Design and Visual Arts.

Mr. Johannes has been responsible for the design and planning of approximately $300,000,000 of construction since 1973. Clients have included the cities of Clayton, Richmond Heights, Edwardsville, the State of Missouri, McDonnell Douglas Corporation, Washington University, Mark Twain Bankshares, Bank of America, the Scholarship Foundation, Southwestern Bell, Doorways, Haven of Grace, Hope Clinic for Women, Technical Assistance Corporation, Parkview Gardens Apartment Owners' Association, and numerous developers and single-family residential clients.

Mr. Johannes' work has included an analysis and master development plan for the N. O. Nelson manufacturing complex for the City of Edwardsville, Illinois, the Delmar Loop development plan for Bi-State Transit, the Canary Island Park for Great Rivers Greenway and the conversion of the Chain of Rocks Bridge to a pedestrian and bicycle crossing and recreational destination. Work for financial institutions includes projects for Mark Twain Bankshares, Ozarks Federal Savings and Loan in Farmington, Missouri, and the Bank of America.

A large portion of the architectural work of Mr. Johannes has involved housing rehabilitation and adaptive reuse of historic structures utilizing the historic tax credit program. Projects include 20 apartment buildings in the Parkview Gardens Neighborhood in University City and the historic restoration of a 19th century townhouse as corporate offices for Hales, Copper & Company in the Grand Center area of St. Louis. Loft apartments and condominiums have been designed in several warehouse and manufacturing buildings on Washington Avenue and in Lafayette Square. To date Mr. Johannes has completed nearly 500 housing units, both rehabbed and new.

His most recent Historic Tax Credit projects are the 50,000 sf Independence Center on Forest Park Boulevard and a house converted to offices for Sinquefield Enterprises.

In addition to work in the Midwest, Mr. Johannes' projects have been constructed in Illinois, California, New Mexico, Puerto Rico and Mexico.

Since 1976 Mr. Johannes has been involved in the design or evaluation of 32 healthcare facilities and projects, including design of two new hospitals, ICU and psych departments for an existing hospital, a new ambulatory surgery center, physician offices, and evaluation of 25 women's healthcare facilities providing abortion care.

Education

Washington University
Bachelor of Arts
Major in Architecture 1970
Washington University
Master of Architecture 1973

Professional Registration

Architect
Missouri 1978

Professional Experience

George W. Johannes, AIA Architect
2006-Date Owner/ Principal/ Architect

Johannes/ Cohen Collaborative
1992-2006 Partner/ President/ Architect

Washington University School of Architecture
1994-Date Affiliate Assistant Professor
Senior Lecturer

Johannes+Associates/ Architects
1990-1994 Owner/ Principal

The Christner Partnership, Inc.
1980-1990 Managing Partner/ Architect

1977-1980 TCP Associate/ Architect

1976-1977 Project Manager/ Architectural Designer/ Job Captain

Chiodini & Associates
1975-1976 Project Manager/ Architectural Designer/ Job Captain

Anselevicius & Rupe
1974-1975 Architectural Designer/ Drafter

Hoffman/ Saur Associates
1973-1974 Architectural Designer/ Drafter

Teaching

Washington University School of Architecture
Visiting Architectural Design Studio Jury Critic 1985-Date
Lighting Design Course - Professional Panelist 1990
Ideas in Architecture Course - Guest Panelist 1992
Professional Practice Seminar - Guest Panelist 1993
Professional Practice Courses

- Professional Practice & Management
- Advanced Professional Practice
- Design Realization: From Concept to Construction
- Professional Practice for Landscape Architecture

Affiliate Assistant Professor/ Senior Lecturer 1994-Date

Professional & Community Activities

American Institute of Architects, St. Louis Chapter
Member 1979-Date
Peer Review Committee, Chairman 1990
Charrette Committee, Member 1990

American Institute of Architects/ Association of Collegiate Schools of Architecture
Design+Practice Summer Institute
St. John's College - Santa Fe, New Mexico
Fellowship Recipient/ Participant 1995

American Institute of Architects, National AIA/ ACEC
National Peer Reviewer 1987-2000

