

19TH JUDICIAL DISTRICT COURT
PARISH OF EAST BATON ROUGE
STATE OF LOUISIANA

NO. C-720988

DIVISION B, 24

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF ITSELF
AND ITS MEMBERS, AND CLARISSA HOFF, M.D.

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

FILED: _____
DEPUTY CLERK

**PLAINTIFFS' SUBMISSION OF EVIDENCE
IN SUPPORT OF MOTION FOR PRELIMINARY INJUNCTION**

In advance of this Court's July 18, 2022 hearing, Plaintiffs submit the following Affidavits and other evidence, attached hereto, in support of their Motion for Preliminary Injunction. Plaintiffs further reserve the right to supplement this submission in accordance with the Louisiana Code of Civil Procedure. Accordingly, Plaintiffs respectfully submit:

Exhibit A: Affidavit of Ellie Schilling attaching documents A-1 through A-12

- A-1: Senate Bill No. 342
- A-2: Act 545
- A-3: Letter from Gov. John Bel Edwards to Hon. Page Cortez, dated June 18, 2022
- A-4: Tweets by Attorney General Jeff Landry, dated June 24, 2022
- A-5: Press release posted to the Attorney General's website on June 24, 2022, along with the version of the law hyperlinked in that press release
- A-6: Transcript of a speech that Attorney General Landry gave on June 24, 2022
- A-7: Instagram post made by President of the New Orleans City Council Helena N. Moreno, dated June 24, 2022
- A-8: Tweet by Orleans Parish District Attorney Jason Williams, dated June 24, 2022
- A-9: La. R.S. § 40:1061
- A-10: La. R.S. § 40:1061.23
- A-11: La. R.S. § 40:1061.29
- A-12: La. R.S. § 40:1061.1.3

- Exhibit B: Affidavit of Kathaleen Pittman (updated as of 07/14/2022)
B-1: June 24, 2022 Letter from the Louisiana Department of Health
- Exhibit C: Affidavit of Pamela Merritt
- Exhibit D: Affidavit of Janifer Tropez-Martin, M.D.
- Exhibit E: Affidavit of Jennifer L. Avegno, M.D. (updated as of 07/12/2022)
- Exhibit F: Affidavit of Rebecca U. Perret, M.D.
- Exhibit G: Affidavit of Valerie Williams, M.D. (updated as of 07/13/2022)
- Exhibit H: Affidavit of Clarissa Jo Beutler Hoff, M.D.
- Exhibit I: Affidavit of Emily Diament
- Exhibit J: Affidavit of Eric T. Siegel, M.D.
- Exhibit K: Affidavit of Elisa M. Arrillaga, M.D.
- Exhibit L: Affidavit of Maureen Elizabeth Gross Paitz, M.D.
- Exhibit M: Affidavit of Nina J. Breakstone, M.D. (updated as of 07/12/2022)
- Exhibit N: Affidavit of Elizabeth Ritz, M.D.
- Exhibit O: Affidavit of Alexandra W. Band, D.O.
- Exhibit P: Affidavit of Anna M. White, M.D.
- Exhibit Q: Affidavit of Megan Mackey, CNM
- Exhibit R: Affidavit of Rebekah Gee, M.D.
- Exhibit S: Affidavit of Andi Abramson attaching documents S-1 through S-8
S-1: June 27, 2022 Email to Elizabeth Murrill and Stephen Russo
S-2: June 27, 2022 Email to Elizabeth Murrill and Stephen Russo, with attached Order granting the TRO
S-3: June 27, 2022 Email response from Elizabeth Murrill
S-4: Tweet and letter posted by Attorney General Jeff Landry, dated June 29, 2022
S-5: Louisiana Illuminator article, dated June 30, 2022
S-6: Tweets by Attorney General Jeff Landry, dated July 12, 2022
S-7: Tweet by Attorney General Jeff Landry, dated July 14, 2022
S-8: Tweet by Solicitor General Elizabeth Murrill, dated July 14, 2022.

Exhibit T: Plaintiffs' Amended Verified Petition for Temporary Restraining Order and Preliminary and Permanent Injunction Enjoining the Implementation or Enforcement of L.A. R. S. §§ 40:1061, 14:87.7, and 14:87:8

Respectfully submitted:

/s/ Ellie T. Schilling

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*Attorneys for June Medical Services, LLC;
Kathaleen Pittman; and Medical Students for Choice*

* Motions for Admission *Pro Hac Vice* Forthcoming

CERTIFICATE OF SERVICE

I do hereby certify that on July 15, 2022, the forgoing document was served on all counsel of record by email correspondence.

