

IN THE IOWA DISTRICT COURT FOR JOHNSON COUNTY

PLANNED PARENTHOOD OF THE
HEARTLAND, INC., *et al.*,

Petitioners,

v.

KIM REYNOLDS, ex rel. STATE OF IOWA,
et al.,

Respondents

Equity Case No. CVCV 081717

**BRIEF IN SUPPORT OF
PETITIONERS' MOTION FOR
TEMPORARY INJUNCTIVE RELIEF**

TABLE OF CONTENTS

TABLE OF CONTENTS..... I

INTRODUCTION 1

STATEMENT OF FACTS 3

 A. The Governor’s Proclamation..... 3

 B. Abortion in Iowa 5

 C. Petitioners’ Implementation of the Proclamation 10

 D. The Governor’s Subsequent Comments Regarding the Proclamation 11

ARGUMENT 13

 I. Standard for Temporary Injunctive Relief..... 13

 II. Petitioners Have Established a Likelihood of Success on Their Claim that the Proclamation Violates a Protected Constitutional Right 14

 III. Petitioners and Their Patients Will Be Substantially Injured if This Court Does Not Enjoin Respondents from Enforcing the Proclamation, and the Balance of Hardships Warrants Injunctive Relief..... 22

 IV. There is No Adequate Legal Remedy Available 23

CONCLUSION..... 24

COME NOW Petitioners, Planned Parenthood of the Heartland, Inc. (“PPH”), the Emma Goldman Clinic (“EGC”), and Jill Meadows, M.D., and for their Motion for Temporary Injunctive Relief, pursuant to Iowa R. Civ. P. 1.1502, state:

INTRODUCTION

Petitioners seek to enjoin Respondents’ efforts to ban abortion by procedure (“abortion procedures”) during the coronavirus disease 2019 (“COVID-19”) pandemic through Respondents’ application of Section One of Governor Kim Reynolds’ March 26, 2020, Proclamation of Disaster Emergency (“Proclamation”) (attached as Ex. A to Pet’rs’ Mot. Temporary Injunctive Relief). Petitioners have already had to cancel abortion procedures. Without immediate relief from this Court, Petitioners will have to continue turning away patients desperately seeking time-sensitive care.

As the American College of Obstetricians and Gynecologists (“ACOG”), the Iowa Section of ACOG, the American Board of Obstetrics & Gynecology, the American Association of Gynecologic Laparoscopists, the American Gynecological & Obstetrical Society, the American Society for Reproductive Medicine, the Society for Academic Specialists in General Obstetrics and Gynecology, the Society of Family Planning, and the Society for Maternal-Fetal Medicine have recognized, abortion care is essential care because it cannot be delayed without risking the health and safety of the patient.¹ Accordingly, Petitioners provision of this care is entirely consistent with the terms of the Proclamation, which bars all “nonessential or elective surgeries and procedures” in Iowa, defined as those that “can be delayed without undue risk to the current

¹ ACOG et al., *Joint Statement on Abortion Access During the COVID-19 Outbreak* (Mar. 18, 2020), <https://www.acog.org/news/news-releases/2020/03/joint-statement-on-abortion-access-during-the-covid-19-outbreak>; Letter from Shannon Leveridge, MD, FACOG, Legislative Chair, Iowa Section of ACOG, to Kim Reynolds, Governor of Iowa (Mar. 29, 2020) (attached as Ex. G to Pet’rs’ Mot. Temporary Injunctive Relief).

or future health of a patient.” Proclamation at § One(B). But the Governor, who recently signed a six-week abortion ban into law, which was invalidated under the Iowa Constitution in *Planned Parenthood of the Heartland, Inc. v. Reynolds* (“*PPH IIP*”), No. EQCE83074, 2019 WL 312072 (Iowa Dist. Ct. Polk Cty. Jan. 22, 2019)), appears to disagree. On March 27, 2020, the office of the Governor released the following statement to the press: “Proclamation suspends all nonessential or elective surgeries and procedures until April 16. That includes surgical abortion procedures.”² Despite Petitioners’ intent to fully comply with the general provisions of the Proclamation, while still maintaining access to essential services, including abortion procedures, the Governor’s statement has forced Petitioners to stop providing abortion procedures in the state.

During the COVID-19 outbreak, Petitioners—like all healthcare providers—play an important role in serving their communities, including by preserving much-needed medical resources that are in short supply during the pandemic and taking steps to reduce the transmission and spread of COVID-19, while continuing to provide essential healthcare services. They are doing their part by stopping all non-essential procedures that require health care staff to use personal protective equipment (“PPE”), such as sterile and non-sterile gloves and masks, and by reducing as much as possible the use of PPE during essential medical procedures, in keeping with the terms and purpose of the Proclamation.

Given the subsequent interpretation of the Proclamation by the Governor’s office, and in light of the potential penalties, including criminal penalties, that apply, the Governor’s statement has forced Petitioners to cancel all abortion procedures scheduled during the week of Monday,

² See Barbara Rodriguez, *Governor’s Office Says Order Suspending ‘Nonessential’ Surgery Includes Halting Surgical Abortions*, Des Moines Register, Mar. 27, 2020, <https://www.desmoinesregister.com/story/news/health/2020/03/27/coronavirus-in-iowa-surgical-abortion-suspended-kim-reynolds-non-essential-surgery-proclamation/2930439001/> (attached as Ex. B to Pet’rs’ Mot. Temporary Injunctive Relief).

March 30, throwing abortion access in the state into disarray. The State's actions blatantly violate both Iowa Supreme Court and U.S. Supreme Court precedent that categorically prohibits states from banning abortion before viability, and they are, therefore, unconstitutional. Absent an order from this Court, Petitioners' patients will be denied their fundamental right to access safe and legal previability abortion in Iowa and be forced to carry pregnancies to term against their will amidst a health system overburdened by responding to COVID-19. Accordingly, Petitioners seek to restrain and preliminarily enjoin Respondents, their officers, agents, servants, employees, and attorneys, and any persons in active concert or participation with them from enforcing or complying with the Governor's interpretation of the Proclamation to prohibit abortion procedures.

STATEMENT OF FACTS

A. The Governor's Proclamation

In March 2020, the United States declared a state of emergency and the State of Iowa issued a Proclamation of Disaster Emergency. *See* Proclamation of Disaster Emergency (Mar. 17, 2020);³ Proclamation No. 9994, 85 Fed. Reg. 15,337, 2020 WL 1272563 (Mar. 13, 2020). The coronavirus has now reached every state in the country, with over 300 confirmed cases in Iowa and four deaths at the time of this filing.⁴ Federal and state officials and medical professionals expect a surge of

³ Available at <https://governor.iowa.gov/sites/default/files/documents/Public%20Health%20Proclamation%20-%202020.03.17.pdf>.