Linn R-2 School District
Visiting Lecturer 1980

Clayton High School Ethics Symposium
Professional Team Leader 1987-1991

Foundation for Linn Technical College
Board Director 1986-1989

Westend Townhouse Corporation
Board Director 1982-1985

Skinker-DeBaliviere Community Council
Long-range Neighborhood Plan
Steering Committee Member 1989-2000

Skinker-DeBaliviere Community Council
Historic District Review Committee
Committee Member & Chairman 1990-2000

Skinker-DeBaliviere Community Council
Commercial District Planning
Committee Member 1990-2002

Skinker-DeBaliviere Housing Corporation
Board Director 1989-2003
Board President 1994-1995

Skinker-DeBaliviere Apartment Owners Association
Vice-President 1993-1996

Professional Service Marketing Society
Guest Panelist 1988

Professional Services Management Association
Guest Panelist on Architect/ Engineer Relations 1989

Prairie Chapter of the American Society of Landscape Architects
Design Competition Awards Juror 1990

National Abortion Federation
Annual Meeting – Atlanta, Georgia
Clinic Security Measures Seminar
Guest Presenter 2001

National Abortion Federation
Annual Meeting – New York, New York
"Surviving the TRAP" Seminar on politically-motivated state over-regulation
Guest Panelist 2013

17th Clubhouse International Seminar
Annual Meeting – St. Louis, Missouri
"The Evolution of Clubhouse Space: Solutions to Success"
Design issues of "clubhouse facilities" for the mentally ill.
Guest Panelist 2013

Honors/ Awards/ Publications

Home Renovation and Garden Design of
6064 Westminster Place
St. Louis Post-Dispatch 1985

McDonnell Douglas Product Development Center/
Flight Simulation Center-Building 64/65
St. Louis Post-Dispatch 1985

"Daylighting + Relighting," article in
Lighting Design and Application May, 1987

"Chief Justice Helps Designers Light Court Library,"
article on lighting design for the Law Library
of the Missouri State Supreme Court Building,
Jefferson City, Missouri, in Architectural Lighting
October, 1987

"Supreme Judge Helps Throw New Light on the Subject,"
article in the Missouri Consulting Engineer Summer/ Fall 1987

"Reaching a Verdict About Peer Reviews," by
Elaine Dempsey; article about the peer review
process at The Christner Partnership, Inc.; in
Architecture News,
Washington University School of Architecture March, 1990

"The Farm by the Sea [River]," by Alexander Salangin
The Sinquefield River House – architectural design and construction documents by Barton Phelps, FAIA / construction phase architectural services by George W. Johannes, AIA, in
Interior Digest (Russia), October, 2002

"Living in a Glass House," by Anita Neal Harrison, article and photographs of the Sinquefield Lake House in Folk, Missouri by Architect George W. Johannes, AIA, in Inside Columbia May, 2009.

American Association of School Administrators
and the American Institute of Architects
Certificate of Acceptance in
The 1983 Exhibition of School Architecture
Moffat County High School 1983 [while MP @ TCP]

Illuminating Engineering Society of North America
International Illumination Design Award
Edwin F. Guth Memorial Awards of Merit for the
Law Library of the Missouri State Supreme Court Building,
Jefferson City, Missouri 1986 [while MP @ TCP]

City House Restoration of Midtown townhouse
Landmarks Achievement Award 1996

Soulard Lofts
Landmarks Achievement Award 1998

The Taproom/ Schlafly Brewing Company
Landmarks Achievement Award 1999

A.D. Brown Building
Landmarks Achievement Award 1999

University Lofts
Landmarks Achievement Award 2000

Old Chain of Rocks Bridge Renovation and Master Plan
Landmarks Achievement Award 2000

Trinity Lutheran Church Parish House
Landmarks Achievement Award 2001

WireWorks Loft Complex / Sqwires Market & Café
Landmarks Achievement Award 2002

951 Maple Place
Landmarks Achievement Award 2004

Independence Center
Landmarks Achievement Award 2007

Sinquefield Lake House – Folk, Missouri
At Home Magazine 2008 – First Place Prize for Best New Residence over 4,000sf (published on magazine cover)

Sinquefield Residence
#9 Hortense Place – St. Louis, Missouri
At Home Magazine 2009 – Second Place Prize for Best Kitchen over 300sf