/s/ Ellie T. Schilling

Ellie T. Schilling

Exhibit “A”

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

CIVIL DISTRICT COURT

NO. 2022-05633

DIVISION

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN, KATHALEEN PITTMAN, AND MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF ITSELF AND ITS MEMBERS

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

FILED: _____ DEPUTY CLERK

AFFIDAVIT

STATE OF LOUISIANA
PARISH OF ORLEANS

BEFORE ME, the undersigned Notary Public, personal came and appeared:

Ellie T. Schilling

who, being duly sworn, does depose and say that:

1. I am a member in good standing of the bar of the State of Louisiana, a partner in the law firm of Schonekas, Evans, McGoey & McEachin, LLC, and counsel of record for Plaintiffs in the above-captioned action. I have personal knowledge of the facts set forth herein.

2. I offer this Affidavit in support of Plaintiffs' Motion for a Temporary Restraining Order and Application for Preliminary Injunction in the above-captioned action.

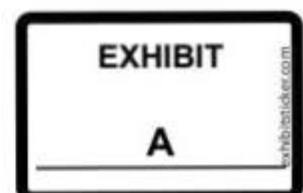
3. Attached hereto as Exhibit 1 is a true and correct copy of Senate Bill No. 342 in the form in which it was enrolled.

4. Attached hereto as Exhibit 2 is a true and correct copy of Act 545, the law that Senate Bill No. 342 became when signed by the Governor.

5. Attached hereto as Exhibit 3 is a true and correct copy of a Letter from Gov. John Bel Edwards to Hon. Paige Cortez, dated June 18, 2022.

6. Attached hereto as Exhibit 4 are true and correct copies of tweets by Attorney General Jeff Landry, dated June 24, 2022.

7. Attached hereto as Exhibit 5 is a true and correct copy of a press release posted to the Attorney General's website on June 24, 2022, along with the version of the law hyperlinked in that press release.



8. Attached hereto as Exhibit 6 is a true and correct transcript of a speech that Attorney General Landry gave on June 24, 2022, at Cajundome Convention Center.

9. Attached hereto as Exhibit 7 is a true and correct copy of an Instagram post made by President of the New Orleans City Council Helena N. Moreno, dated June 24, 2022.

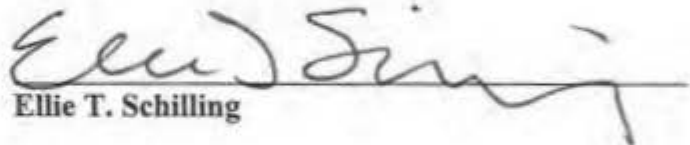
10. Attached hereto as Exhibit 8 is a true and correct copy of a tweet by Orleans Parish District Attorney Jason Williams, dated June 24, 2022.

11. Attached hereto as Exhibit 9 is a true and correct copy of La. R.S. § 40:1061, as it currently appears on the Louisiana Legislature’s website, <http://legis.la.gov>.

12. Attached hereto as Exhibit 10 is a true and correct copy of La. R.S. § 40:1061.23, as it currently appears on the Louisiana Legislature’s website, <http://legis.la.gov>.

13. Attached hereto as Exhibit 11 is a true and correct copy of La. R.S. § 40:1061.29, as it currently appears on the Louisiana Legislature’s website, <http://legis.la.gov>.

14. Attached hereto as Exhibit 12 is a true and correct copy of Louisiana’s Six Week Ban, La. R.S. § 40:1061.1.3, as it currently appears on the Louisiana Legislature’s website, <http://legis.la.gov>.


Ellie T. Schilling

Sworn to and subscribed before me
this 27th day of June, 2022.