⁴ Ctrs. for Disease Control & Prevention, *Cases in U.S.* (last updated Mar. 25, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>; COVID-19 in Iowa, Current Status, <https://coronavirus.iowa.gov/>.

infections that will test the limits of a health care system already facing a shortage of PPE,⁵ particularly N95 masks.⁶

In light of this new reality, on March 26, 2020, Governor Kim Reynolds issued a Proclamation barring “nonessential or elective surgeries and procedures that utilize personal protective equipment,” effective at 5:00 p.m. on March 27, 2020. Proclamation at § One. The Proclamation further defines a “nonessential surgery or procedure” as

one that can be delayed without undue risk to the current or future health of a patient, considering all appropriate factors including, but not limited to any: (1) threat to the patient’s life if the surgery or procedure is not performed; (2) threat of permanent dysfunction of an extremity or organ system; (3) risk of metastasis or progression of staging; and (4) risk of rapidly worsening to severe symptoms.

Id. § One(B).

By way of justification, the Proclamation states that responding to the public health disaster created by the COVID-19 pandemic “requires the preservation of personal protective equipment to protect our healthcare workforce and the preservation of critical hospital capacity for Iowans impacted by the COVID-19 outbreak or needing other essential medical care.” *Id.* at 1. Although the Proclamation does not define “personal protective equipment,” Petitioners understand that term to refer, for example, to N95 masks, surgical masks, non-sterile and sterile gloves, disposable protective eyewear, disposable gowns, hair covers, and shoe covers, which are commonly used in medical procedures, including—for some types of PPE—abortion procedures. *Aff. of Abigail C. Drucker, M.D., FACOG in Supp. of Pet’rs’ Mot. for Temporary Injunctive Relief (“Drucker Aff.”)*

⁵ Ctrs. for Disease Control & Prevention, *Interim Guidance for Healthcare Facilities: Preparing for Community Transmission of COVID-19 in the United States* (last updated Feb. 29, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html>.

⁶ Andrew Jacobs, Matt Richtel & Mike Baker, *‘At War With No Ammo’: Doctors Say Shortage of Protective Gear Is Dire*, N.Y. Times, Mar. 19, 2020, <https://www.nytimes.com/2020/03/19/health/coronavirus-masks-shortage.html>.

¶ 7, attached to Pet’rs’ Mot. Temporary Injunctive Relief as Ex. C; Aff. of Abbey Hardy-Fairbanks (“Hardy-Fairbanks Aff.”) ¶ 9, attached to Pet’rs’ Mot. Temporary Injunctive Relief as Ex. D; Aff. of Jill Meadows, M.D. in Supp. of Pet’rs’ Mot. for Temporary Injunctive Relief (“Meadows Aff.”) ¶ 8, attached to Pet’rs’ Mot. Temporary Injunctive Relief as Ex. E. The Proclamation further states that providers “shall limit all nonessential individuals in surgery and procedure suites and patient care areas where PPE is required. Only individuals essential to conducting the surgery or procedure shall be present in such areas.” Proclamation at § One(C). Moreover, providers “shall establish an internal governance structure to ensure that the principles outlined above are followed.” *Id.* § One(D).

The Proclamation remains in effect until 11:59 p.m. on April 16, 2020, unless Governor Reynolds terminates or extends it. *Id.* at 10. Federal officials and medical professionals expect the pandemic to last for a year or eighteen months.⁷ The current shortage of PPE is expected to continue for the next three or four months.⁸ Failure to comply with the Proclamation carries potential civil and criminal penalties. Iowa Code §§ 29C.18, 135.38, 135.144, 147.55.

B. Abortion in Iowa

Individuals seek abortion for a multitude of personal and often complex reasons. Some patients have abortions because they conclude that it is not the right time to become a parent or have additional children, they desire to pursue their education or career, or they lack the necessary financial resources or a sufficient level of partner or familial support or stability. Drucker Aff. ¶ 11; Meadows Aff. ¶ 21. Other patients seek abortions because continuing with the pregnancy

⁷ Denise Grady, *Not His First Epidemic: Dr. Anthony Fauci Sticks to the Facts*, N.Y. Times, Mar. 8, 2020, <https://www.nytimes.com/2020/03/08/health/fauci-coronavirus.html>.

⁸ Ctrs. for Disease Control & Prevention, *Healthcare Supply of Personal Protective Equipment*, (last updated Mar. 14, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html>.

could pose a greater risk to their health. *Id.*; see also *Planned Parenthood of the Heartland v. Reynolds* (“*PPH II*”), 915 N.W.2d 206, 214–15 (Iowa 2018).

There are two main methods of abortion: medication abortion and abortion procedures. *Meadows Aff.* ¶ 14. Both methods are equally effective in terminating a pregnancy. *Id.* Medication abortion involves the patient ingesting a combination of two medications: mifepristone and misoprostol. *Meadows Aff.* ¶ 15. The patient takes the mifepristone in the health center and then, typically twenty-four to forty-eight hours later, takes the misoprostol at a location of their choosing, most often at their home, after which they expel the contents of the pregnancy in a manner similar to a miscarriage. *Id.* Petitioner PPH provides medication abortion, which is not a procedure, through eleven weeks, zero days of pregnancy LMP, *Meadows Aff.* ¶¶ 1, 14, while Petitioner EGC provides medication abortion to ten weeks LMP, *Hardy-Fairbanks Aff.* ¶ 5.

Despite sometimes being referred to as “surgical abortion,” an abortion procedure is not what is commonly understood to be “surgery”; it is a straightforward outpatient procedure that involves no incision, no need for general anesthesia, and no requirement of a sterile field. *Hardy-Fairbanks Aff.* ¶ 6; *Meadows Aff.* ¶ 18. During the most common abortion procedure, which is known as aspiration, *Meadows Aff.* ¶ 32, the physician uses gentle suction from a narrow tube to empty the contents of the patient’s uterus. *Meadows Aff.* ¶ 18. Before inserting the tube through the patient’s cervix and into the uterus, the physician may dilate the cervix using medication and/or small, expandable rods. Beginning around fifteen weeks LMP, physicians generally must use instruments to empty the uterus, a technique called dilation and evacuation (“D&E”). Later in the second trimester, the physician may begin cervical dilation the day before the procedure itself. *Id.* For some patients, medication abortion is contraindicated or there are other factors that would necessitate an abortion procedure, such as an increased risk of bleeding or other medical conditions

that make an abortion procedure relatively safer for that patient Meadows Aff. ¶ 17. Petitioners provide abortion procedures in both the first and second trimester. Iowa law prohibits abortion care except in narrow circumstances at or after twenty-two weeks LMP. *See* Iowa Code § 146B.2(2).⁹

Both methods of abortion require little PPE. For abortion procedures, providers use PPE such as non-sterile gloves, one face shield per shift, and a washable, cloth lab jacket. Hardy-Fairbanks Aff. ¶ 9; Meadows Aff. ¶ 31. Petitioners do not use N95 masks to perform abortion procedures or any other procedures at their health centers. Hardy-Fairbanks Aff. ¶ 8; Meadows Aff. ¶ 32. Since the start of the COVID-19 pandemic, Petitioners have taken steps to preserve PPE and help prevent the spread of COVID-19. For example, Petitioners have taken steps to limit the number of overall people in their health centers and have curtailed other non-abortion services that their health teams have decided can safely be delayed. Hardy-Fairbanks Aff. ¶ 7; Meadows Aff. ¶¶ 27–30.