Win Residence
#57 Broadview Drive – Clayton, Missouri
At Home Magazine 2014 –Third Place Prize for Best Exterior Architecture over 4000sf

EXHIBIT B

Springfield Facility			
Regulation	**Requirement**	**Met/Not Met**	**Notes**
19 CSR 30-30.070(2)(A)	At least two (2) remote exits shall be provided for each floor directly to the outside or through an enclosed stairway or passageway to the outside.	MET	3 remote exits provided. Total exit width = 144".
19 CSR 30-30.070(2)(B)	Corridors serving patients shall be at least six feet (6') wide.	NOT MET	Patient corridors are 4'-7" wide.
19 CSR 30-30.070(2)(C)	All doors through which patients pass shall be at least forty-four inches (44") wide and of solid-core construction.	NOT MET	Room doors are 36" or 32" wide and of hollow-core construction.
19 CSR 30-30.070(2)(D)	One (1)-story buildings shall be at least of Type II (111) protected noncombustible construction as described in *NFPA Standard on Types of Building Construction 1979*.	NOT MET	Building is Type V (100) unprotected combustible construction. Both exterior walls and roof structure are unprotected wood.
19 CSR 30-30.070(2)(E)	Multistory buildings shall be of Type II (222) fire-resistive construction or protected with an approved automatic sprinkler system.	N/A	
19 CSR 30-30.070(2)(F)	Multistory buildings shall have at least one (1) elevator.	N/A	

19 CSR 30-30.070(2)(G)	Trickle-charge battery pack units shall be located to provide emergency lighting in the procedure room, recovery room, exit corridors and exit stairs to grade.	NOT MET	
19 CSR 30-30.070(2)(H)	A manual fire alarm break station shall be located near each exit and connected to a local audible alarm which can be heard throughout the facility.	NOT MET	
19 CSR 30-30.070(2)(I)	At least two (2) ABC-type fire extinguishers are to be located in the facility, one (1) in the clinical area.	MET	
19 CSR 30-30.070(2)(J)	Illuminated exit signs shall be located above each exit and illuminated directional exit signs shall be located where needed to direct patients and personnel to exits in event of an emergency.	MET	
19 CSR 30-30.070(2)(K)	Ceiling, wall and floor finishes in the clinical area including the procedure rooms, recovery room, personnel change rooms, central sterile supply, janitor's closet and laboratory shall be smooth and easily cleanable.	MET	

19 CSR 30-30.070(2)(L)	Scrub-up facilities shall be knee- or foot-operated and provided at the rate of one (1) per procedure room. Scrub-up facilities shall be located outside but immediately available to the procedure room.	NOT MET	Scrub sinks are in procedure rooms; not foot- or knee-operated.
19 CSR 30-30.070(2)(M)	Procedure rooms shall have the following: 1. A minimum length and width of twelve feet (12'); 2. A minimum ceiling height of nine feet (9') 3. A door with a minimum width of forty-four inches (44"); and 4. There shall be no windows in the room except there may be a fixed-view window in the wall between the procedure room and the adjacent corridor.	NOT MET	Procedure rooms have dimensions of 12'-6" by 11'-6", a ceiling height of 7'-9", door widths of 36" and no windows.

19 CSR 30-30.070(2)(N)	The recovery room shall be separated from the procedure room and be of sufficient size to accommodate at least four (4) recovery beds or reclines for each procedure room. There shall be three feet (3') of clear space on both sides and at the foot of each recovery bed or recliner.	NOT MET	
19 CSR 30-30.070(2)(O)	The procedure room and recovery room shall be provided with a minimum of six (6) air changes per hour. Air supplied to all areas shall be filtered through a filter with at least a twenty-five percent (25%) efficiency rating.	NOT MET	
19 CSR 30-30.070(2)(P)	Personnel change shall be provided for each sex and located convenient to the procedure room. Each change room shall be equipped with a toilet and lavatory.	NOT MET	
19 CSR 30-30.070(2)(Q)	The laboratory shall be equipped with a counter, sink and refrigerator.	MET	