NOTARY PUBLIC



GWYNETH O'NEILL
Notary Public #152057
State of Louisiana
My Comm. Exp. Upon Death

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CIVIL

DISTRICT COURT

EXHIBIT 1

2022 Regular Session

SENATE BILL NO. 342

BY SENATORS JACKSON, CLOUD, ROBERT MILLS, MIZELL, PEACOCK AND STINE AND REPRESENTATIVES AMEDEE, BAGLEY, BEAULLIEU, BISHOP, BUTLER, CARRIER, COUSSAN, CREWS, DAVIS, DESHOTEL, DEVILLIER, ECHOLS, EDMONDS, EDMONSTON, EMERSON, FARNUM, FIRMENT, FRIEMAN, GADBERRY, GAROFALO, GOUDEAU, HARRIS, HODGES, HORTON, HUVAL, TRAVIS JOHNSON, MCFARLAND, MCKNIGHT, MIGUEZ, CHARLES OWEN, ROMERO, SCHAMERHORN, SCHEXNAYDER, SCHLEGEL, SEABAUGH, STEFANSKI, THOMAS, THOMPSON, WHITE, WRIGHT AND ZERINGUE

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AN ACT

To amend and reenact the heading of R.S. 14:32.9 and (A) and the introductory paragraph of (D), the heading of 32.9.1 and (A) and the introductory paragraph of (D), 87.1, 87.2, and 87.5, R.S. 40:1061(A), (D), and (I), 1061.1(D) and (E), 1061.1.3(C), 1061.8, 1061.11(A), 1061.12, 1061.22, 1061.23, 1061.24, 1061.26, 1061.28, 1061.30, 2175.1, 2175.2, and 2175.3, to enact R.S. 1:18, R.S. 14:32.9(E), 87.1.1, 87.7, and 87.8, and R.S. 40:1061.1(H), 1061.1.1(I), 1061.10(F), 1061.11(G), 1061.11.1(G), 1061.13(D) and (E), 1061.14(E), 1061.14.1(C), 1061.15(E), 1061.16(F), 1061.17(J)(3), 1061.19(H), 1061.20(D), 1061.21(F), 1061.25(F), 2175.4(F), 2175.6(J), 2175.7(C), 2175.8, and 2175.9, and to repeal R.S. 14:32.9(B), 32.9.1(B), 32.10, 32.11(B), 87, 87.3(B) and R.S. 40:1061.1.1(B), 1061.1.2(A), 1061.1.3(B), 1061.9(1) through (11), 1061.12(A), 1061.27, and 1061.28(B), relative to abortion; to provide for legislative intent; to provide for the interpretation of multiple abortion statutes; to provide for the independent construction of each separate enactment of law related to abortion; to provide for the severability; to restrict certain ordinances enacted by local governing authorities; to provide with respect to the crime of abortion; to provide relative to a late term abortion; to provide with respect to partial birth abortion; to provide for penalties; to provide for definitions; to provide for effective dates; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 1:18 is hereby enacted to read as follows:



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1 §18. Construction of laws relative to abortion

2 A. It is the intention of the Legislature of Louisiana to prohibit and
3 restrict abortion and to thereby preserve the life of each unborn child to the
4 fullest extent permitted by law.

5 B.(1) All laws or parts of laws prohibiting or restricting abortion shall
6 not be negated or superseded by the laws regulating outpatient abortion
7 facilities or regulating the practice of abortion, as provided in R.S. 40:1061.8.

8 (2) Laws regulating or prohibiting an abortion at a certain gestational
9 age of the unborn child shall not be in considered to be in conflict with other
10 laws that regulate or prohibit abortion at a different gestational age of the
11 unborn child.

12 C. No governing authority of a political subdivision shall enact any
13 ordinance or regulation that authorizes or regulates abortion.

14 D. Unless otherwise specifically provided therein, the provisions of each
15 act of the legislature prohibiting or regulating abortion are severable, whether
16 or not a provision to that effect is included in the act. If any provision or item
17 of an act prohibiting or regulating abortion, or the application thereof, is held
18 invalid, such invalidity shall not affect other provisions, items, or applications
19 of the act which can be given effect without the invalid provision, item, or
20 application.

21 E. This Section shall apply to acts of the legislature affecting general
22 laws, and local and special laws, and statutes of the state, including the
23 Louisiana Revised Statutes of 1950, the Civil Code, the Code of Civil Procedure,
24 the Code of Criminal Procedure, the Code of Evidence, and the Children's
25 Code.

26 Section 2. The heading of R.S. 14:32.9 and (A) and the introductory paragraph of
27 (D), the heading of 32.9.1 and (A) and the introductory paragraph of (D), 87.1, 87.2, and
28 87.5 are hereby amended and reenacted and R.S. 14:32.9(E), 87.1.1, 87.7, and 87.8 are
29 hereby enacted to read as follows:

30 §32.9. ~~Criminal abortion~~ Abortion by an unlicensed physician

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1 A. ~~Criminal abortion~~ **The crime of abortion by an unlicensed physician** is
 2 an abortion performed, with or without the consent of the pregnant woman or her
 3 legal guardian, that results in the death of an unborn child when the abortion is
 4 performed by any individual who is not a physician licensed by the state of
 5 Louisiana.