Patients generally seek abortion as soon as they are able, but many face logistical obstacles that can delay access to abortion care. Meadows Aff. ¶ 24. Patients will need to schedule an appointment, gather the resources to pay for the abortion and related costs, and arrange transportation to a clinic, time off of work, and possibly childcare during appointments, often without any paid sick leave or other paid time off work. *Id.* Delays result in higher financial and emotional costs to the patient. Meadows Aff. ¶¶ 41–42. During the COVID-19 pandemic, patients

⁹ This provision prohibits abortion “when it has been determined, by the physician performing the abortion or by another physician upon whose determination that physician relies, that the probable postfertilization age of the unborn child is twenty or more weeks” Iowa Code § 146B.2. “Fertilization” means “the fusion of a human spermatozoon with a human ovum,” *id.* § 146B.1, which occurs approximately two weeks after the first day of a patient’s last menstrual period. Thus, twenty weeks post-fertilization is twenty-two weeks LMP.

must navigate these barriers against the backdrop of job insecurity or unemployment, pressure not to travel, and limited childcare assistance and social support due to mandatory social-distancing and work-from-home requirements. Meadows Aff. ¶ 25.¹⁰ The recent experience of a patient trying to access abortion care after Texas Governor Greg Abbott prohibited abortions in the state illustrates the desperate measures patients will have to take and the severe obstacles they will face—including potential exposure to the virus during interstate travel—to access this care, if they are able to do so at all. *See* Decl. of Jane Doe, *Planned Parenthood Center for Choice v. Abbott*, No. 1:20-cv-00323-LY (W.D. Tex. Mar. 30, 2020), attached hereto as Exhibit H. And while much is unknown about COVID-19, including whether it can complicate pregnancy, some pregnant people may be exposed to additional health risks from the disease. ACOG has warned that “pregnant women are known to be at greater risk of severe morbidity and mortality from other respiratory infections such as influenza and SARS-CoV. As such, pregnant women should be considered an at-risk population for COVID-19.”¹¹

¹⁰ Press Release, Office of the Governor of Iowa, Gov. Reynolds Recommends Iowa Schools Close for Four Weeks, Will Hold a Press Conference Tomorrow (Mar. 15, 2020), <https://governor.iowa.gov/press-release/gov-reynolds-recommends-iowa-schools-close-for-four-weeks-will-hold-a-press-0>; Iowa Proclamation of Disaster Emergency dated March 17, 2020, <https://governor.iowa.gov/sites/default/files/documents/Public%20Health%20Proclamation%20-%202020.03.17.pdf> (ordering closures of restaurants and bars, senior citizen centers, and any gatherings of ten or more people); Lee Rood, *Iowa Day Care: You Want Us to Stay Open? We Need Supplies*, Des Moines Register, Mar. 23, 2020, <https://www.desmoinesregister.com/story/news/2020/03/23/coronavirus-iowa-dhs-says-its-working-help-child-care-providers-get-cleaning-supplies-covid-19/2899758001/>; *see also* Tyler Jett, *As Businesses Shut Down to Stunt Coronavirus’ Spread, Iowa Sees Record Weekly Unemployment Claims, Mirroring U.S. Increase*, Des Moines Register, Mar. 26, 2020, <https://www.desmoinesregister.com/story/money/business/2020/03/26/covid-19-coronavirus-iowa-record-weekly-jobless-claims-unemployment/2896324001/> (reporting that in the past week nearly 42,000 Iowans have applied for unemployment benefits, a number that represents almost three times the previous high in the more than thirty years the Department of Labor has been tracking this statistic).

¹¹ ACOG, *Practice Advisory - Novel Coronavirus 2019 (COVID-19)* (last updated Mar. 13, 2020), <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/03/>

The effects of the Proclamation will be especially harmful for the many patients who are suffering from reproductive coercion¹² and/or other forms of intimate partner violence.¹³ Aff. of Laurie Schipper in Supp. of Pet'rs' Mot. for Temporary Injunctive Relief ("Schipper Aff.") ¶¶ 9, 11–12, 18, attached to Pet'rs' Mot. Temporary Injunctive Relief as Ex. F. As family members spend more time in close contact and cope with the stress of the pandemic and its attendant effects, the likelihood that individuals in abusive relationships will be exposed to violence is "dramatically increased." Meadows Aff. ¶ 42; Schipper Aff. ¶¶ 23–27. These individuals will, in many cases, face increased difficulty escaping that relationship if they are forced to carry unwanted pregnancies to term (because of new financial, emotional, and legal ties with that partner). Meadows Aff. ¶ 43; Schipper Aff. ¶ 17; *see generally PPH II*, 915 N.W.2d at 214, 220, 243.

The window during which a patient can obtain an abortion in Iowa is already limited. Pregnancy is generally forty weeks in duration, and Iowa prohibits abortion except in narrow circumstances after twenty-two weeks LMP. Hardy-Fairbanks Aff. ¶ 13; Meadows Aff. ¶ 22. Although abortion is a very safe medical procedure, the health risks associated with it increase

novel-coronavirus-2019; Ctrs. for Disease Control & Prevention, *Information for Healthcare Providers: COVID-19 and Pregnant Women* (last updated Mar. 16, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/hcp/pregnant-women-faq.html>; *see also* Apoorva Mandavilli, *Shielding the Fetus From the Coronavirus*, N.Y. Times, Mar. 27, 2020, <https://www.nytimes.com/2020/03/27/health/shielding-the-fetus-from-the-coronavirus.html> (indicating some evidence that the coronavirus may reach the fetus in utero).