19 CSR 30-30.070(2)(R)	The procedure room shall be equipped with a ceiling-mounted surgical light, operating table or a conventional gynecological examining table with accessories, closed cabinets for equipment and sufficient tables to hold an emergency tray and other necessary equipment.	NOT MET	All provided except ceiling-mounted surgical light.
19 CSR 30-30.070(2)(S)	There shall be one (1) electrical outlet in the procedure room for the emergency light and at least one (1) duplex outlet on each wall.	NOT MET	
19 CSR 30-30.070(2)(T)	There shall be one (1) electrical outlet in the recovery room for the emergency light and at least one (1) duplex outlet for each two (2) recovery beds or recliners.	NOT MET	
19 CSR 30-30.070(2)(U)	Piped-in or portable oxygen and suction equipment shall be located in the recovery room.	NOT MET	
19 CSR 30-30.070(2)(V)	The sterilizing room shall be equipped with a steam sterilizer, counter and sink, and storage space for clean supplies.	MET	

	Air pressure in this room shall be positive in relation to adjacent areas.	NOT MET	
19 CSR 30-30.070(2)(W)	The soiled/decontamination room shall be equipped with a counter and sink. This room shall be equipped with a constant running exhaust.	NOT MET	None. Function combined with sterilizing room.
19 CSR 30-30.070(2)(X)	A patient toilet with lavatory shall be located convenient to the recovery room.	MET	
	This room shall be equipped with a constant running exhaust.	NOT MET	No constantly running exhaust.
19 CSR 30-30.070(2)(Y)	At least two (2) patient change rooms with secure storage for personal effects shall be provided.	NOT MET	
19 CSR 30-30.070(2)(Z)	Office space, waiting room, and record storage space shall be provided.	MET	
	Counseling rooms shall be separate and not smaller than ten feet by ten feet (10'x10').	NOT MET	

EXHIBIT C

Joplin Facility			
Regulation	**Requirement**	**Met/Not Met**	**Notes**
19 CSR 30-30.070(2)(A)	At least two (2) remote exits shall be provided for each floor directly to the outside or through an enclosed stairway or passageway to the outside.	MET	2 remote exits provided. Total exit width = 72". 1 exit is through the break room.
19 CSR 30-30.070(2)(B)	Corridors serving patients shall be at least six feet (6') wide.	NOT MET	Patient corridors are 3'-0" wide
19 CSR 30-30.070(2)(C)	All doors through which patients pass shall be at least forty-four inches (44") wide and of solid-core construction.	NOT MET	Room doors are 36" or 32" wide and of hollow-core construction.
19 CSR 30-30.070(2)(D)	One (1)-story buildings shall be at least of Type II (111) protected noncombustible construction as described in *NFPA Standard on Types of Building Construction 1979*.	NOT MET	Building is Type V (100) unprotected combustible construction. Exterior walls are masonry. Roof structure is unprotected wood.
19 CSR 30-30.070(2)(E)	Multistory buildings shall be of Type II (222) fire-resistive construction or protected with an approved automatic sprinkler system.	N/A	
19 CSR 30-30.070(2)(F)	Multistory buildings shall have at least one (1) elevator.	N/A	

19 CSR 30-30.070(2)(G)	Trickle-charge battery pack units shall be located to provide emergency lighting in the procedure room, recovery room, exit corridors and exit stairs to grade.	NOT MET	
19 CSR 30-30.070(2)(H)	A manual fire alarm break station shall be located near each exit and connected to a local audible alarm which can be heard throughout the facility.	NOT MET	
19 CSR 30-30.070(2)(I)	At least two (2) ABC-type fire extinguishers are to be located in the facility, one (1) in the clinical area.	NOT MET	1 provided in break room.
19 CSR 30-30.070(2)(J)	Illuminated exit signs shall be located above each exit and illuminated directional exit signs shall be located where needed to direct patients and personnel to exits in event of an emergency.	NOT MET	Exit doors comply; additional needed in corridor.
19 CSR 30-30.070(2)(K)	Ceiling, wall and floor finishes in the clinical area including the procedure rooms, recovery room, personnel change rooms, central sterile supply, janitor's closet and laboratory shall be smooth and easily cleanable.	NOT MET	Some comply; most do not.