* * *

7 D. Statutory Construction. None of the following shall be construed to create
 8 the crime of ~~criminal abortion~~ **by an unlicensed physician**:

* * *

10 **E. The provisions of R.S. 40:1061.8 shall apply to this Section.**

* * *

12 §32.9.1. Aggravated ~~criminal~~ abortion by dismemberment

13 A. Aggravated ~~criminal~~ abortion by dismemberment is the commission of a
 14 ~~criminal~~ **an** abortion, ~~as defined in R.S. 14:32.9(A)~~, when the unborn child is
 15 intentionally dismembered, whether the act of dismemberment was in the course of
 16 or following the death of the unborn child.

* * *

18 D. Exceptions. None of the following shall be construed to create the crime
 19 of ~~criminal~~ **aggravated** abortion **by dismemberment**:

* * *

21 §87.1. **Definitions**

22 **Wherever used in this Subpart, unless a different meaning clearly**
 23 **appears in the context, the following terms, whether used in the singular or**
 24 **plural, shall have the following meanings:**

25 **(1)(a) "Abortion" or "induced abortion" means the performance of any**
 26 **act with the intent to terminate a clinically diagnosable pregnancy with**
 27 **knowledge that the termination by those means will, with reasonable likelihood,**
 28 **cause the death of the unborn child by one or more of the following means:**

29 **(i) Administering, prescribing, or providing any abortion-inducing drug,**
 30 **potion, medicine, or any other substance, device, or means to a pregnant female.**

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1 (ii) Using an instrument or external force on a pregnant female.

2 (b) Abortion shall not mean any one or more of the following acts, if
3 performed by a physician:

4 (i) A medical procedure performed with the intention to save the life or
5 preserve the health of an unborn child.

6 (ii) The removal of a dead unborn child or the inducement or delivery of
7 the uterine contents in case of a positive diagnosis, certified in writing in the
8 woman's medical record along with the results of an obstetric ultrasound test,
9 that the pregnancy has ended or is in the unavoidable and untreatable process
10 of ending due to spontaneous miscarriage, also known in medical terminology
11 as spontaneous abortion, missed abortion, inevitable abortion, incomplete
12 abortion, or septic abortion.

13 (iii) The removal of an ectopic pregnancy.

14 (iv) The use of methotrexate to treat an ectopic pregnancy.

15 (v) The performance of a medical procedure necessary in good faith
16 medical judgment or reasonable medical judgment to prevent the death or
17 substantial risk of death to the pregnant woman due to a physical condition, or
18 to prevent the serious, permanent impairment of a life-sustaining organ of a
19 pregnant woman. However, the physician shall make reasonable medical efforts
20 under the circumstances to preserve both the life of the mother and the life of
21 her unborn child in a manner consistent with reasonable medical practice.

22 (vi) The removal of an unborn child who is deemed to be medically futile.
23 The diagnosis shall be a medical judgment certified by two qualified physicians
24 and recorded in the woman's medical record. The medical procedure shall be
25 performed in a licensed ambulatory surgical center or hospital. Upon the
26 completion of the procedure, the physician shall submit an individual abortion
27 report consistent with R.S. 40:1061.21 that includes appropriate evidence of the
28 certified diagnosis.

29 (2)(a) "Abortion-inducing drug" means any drug or chemical, or any
30 combination of drugs or chemicals, or any other substance when used with the

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1 intent to cause an abortion, including but not limited to RU-486, the Mifeprex
2 regimen, misoprostol (Cytotec), or methotrexate.

3 (b) Abortion-inducing drug shall not mean a contraceptive, an
4 emergency contraceptive, or the use of methotrexate to treat an ectopic
5 pregnancy.

6 (3) "Bona fide medical reason" means a medical condition which is
7 recognized by any medical licensing board as a standard of care, except that
8 "bona fide medical reason" shall not include abortion, as defined in Paragraph
9 (1) of this Section.

10 (4) "Clinically diagnosable pregnancy" means a pregnancy that is
11 capable of being verified by one of the following conventional medical testing
12 methods, whether or not any testing was in fact performed by any person:

13 (a) A blood or urine test, whether used at-home or in a medical setting,
14 that tests for the human pregnancy hormone known as human chorionic
15 gonadotropin (hCG) that medically indicates that implantation has occurred.