¹² Reproductive coercion is an element of relationship violence that occurs when a partner uses intimidation, threats, or violence to impose his intentions upon a woman's reproductive autonomy. This includes rape, sabotaging contraception, and coercing a woman to become pregnant and carry a pregnancy against her will. Compelling a woman to carry an unwanted pregnancy to term and give birth is a common form of abuse that can keep the woman trapped in the abusive relationship. Schipper Aff. ¶ 10.

¹³ In one large study of women seeking abortion in Iowa, 13.8 percent reported having been subjected to physical or sexual abuse over the past year and 10.8 percent reported physical or sexual abuse by an intimate partner over the past year. Schipper Aff. ¶ 11. In another study, nineteen percent of women at family planning clinics were found to have experienced pregnancy coercion. Schipper Aff. ¶ 12.

with gestational age. Meadows Aff. ¶ 23. As ACOG and other well-respected medical professional organizations have observed, specifically in relation to the COVID-19 pandemic, abortion “is an essential component of comprehensive health care” and “a time-sensitive service for which a delay of several weeks, or in some cases days, may increase the risks [to patients] or potentially make it completely inaccessible.”¹⁴

C. Petitioners’ Implementation of the Proclamation

Petitioners are committed to doing their part and following the Governor’s Proclamation in an effort to “flatten the curve,” protect patients and staff, and minimize the use of PPE. Even before the order, Petitioners had taken numerous steps in this direction by, for example, limiting the number of individuals present for any procedure who would require PPE. *See above* page 8.

After the Proclamation was issued on March 26, Petitioners immediately prepared to comply with it, by, for example, adopting a policy identifying the numerous relevant factors to determine whether a procedure would be permissible under the Proclamation. Meadows Aff. ¶ 34. They did so while continuing to make every effort to conserve PPE and to reduce the possibility of spread and transmission of COVID-19. Hardy-Fairbanks Aff. ¶ 7; Meadows Aff. ¶¶ 26–30.

Consistent with the Proclamation, Petitioners determined that abortion procedures are time-sensitive and essential components of comprehensive care, for which a delay of a few weeks or even less increases the risks to patients, or makes abortion completely inaccessible, and that such delay in accessing or inability to access an abortion exposes patients to risk of a serious adverse medical consequence. In reaching this determination, Petitioners considered such facts and authorities as the following:

- The purpose and text of the Proclamation, namely: “responding to this public health disaster requires the preservation of personal protective equipment to protect our healthcare

¹⁴ ACOG et al., *above* note 1.

workforce and the preservation of critical hospital capacity for Iowans impacted by the COVID-19 outbreak or needing other essential medical care.”

- The likely duration of the delay in care, taking into account that the CDC expects the current shortage of PPE to continue for the next three to four months.¹⁵
- The fact that pregnancy has a duration of approximately forty weeks, and that abortions are banned in Iowa beginning at twenty-two weeks LMP. Iowa Code § 146B.2.
- The fact that, while abortion is an extremely safe medical procedure, delay increases the risk to the health of the patient.¹⁶ Delay is of particular concern during the COVID-19 crisis, given guidance from the Centers for Disease Control (“CDC”) and ACOG that pregnant women may be at heightened risk of severe illness, morbidity, or mortality from viral respiratory infections such as COVID-19.¹⁷
- The Joint Statement by ACOG, the American Board of Obstetrics & Gynecology, *et al.*, on Abortion Access During the COVID-19 Outbreak,¹⁸ issued March 18, 2020, which states that to “the extent that hospital systems or ambulatory surgical facilities are categorizing procedures that can be delayed during the COVID-19 pandemic, abortion should not be categorized as such a procedure” because it “is an essential component of comprehensive health care” and “a time-sensitive service for which a delay of several weeks, or in some cases days, may increase the risks [to patients] or potentially make it completely inaccessible.”

Hardy-Fairbanks Aff. ¶ 3; Meadows Aff. ¶¶ 6, 14, 21–23.

D. The Governor’s Subsequent Comments Regarding the Proclamation

On March 27, 2020, the office of Governor Reynolds released the following statement to the press, indicating that abortion procedures are banned for the duration of the Proclamation: “Proclamation suspends all nonessential or elective surgeries and procedures until April 16. That includes surgical abortion procedures.”

¹⁵ Ctrs. for Disease Control & Prevention, *Healthcare Supply of Personal Protective Equipment*, above note 8.

¹⁶ See, e.g., Nat’l Acads. of Scis. Eng’g & Med., *The Safety & Quality of Abortion Care in the United States* 77–78, 162–63 (2018).

¹⁷ ACOG, *Practice Advisory: Novel Coronavirus 2019 (COVID-19)*, above note 11; Ctrs. for Disease Control & Prevention, *Information for Healthcare Providers: COVID-19 and Pregnant Women*, above note 11.

¹⁸ ACOG et al., above note 1.

If the Proclamation is enforced as indicated by the office of the Governor's March 27 statement, it effectively bans abortion procedures in Iowa for the duration of the COVID-19 public health emergency. Given the potentially severe civil and criminal penalties Petitioners and their physicians face if they were to violate the Proclamation, Petitioners have been forced to cancel scheduled appointments and to stop providing abortion procedures. Hardy-Fairbanks Aff. ¶ 11; Meadows Aff. ¶¶ 36–38. Even though the Governor's March 27 statement does not encompass medication abortion, which is provided through medications by mouth and is not a “procedure,” the Proclamation as interpreted by the Governor's office operates as a previability ban for all those patients who would otherwise obtain an abortion procedure—that is, all those who are eleven or more weeks pregnant and those with earlier pregnancies for whom medication abortion is not appropriate or clinically indicated.

The Proclamation will deprive Petitioners' patients of the freedom to make a very personal decision in consultation with their families and doctors, which is all the weightier given the increased health risks to pregnant persons during the COVID-19 pandemic. Hardy-Fairbanks Aff. ¶ 16; Meadows Aff. ¶¶ 21, 39. These patients will be forced to significantly delay their abortions or carry pregnancies to term, denying them the freedom to determine when and whether to have a child or to add to their existing families, and resulting in greater health and other risks to them and their children. Drucker Aff. ¶ 13; Hardy-Fairbanks Aff. ¶¶ 15–17, 19–21; Meadows Aff. ¶¶ 39, 41. Finally, by targeting abortion, the Proclamation as interpreted by the Governor is likely to *increase* the need for other pregnancy-related healthcare and attendant medical facilities, personnel, and PPE.¹⁹ Drucker Aff. ¶ 13; Hardy-Fairbanks Aff. ¶ 14; Meadows Aff. ¶¶ 33, 35, 48.