19 CSR 30-30.070(2)(L)	Scrub-up facilities shall be knee- or foot-operated and provided at the rate of one (1) per procedure room. Scrub-up facilities shall be located outside but immediately available to the procedure room.	NOT MET	Scrub sinks are in procedure rooms; not foot- or knee-operated.
19 CSR 30-30.070(2)(M)	Procedure rooms shall have the following: 1. A minimum length and width of twelve feet (12'); 2. A minimum ceiling height of nine feet (9') 3. A door with a minimum width of forty-four inches (44"); and 4. There shall be no windows in the room except there may be a fixed-view window in the wall between the procedure room and the adjacent corridor.	NOT MET	Procedure rooms have dimensions of 14'-0" by 11'-6", a ceiling height of 8'-0", door widths of 36" or 32" and exterior windows.

19 CSR 30-30.070(2)(N)	The recovery room shall be separated from the procedure room and be of sufficient size to accommodate at least four (4) recovery beds or reclines for each procedure room. There shall be three feet (3') of clear space on both sides and at the foot of each recovery bed or recliner.	NOT MET	
19 CSR 30-30.070(2)(O)	The procedure room and recovery room shall be provided with a minimum of six (6) air changes per hour. Air supplied to all areas shall be filtered through a filter with at least a twenty-five percent (25%) efficiency rating.	NOT MET	
19 CSR 30-30.070(2)(P)	Personnel change shall be provided for each sex and located convenient to the procedure room. Each change room shall be equipped with a toilet and lavatory.	NOT MET	
19 CSR 30-30.070(2)(Q)	The laboratory shall be equipped with a counter, sink and refrigerator.	MET	

19 CSR 30-30.070(2)(R)	The procedure room shall be equipped with a ceiling-mounted surgical light, operating table or a conventional gynecological examining table with accessories, closed cabinets for equipment and sufficient tables to hold an emergency tray and other necessary equipment.	NOT MET	All provided except ceiling-mounted surgical light.
19 CSR 30-30.070(2)(S)	There shall be one (1) electrical outlet in the procedure room for the emergency light and at least one (1) duplex outlet on each wall.	NOT MET	
19 CSR 30-30.070(2)(T)	There shall be one (1) electrical outlet in the recovery room for the emergency light and at least one (1) duplex outlet for each two (2) recovery beds or recliners.	NOT MET	
19 CSR 30-30.070(2)(U)	Piped-in or portable oxygen and suction equipment shall be located in the recovery room.	NOT MET	
19 CSR 30-30.070(2)(V)	The sterilizing room shall be equipped with a steam sterilizer, counter and sink, and storage space for clean supplies.	MET	

	Air pressure in this room shall be positive in relation to adjacent areas.	NOT MET	
19 CSR 30-30.070(2)(W)	The soiled/decontamination room shall be equipped with a counter and sink. This room shall be equipped with a constant running exhaust.	NOT MET	None. Function combined with sterilizing room.
19 CSR 30-30.070(2)(X)	A patient toilet with lavatory shall be located convenient to the recovery room. This room shall be equipped with a constant running exhaust.	NOT MET	No constantly running exhaust.
19 CSR 30-30.070(2)(Y)	At least two (2) patient change rooms with secure storage for personal effects shall be provided.	NOT MET	
19 CSR 30-30.070(2)(Z)	Office space, waiting room, and record storage space shall be provided.	MET	
	Counseling rooms shall be separate and not smaller than ten feet by ten feet (10'x10').	NOT MET	