¹⁹ By forcing patients to carry unwanted pregnancies to term, the Proclamation will only further burden Iowa's already limited and over-taxed obstetrical resources. Iowa has the second-lowest number of obstetricians per capita in the country; indeed, sixty-six Iowa counties no longer

ARGUMENT

I. Standard for Temporary Injunctive Relief

The Iowa Rules of Civil Procedure establish that the Court may grant a temporary injunction “[w]hen the petition, supported by affidavit, shows the plaintiff is entitled to relief which includes restraining the commission or continuance of some act which would greatly or irreparably injure the plaintiff.” Iowa R. Civ. P. 1.1502(1). “A temporary injunction is a preventive remedy to maintain the status quo of the parties prior to final judgment and to protect the subject of the litigation,” *Kleman v. Charles City Police Dep’t*, 373 N.W.2d 90, 95 (Iowa 1985), specifically in situations where a petitioner is likely to succeed on the merits of her claim and is at risk of irreparable harm absent immediate judicial intervention, *Max 100 L.C. v. Iowa Realty Co., Inc.*, 621 N.W.2d 178, 181 (Iowa 2001).

When recently considering a similar previability abortion ban, an Iowa district court properly recognized a temporary injunction was appropriate. Order Entering Temporary Injunction, *Planned Parenthood of the Heartland, Inc. v. Reynolds*, No. EQCE83074 (Iowa Dist. Ct. Polk Cty. June 4, 2018) (enjoining six-week abortion ban). The Iowa Supreme Court has twice done the same in its two most recent abortion cases. *See* Order, *Planned Parenthood of the Heartland, Inc. v. Iowa Bd. of Med. (“PPH I”)*, 865 N.W.2d 252 (Iowa Sept. 16, 2014) (No. 14-1415) (staying enforcement of telemedicine abortion restrictions pending appeal); Order, *Planned Parenthood of the Heartland v. Branstad*, No. 17-0708 (Iowa May 9, 2017) (granting temporary injunction of abortion waiting period). Petitioners easily meet the standard for this relief here as well.

have a single practicing OB/GYN and almost forty labor and delivery units in Iowa’s 118 critical access hospitals have closed since 2000. *Meadows Aff.* ¶ 44.

II. Petitioners Have Established a Likelihood of Success on Their Claim that the Proclamation Violates a Protected Constitutional Right

A temporary injunction is warranted in this case because Petitioners are likely to succeed on their claim that the Proclamation as interpreted by the Governor to ban abortion procedures violates their patients' rights to due process under the Iowa Constitution.²⁰

The Iowa Supreme Court has recognized that abortion is a right protected under the Iowa Constitution. In fact, just two years ago, that Court found that restrictions on abortion implicate “fundamental . . . ‘rights and liberties which are deeply rooted in this Nation’s history and tradition and implicit in the concept of ordered liberty.’” *PPH II*, 915 N.W.2d at 233 (quoting *State v. Steering*, 701 N.W.2d 655, 664 (Iowa 2005)). A person’s ability to choose “whether to continue or terminate a pregnancy” goes to the “very heart of what it means to be free.” *Id.* at 237. Because the abortion right is fundamental, it cannot be infringed “at all” unless the state satisfies strict scrutiny. *Id.* at 238. Thus, Respondents cannot restrict abortion unless they can prove that “the infringement is narrowly tailored to serve a compelling state interest.” *Id.* (quoting *Bowers v. Polk Cty. Bd. of Supervisors*, 638 N.W.2d 682, 694 (Iowa 2002)). In finding that a strict scrutiny analysis is appropriate for cases involving abortion restrictions, the Iowa Supreme Court explicitly and specifically rejected the “downward” “deviation[ion]” from strict scrutiny found in *Planned Parenthood of Southeastern Pennsylvania v. Casey*, 505 U.S. 833 (1992), which held that an abortion restriction violates the federal constitution only if it presents an “undue burden” on the

²⁰ The Proclamation as interpreted also violates other provisions of the Iowa Constitution, see Pet. for Declaratory Judgment & Injunctive Relief ¶¶ 65, 67, 69. For example, it singles out patients who choose abortion (and physicians who provide it) and treats them differently from those who carry to term in violation of the constitution’s Equal Protection guarantee. See *PPH III*, 2019 WL 312072, at *4; *PPH II*, 915 N.W.2d at 245 (“Autonomy is the great equalizer. Laws that diminish women’s control over their reproductive futures can have profound consequences for women.”). But given that the Proclamation so obviously violates their patients’ due process rights and given that it is already in effect and Petitioners have been forced to cancel abortion procedures, Petitioners focus here only on their due process claim.

abortion right. *PPH II*, 915 N.W.2d at 238. The Iowa Constitution thus affords patients seeking access to abortion even *greater* protections than those guaranteed under the federal Constitution. The Court also recognized that restrictions that delay patients substantially are especially harmful, *PPH*, 915 N.W.2d at 243.

And last year, an Iowa district court made clear that a previability ban on abortion is invalid under the Iowa Constitution based on The Iowa Supreme Court's holding in *PPH II. PPH III*, 2019 WL 312072, at *4–5. Respondents cannot now attempt to ban abortion at 11 weeks LMP (and even earlier for those patients for whom a medication abortion is contraindicated), when their attempt to do so at six weeks LMP was so recently permanently enjoined.

Moreover, decades of unanimous federal precedent could not be clearer that, before viability, the state may not prevent a woman from ending an unwanted pregnancy. This straightforward rule was announced in *Roe v. Wade*, 410 U.S. 113, 163–65 (1973) (holding that prior to viability, a state has *no interest* sufficient to justify a ban on abortion), and has been reaffirmed repeatedly and consistently in the more than four decades since. *See, e.g., Casey*, 505 U.S. at 846, 871 (reaffirming *Roe*'s “central principle” that “[b]efore viability, the State's interests are not strong enough to support a prohibition of abortion.”); *id.* at 871 (asserting that any state interest is “insufficient to justify a ban on abortions prior to viability even when it is subject to certain exceptions”); *Whole Woman's Health v. Hellerstedt*, 136 S. Ct. 2292 (2016).

Unsurprisingly, attempts to ban abortion prior to viability have been uniformly rejected by courts across the country. *See, e.g., Jackson Women's Health Org. v. Dobbs*, 951 F.3d 246, 248 (5th Cir. 2020) (per curiam) (ban on abortions starting at six weeks); *Jackson Women's Health Org. v. Dobbs*, 945 F.3d 265, 266–67 (5th Cir. 2019) (ban on abortions starting at fifteen weeks); *MKB Mgmt. Corp. v. Stenehjem*, 795 F.3d 768, 772–73 (8th Cir. 2015) (ban on abortions after six

weeks), *cert. denied*, 136 S. Ct. 981 (2016); *Edwards v. Beck*, 786 F.3d 1113, 1117–19 (8th Cir. 2015) (ban on abortions after twelve weeks), *cert. denied*, 136 S. Ct. 895 (2016); *Isaacson v. Horne*, 716 F.3d 1213, 1217, 1231 (9th Cir. 2013) (ban on abortions starting at twenty weeks), *cert. denied*, 134 S. Ct. 905 (2014); *Jane L. v. Bangerter*, 102 F.3d 1112, 1117–18 (10th Cir. 1996) (ban on abortions starting at twenty weeks), *cert. denied*, 520 U.S. 1274 (1997); *Sojourner T. v. Edwards*, 974 F.2d 27, 29, 31 (5th Cir. 1992) (ban on all abortions), *cert. denied*, 507 U.S. 972 (1993); *Guam Soc’y of Obstetricians & Gynecologists v. Ada*, 962 F.2d 1366, 1368–69, 1371–72 (9th Cir. 1992) (ban on all abortions), *cert. denied*, 506 U.S. 1011 (1992); *Bryant v. Woodall*, 363 F. Supp. 3d 611, 630–32 (M.D.N.C. 2019) (ban on abortions starting at twenty weeks), *appeal docketed*, No. 19-1685 (4th Cir. June 26, 2019); *EMW Women’s Surgical Ctr., P.S.C. v. Beshear*, No. 3:19-CV-178-DJH, 2019 WL 1233575, at *1 (W.D. Ky. Mar. 15, 2019) (ban on abortions after six weeks).

In 2019, several states passed a number of bans on abortion—and in every case, a court blocked the ban from taking effect. *See, e.g., Robinson v. Marshall*, 415 F. Supp. 3d 1053, 1059 (M.D. Ala. 2019) (ban on nearly all abortions); *SisterSong Women of Color Reprod. Justice Collective v. Kemp*, 410 F. Supp. 3d 1327, 1350 (N.D. Ga. 2019) (ban on abortions after six weeks); *Reprod. Health Servs. of Planned Parenthood of St. Louis Region, Inc. v. Parson*, 389 F. Supp. 3d 631, 640 (W.D. Mo. 2019), *as modified*, 408 F. Supp. 3d 1049, 1053 (W.D. Mo. 2019) (ban on abortions after various weeks), *appeal docketed*, Nos. 19-2882, 19-3134 (8th Cir. Oct. 3, 2019); *Little Rock Family Planning Servs. v. Rutledge*, 397 F. Supp. 3d 1213, 1324 (E.D. Ark. 2019) (ban on abortions after eighteen weeks), *appeal docketed*, No. 19-2690 (8th Cir. Aug. 9, 2019); *Jackson Women’s Health Org. v. Dobbs*, 379 F. Supp. 3d 549, 252 (S.D. Miss. 2019), *aff’d*, 951 F.3d 246, 248 (5th Cir. 2020) (ban on abortions after six weeks); Order Granting Stipulated

Preliminary Injunction as to State Defendants, *Planned Parenthood Ass'n of Utah v. Miner*, No. 2:19-cv-00238 (D. Utah Apr. 18, 2019), ECF No. 34 (ban on abortions after eighteen weeks).

The Proclamation as interpreted by the Governor effectively bans abortion after eleven weeks LMP, and thus, is even harsher than many of the laws invalidated in the precedent cited above. Previability bans have been found invalid under federal constitutional protections, and there is no question that the Proclamation fails the even greater protections afforded under the Iowa Constitution. *PPH III*, 2019 WL 312072. For that reason, Petitioners are likely to succeed on the merits of their petition.

Because the Proclamation operates as a ban on previability abortion, this Court need not look further; however, even if this Court were to examine the state interests behind the Proclamation's ban of abortion procedures under the strict scrutiny analysis that applies to abortion restrictions, Petitioners would certainly succeed on the merits.

As an initial matter, while state police powers are heightened during emergencies, they are still subject to constitutional limits. *See Duncan v. City of Des Moines*, 268 N.W. 547, 552–53 (Iowa 1936) (holding that an emergency “never gives the right to exercise power forbidden by the Constitution. . . . To admit that the Legislature has the right to enact legislation forbidden by the Constitution and have it held valid by reason of some statement of an emergency, therefore binding on the courts, is to throw away the Constitution, for if the Legislature can ignore one provision of the Constitution it can ignore all.”); *see also Home Bldg. & Loan Ass'n v. Blaisdell*, 290 U.S. 398, 425 (1934) (“Emergency does not create power. Emergency does not increase granted power or remove or diminish the restrictions imposed upon power granted or reserved. The Constitution was adopted in a period of grave emergency. . . . [I]ts limitations of the power of the States were determined in the light of emergency, and they are not altered by emergency”); *Varnum v. Brien*,

763 N.W.2d 862, 905 (Iowa 2009) (“The only legitimate inquiry we can make is whether [the statute] is constitutional. If it is not, its virtues cannot save it . . . If the provisions of the Constitution be not upheld when they pinch as well as when they comfort, they may as well be abandoned.” (quoting *Blaisdell*, 290 U.S. at 483)).

Therefore, under the strict scrutiny standard, as noted above, Respondents must demonstrate that the restriction at issue is narrowly tailored to serve a compelling state interest. *See, e.g., In re Marriage of Howard*, 661 N.W.2d 183, 190 (Iowa 2003); *Santi v. Santi*, 633 N.W.2d 312, 317 (Iowa 2001). The restriction must “further the identified state interest that motivated the regulation not merely in theory, but in fact.” *PPH II*, 915 N.W.2d at 239–40. And even if a compelling interest is served by the restriction, the state must prove that their “foray[] into [a] constitutionally protected sphere[] [is] judiciously fashioned and commit[s] no greater intrusion than necessary.” *Id.* at 240.

Here, the Proclamation as interpreted to ban abortion procedures cannot be said to serve a compelling state interest and is not narrowly tailored in any way. The Proclamation cites two specific interests in limiting nonessential or elective procedures—neither of which is furthered by the Governor’s interpretation. On its face, the Proclamation is intended to preserve hospital capacity and PPE. Proclamation at 1. Petitioners share those interests, but a ban on abortion procedures does not serve either one and, in fact, as so interpreted the Proclamation is more likely to aggravate than alleviate the public health crisis arising from the pandemic.

As to the first interest, Petitioners’ provision of abortion procedures would not deplete hospital capacity because these abortion procedures are provided at Petitioners’ health centers, not in a hospital. Additionally, legal abortion is safe, and complications associated with abortion—including those requiring hospital care—are exceedingly rare. *Whole Woman’s Health*, 136 S. Ct.

at 2311–2312, 2315. By comparison, pregnant people who are denied abortion care would have to present to a hospital or clinic, potentially multiple times, for evaluation prior to labor. Hardy-Fairbanks Aff. ¶ 14; Meadows Aff. ¶ 33. Such visits would put additional stress on hospitals that are already overburdened by the COVID-19 pandemic.