EXHIBIT D

Planned Parenthood Cost Analysis

12/5/2016

Springfield & Joplin, Missouri

Element	New Facility		Const. Months	Springfield		Const. Months	Joplin		Const. Months
	New Building			Addition & Renovation			Addition & Renovation		
	4300 SF		12	4300 SF		8	4300 SF		8
	Area (sf)	Cost/SF	Total	Area (sf)	Cost/SF	Total	Area (sf)	Cost/SF	Total
HARD COSTS									
New Building Shell & Core	4,300	$125.00	$537,500.00			NA			NA
Interior Construction	4,300	$200.00	$860,000.00	1,300	$200.00	$260,000.00	2,500	$200.00	$500,000.00
New Addition - Shell & Core			NA	1,300	$140.00	$182,000.00	2,500	$140.00	$350,000.00
Interior Renovation - Demolition & Reconstruction			NA	3,000	$150.00	$450,000.00	1,800	$200.00	$360,000.00
Shell Demolition & Reconstruction to meet 1979 NFPA 220 Fire Code			NA	4,770	$125.00	$596,250.00	1,800	$110.00	$198,000.00
Sitework	4,300	$50.00	$215,000.00	4,300	$20.00	$86,000.00	4,300	$25.00	$107,500.00
SUBTOTAL OF CONSTRUCTION COSTS			**$1,612,500.00**			**$1,574,250.00**			**$1,515,500.00**
SOFT COSTS									
Medical Equipment (allowance for new space; reuse existing)			$100,000.00			$100,000.00			$100,000.00
Furnishings (reuse existing where possible)			$50,000.00			$50,000.00			$50,000.00
Telecom, MIS, TV & Cabling (allow $12/sf)			$51,600.00			$51,600.00			$51,600.00
Signage			$7,500.00			$7,500.00			$7,500.00
Art & Plants			$7,500.00			$7,500.00			$7,500.00
A/E, Interiors, Legal & Other Consulting Fees (@ 14%)			$225,750.00			$220,395.00			$212,170.00
Permits, Inspections & Testing (allow 3%)			$48,375.00			$47,227.50			$45,465.00
Project Management Fees(@ 3%)			$48,375.00			$47,227.50			$45,465.00
Owners Construction Contingency (allow 10%)			$161,250.00			$157,425.00			$151,550.00
Move/Relocation Costs			NIC			NIC			NIC
Lost Revenue			NA			NIC			NIC
Financing Costs			NIC			NIC			NIC
Land Acquisition Costs			NIC			NA			NA
SUBTOTAL OF SOFT COSTS			**$700,350.00**			**$688,875.00**			**$671,250.00**
TOTAL PROJECT COSTS			**$2,312,850.00**			**$2,263,125.00**			**$2,186,750.00**

Required Area Estimates

Required area square footage estimates are based on Missouri requirements and the size, shape and configuration of the existing buildings that are the subject of this analysis. Additionally, the estimates include costs related to complying with applicable federal, state, and local building codes and other requirements.

Unit Cost Estimates

Unit cost square foot estimates are based on construction industry sources with minor modification adjustments based upon the specific building size and configuration and the experience and judgement of the program evaluator.

NFPA Type II (111)

Conversion from the existing Construction Type of Type V (100) Combustible Non-Protected to Type II (111) Non-Combustible Protected requires complete removal and replacement of the roofs of both facilities and additionally the exterior walls at the Springfield building. While technically this is possible, the extreme cost and disruption to the facility make this an unreasonable option. To hypothetically accomplish this change in construction type would require complete removal of the exterior walls and roof structure to eliminate combustible materials. The exterior walls and roof would then be entirely replaced with non-combustible structural materials (steel) and then protected with 1-hour fire-resistent material (5/8" thick Fire-code gypsum board on the interior and fire-resistant exterior-grade sheathing on the exterior, plus replacement of exterior finish material (brick and insulation for the walls; insulation and roofing for the roof)). This replacement process would likely take approximately 2-3 months. During this period the building interior would be entirely exposed to the elements and would require temporary protection. For the sake of completeness an estimate of the cost of this work is provided.

Space Program

The following room and space areas are derived from the Missouri regulations, codes or good practice. They are minimums in most cases.

Room/Area	Size	
Corridors	600	sf
Scrub area	50	sf
Procedure Rooms (2)	288	sf
Recovery	400	sf
Personnel Change Area	130	sf
Lab	42	sf
Sterilizing Room	50	sf
Soiled Room	50	sf
Patient Toilet	50	sf
Patient Change Room	70	sf
Offices (3)	300	sf
Exam Rooms (2)	200	sf
Counseling	100	sf
Waiting w/toilets	540	sf
Storage	80	sf
Janitor Closet	30	sf
Mechanical Room	100	sf
Break Room	180	sf
Reception	300	sf
Exterior walls	400	sf
Interior walls	340	sf
TOTAL PROGRAM SPACE	**4,300**	**sf**