Regarding the second interest stated in the Proclamation—to preserve PPE—even in the absence of the Governor’s interpretation banning abortion procedures, Petitioners have already taken steps to preserve PPE, including by, for example, limiting the number of individuals allowed into the facility and during an abortion procedure and postponing other in-person, non-essential visits that may require PPE. Hardy-Fairbanks Aff. ¶ 7; Meadows Aff. ¶¶ 28–30. Moreover, Petitioners do not use N95 masks, and this is the PPE that appears to be in shortest supply in battling the COVID-19 pandemic in Iowa and around the country.²¹ Hardy-Fairbanks Aff. ¶ 8; Meadows Aff. ¶ 32. As such, banning abortion procedures does little to nothing to “preserv[e] . . . personal protective equipment to protect our healthcare workforce.” Proclamation at 1.

Indeed, far from being necessary to address the COVID-19 crisis, an interpretation of the Proclamation that prohibits abortion procedures could well *exacerbate* the COVID-19 crisis, including by forcing patients to attempt to travel to other states to try to access abortion care, even though public health experts have advised the public to minimize activities outside the home. Meadows Aff. ¶¶ 40, 46. And delaying patients in accessing abortion ultimately requires increased

²¹ See, e.g., Associated Press, *US Struggles to Fill Requests for Protective Gear*, N.Y. Times, Mar. 18, 2020, <https://www.nytimes.com/aponline/2020/03/18/business/ap-us-virus-outbreak-supplies.html>; Kim Norvell, *Facing a Nationwide Shortage of Protective Masks, Iowans Turn to Homemade Options While Hospitals Plead for Donations, Government Aid*, Des Moines Register, Mar. 22, 2020, <https://www.desmoinesregister.com/story/news/2020/03/22/iowans-make-masks-hospitals-plea-donations-coronavirus-n-95-masks-covid-19/2891099001/> (Iowa hospitals saying there is a “critical need” for N95 masks and asking the community to donate masks); Hillary Ojeda, *Latest from Johnson County: What Supplies Are Short, Jail Precautions*, Iowa City Press-Citizen, Mar. 27, 2020.

use of PPE. Even if the Proclamation is ultimately limited to three weeks, this delay can push patients early in pregnancy now beyond the time for which they would be eligible for medication abortion, or even a one-day aspiration procedure. *Meadows Aff.* ¶ 45. These patients will be pushed into two-day D&E procedures, which necessarily require more PPE than a single visit or a medication abortion. *Meadows Aff.* ¶¶ 39, 45. Additionally, patients who are prevented from obtaining abortions at all and thus who must seek prenatal care—or those who must seek prenatal care during the months they must wait for the Proclamation to expire—will also have to endure at least one (though often multiple) trips to health care facilities to meet with health care providers and obtain services that involve the use of PPE. *Meadows Aff.* ¶¶ 33. Ultimately, then, pregnant patients will require care from health care providers using PPE, whether the pregnancy is terminated or not. Moreover, the public health crisis caused by the COVID-19 pandemic involves not only a shortage of PPE, but also a shortage of hospital beds. *Drucker Aff.* ¶ 13. Hospital beds are not utilized in providing outpatient abortion, unlike for childbirth. *Drucker Aff.* ¶ 13. Thus, patients who are forced by the Proclamation to carry to term would end up having more intensive contact with healthcare providers and hospitals requiring *more* PPE.

Even if banning or restricting abortion during the COVID-19 crisis would result in some small, temporary preservation of PPE, the Proclamation's restriction is far from narrowly tailored. Many if not most medical procedures require PPE. Yet the Governor's application of the proclamation singles abortion procedures out, despite the fact that these procedures are time-sensitive and essential, both to patients' health and to their autonomy, *see PPH II*, 915 N.W.2d at 237, 245, and even though patients denied abortion care still need time-sensitive pregnancy-related

healthcare. Moreover, the Proclamation currently operates as a broad ban after eleven weeks;²² is in effect for at least three weeks; and in fact could remain in effect for months, which would push many abortion patients past the legal limit for an abortion in Iowa. Even if some patients affected by the Proclamation are able to obtain an abortion if the order is lifted sooner than anticipated, they will still suffer increased risks to their health by the delay in access to abortion care. *Hardy-Fairbanks Aff.* ¶ 15; *Meadows Aff.* ¶¶ 45, 48; *PPH II*, 915 N.W.2d at 246 (invalidating mandatory delay law).

Finally, this ban applies to most if not all abortions after eleven weeks, regardless of the patient's circumstances. Indeed, The Governor has stated outright that "non-essential services" include "surgical abortion procedures," without clarifying whether some patients may still access an abortion procedure--for example, those who would pass the gestational age limit for abortion prior to the Proclamation being lifted. Indeed, the Proclamation would sweep in patients in a range of urgent situations, from health conditions to dire socioeconomic circumstances to intimate partner violence. This is precisely the sort of broad sweep that *PPH II* prohibits. *See PPH II*, 915 N.W.2d at 243 (invalidating mandatory delay law that "indiscriminately subject[ed] all women to an unjustified delay in care, regardless of the patient's decisional certainty, income, distance from the clinic, and status as a domestic violence or rape victim"). Thus, the Proclamation plainly fails the "narrow tailoring" requirement for laws that infringe on a fundamental right.

Because the Proclamation as interpreted to ban abortion procedures cannot pass strict scrutiny, and even under the federal Constitution operates as an unconstitutional previability

²² The Proclamation would not only ban abortion after eleven weeks but also harm patients presenting before eleven weeks for whom procedural abortion is medically indicated or the only appropriate option.

abortion ban,, Petitioners have established that they are likely to succeed on the merits of their claim that the Proclamation violates the rights of their patients under the Iowa Constitution.

III. Petitioners and Their Patients Will Be Substantially Injured if This Court Does Not Enjoin Respondents from Enforcing the Proclamation, and the Balance of Hardships Warrants Injunctive Relief

Petitioners and their patients will be substantially injured if the Proclamation is enforced to bar abortion procedures. *See Ney v. Ney*, 891 N.W.2d 446, 451 (Iowa 2017) (district court may issue an injunction when “substantial injury will result from the invasion of the right or if substantial injury is to be reasonably apprehended to result from a threatened invasion of the right”). As an initial matter and as outlined in detail above, the Proclamation will substantially harm Petitioners’ patients by violating their constitutional rights: “It is well established that the deprivation of constitutional rights ‘unquestionably constitutes irreparable injury.’” *Melendres v. Arpaio*, 695 F.3d 990, 1002 (9th Cir. 2012) (quoting *Elrod v. Burns*, 427 U.S. 347, 373 (1976)); *Ezell v. City of Chi.*, 651 F.3d 684, 699 (7th Cir. 2011) (infringement of constitutional rights by facially invalid law causes irreparable harm) (citing 11A Charles Wright et al., *Practice & Procedure* § 2948.1 (2d ed. 1995) (“When an alleged deprivation of a constitutional right is involved, most courts hold that no further showing of irreparable injury is necessary.”)).

In addition, as many medical professional organizations have recently concluded, including ACOG, abortion is “a time-sensitive service for which a delay of several weeks, or in some cases days, may increase the risks [to patients] or potentially make it completely inaccessible.”²³ Indeed, for some patients, such a delay will deprive them of any access to abortion altogether. Forcing patients to forgo abortion care and remain pregnant against their will inflicts serious physical, emotional, and psychological consequences that alone constitute substantial and irreparable harm.

²³ ACOG et al., *above* note 1.

See e.g., *Elrod*, 427 U.S. at 373–74; *Planned Parenthood of Ariz., Inc. v. Humble*, 753 F.3d 905, 911 (9th Cir. 2014); *Planned Parenthood of Wis., Inc. v. Van Hollen*, 738 F.3d 786, 796 (7th Cir. 2013). Likewise, a delay in obtaining abortion care causes substantial harm by “result[ing] in the progression of a pregnancy to a stage at which an abortion would be less safe, and eventually illegal.” *Planned Parenthood of Ind. & Ky., Inc. v. Comm’r of Ind. State Dep’t of Health*, 896 F.3d 809, 832 (7th Cir. 2018) (alteration in original) (quoting *Van Hollen*, 738 F.3d at 796), *petition for cert. filed*, No. 18-1019 (Feb. 4, 2019). This “disruption or denial of . . . patients’ health care cannot be undone after a trial on the merits.” *Planned Parenthood of Kan. & Mid-Mo. v. Andersen*, 882 F.3d 1205, 1236 (10th Cir. 2018) (internal quotation marks omitted), *cert. denied sub nom. Andersen v. Planned Parenthood of Kan. & Mid-Mo.*, 139 S. Ct. 638 (Mem.) (2018).

The balance of harms between the parties further supports a grant of temporary injunctive relief. Given the duration of the Proclamation and the likelihood that it will be extended, it is probable that many of Petitioners’ patients will be forced to forgo an abortion entirely and carry an unwanted pregnancy to term. Those who are able to navigate out-of-state travel during the pandemic not only will end up utilizing at least the same PPE, but they will also face increased risk of transmission of the disease. Moreover, as set forth more fully above, the benefits of a limited potential reduction in the use of some PPE (and not the most limited PPE) by abortion providers is outweighed by the harm of eliminating access to abortion procedures in the midst of a pandemic that increases the risks of continuing an unwanted pregnancy. Particularly, where Petitioners are already taking steps—in line with those required of other medical professionals who continue to provide essential health care—to preserve PPE as much as possible, *Hardy-Fairbanks Aff.* ¶ 7; *Meadows Aff.* ¶¶ 26–30, injunctive relief here is supported by the balance of harms.

IV. There is No Adequate Legal Remedy Available

Finally, Petitioners are entitled to an injunction because their patients have no adequate

legal remedy for the Proclamation’s gross violation of their bodily integrity and decisional autonomy. *See Ney*, 891 N.W.2d at 452 (there is no adequate legal remedy “if the character of the injury is such ‘that it cannot be adequately compensated by damages at law’” (quoting *Martin v. Beaver*, 29 N.W.2d 555, 558 (Iowa 1947))). The Proclamation will cause those subject to its mandates—who are denied the ability to exercise their constitutional rights—grievous injuries that cannot later be compensated by damages.

CONCLUSION

WHEREFORE, Petitioners pray this Court grant their Motion for Temporary Injunctive Relief and enjoin Respondents from enforcing the Proclamation to ban abortion procedures during the pendency of this case.

Respectfully submitted,

/s/ Rita Bettis Austen
RITA BETTIS AUSTEN (AT0011558)
American Civil Liberties Union of Iowa Foundation
505 Fifth Ave., Ste. 808
Des Moines, IA 50309–2317
Phone: (515)243-3988
Fax: (515)243-8506
rita.bettis@aclu-ia.org

ATTORNEY FOR PETITIONERS

/s/ Alice Clapman
ALICE CLAPMAN*
Planned Parenthood Federation of America
1110 Vermont Ave., N.W., Ste. 300
Washington, D.C. 20005
Phone: (202) 973-4862
Fax: (202)-296-3480
alice.clapman@ppfa.org

/s/ Maithreyi Ratakonda
MAITHREYI RATAKONDA*

Planned Parenthood Federation of America
123 William St., 9th Floor
New York, NY 10038
Phone: (212) 261-4405
Fax: (212) 247-6811
mai.ratakonda@ppfa.org

/s/ Susan Lambiase

SUSAN LAMBIASE*

Planned Parenthood Federation of America
123 William St., 9th Floor
New York, NY 10038
Phone: (212) 261-4750
Fax: (212) 247-6811
susan.lambiase@ppfa.org

**ATTORNEYS FOR PETITIONERS
PLANNED PARENTHOOD OF THE
HEARTLAND, INC. AND JILL
MEADOWS, M.D.**

/s/ Caitlin Slessor

CAITLIN SLESSOR (AT0007242)
SHUTTLEWORTH & INGERSOLL, PLC
115 3RD St. SE Ste. 500 PO Box 2107
Cedar Rapids, Iowa 52406-2107
Phone: (319) 365-9461
Fax (319) 365-8443
Email: CLS@shuttleworthlaw.com

/s/ Samuel E. Jones

SAMUEL E. JONES (AT0009821)
SHUTTLEWORTH & INGERSOLL, PLC
115 3RD St. SE Ste. 500; PO Box 2107
Cedar Rapids, Iowa 52406-2107
Phone: (319) 365-9461
Fax (319) 365-8443
Email: SEJ@shuttleworthlaw.com

/s/ Elizabeth Craig

ELIZABETH CRAIG (AT0008972)
SHUTTLEWORTH & INGERSOLL, PLC
115 3RD St. SE Ste. 500; PO Box 2107
Cedar Rapids, Iowa 52406-2107
Phone: (319) 365-9461
Fax (319) 365-8443

Email: EJC@shuttleworthlaw.com

**ATTORNEYS FOR PETITIONER EMMA
GOLDMAN CLINIC**

***Application for admission *pro hac vice* pending**