16 (b) An ultrasound examination.

17 (5) "Conception" or "fertilization" means the fusion of a human
18 spermatozoon with a human ovum.

19 (6) "Contraceptive" means any device, measure, drug, chemical, or
20 product, including single-ingredient levonorgestrel, that has been approved by
21 the United States Food and Drug Administration for the purpose of preventing
22 pregnancy and is intended to be administered prior to the time when a clinically
23 diagnosable pregnancy can be determined, provided that the contraceptive is
24 sold, prescribed, or administered in accordance with manufacturer's
25 instructions.

26 (7) "Dismembered" or "dismemberment" means the use of a clamp,
27 forceps, curette, suction cannula, or any other surgical tool or instrument with
28 the intent to disarticulate the head or limbs from the body of the unborn child
29 during an abortion, including but not limited to the common abortion methods
30 known as suction curettage and dilation and evacuation.

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1 (8) "Emergency contraceptive" means a drug, chemical, or product,
2 including but not limited to single-ingredient levonorgestrel or ulipristal, that
3 has been approved by the United States Food and Drug Administration
4 designed or intended to be taken after sexual intercourse but prior to the time
5 when a clinically diagnosable pregnancy can be determined, provided that the
6 emergency contraceptive is sold, prescribed, or administered in accordance with
7 manufacturer's instructions or is prescribed in accordance with the standard
8 of care that generally accepted by the American College of Obstetricians and
9 Gynecologists.

10 (9) "Fetal body part" means a cell, tissue, organ, or other part of an
11 unborn child who is aborted by an induced abortion.

12 (10) "Fetal heartbeat" means cardiac activity or the steady and
13 repetitive rhythmic contraction of the fetal heart within the gestational sac.

14 (11) "Fertilization" means the fusion of a human spermatozoon with a
15 human ovum.

16 (12) "Gestational age" means the age of the unborn child as measured
17 by the time elapsed since the first day of the last menstrual period as
18 determined by a physician and confirmed through the use of an ultrasound test
19 of a quality generally used in existing medical practice.

20 (13) "Genetic abnormality" means any defect, disease, or disorder that
21 is inherited genetically. The term includes, without limitation, any physical
22 disfigurement, scoliosis, dwarfism, Down syndrome, albinism, amelia, and any
23 other type of physical, mental, or intellectual disability, abnormality, or disease.

24 (14) "Good faith medical judgment" or "reasonable medical judgment"
25 means a physician's use of reasonable care and diligence, along with his best
26 judgment, in the application of his skill. The standard of care required of every
27 healthcare provider, in rendering professional services or health care to a
28 patient, shall be to exercise that degree of skill ordinarily employed, under
29 similar circumstances, by the members of his profession in good standing in the
30 same community or locality.

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1 (15) "Infant" means the offspring of human parents from the moment
2 of live birth, regardless of the duration of gestation in the womb prior to live
3 birth.

4 (16) "Late term abortion" means the performance of an abortion when
5 the gestational age of the unborn child is fifteen weeks or more.

6 (17) "Live birth", "born alive", or "live born human being", means a
7 member of the species homo sapiens that is expelled or extracted from its
8 mother, at any stage of development, who after that expulsion or extraction
9 breathes or shows signs of life such as beating of the heart, pulsation of the
10 umbilical cord, or definite movement of voluntary muscles, whether or not the
11 umbilical cord has been cut or the placenta is attached, and regardless of
12 whether the expulsion or extraction occurs as a result of natural or induced
13 labor, cesarean section, or induced abortion.

14 (18) "Medical emergency" means the existence of any physical condition,
15 not including any emotional, psychological, or mental condition, within the
16 reasonable medical judgment of a reasonably prudent physician, with
17 knowledge of the case and treatment possibilities with respect to the medical
18 conditions involved, would determine necessitates the immediate abortion of the
19 pregnancy to avert the pregnant woman's death or to avert substantial and
20 irreversible impairment of a major bodily function arising from continued
21 pregnancy.

22 (19)(a) "Medically futile" means that, in reasonable medical judgment
23 as certified by two physicians, the unborn child has a profound and
24 irremediable congenital or chromosomal anomaly that is incompatible with
25 sustaining life after birth.

26 (b) The Louisiana Department of Health shall promulgate, in accordance
27 with the Administrative Procedure Act, administrative rules establishing an
28 exclusive list of anomalies, diseases, disorders, and other conditions which shall
29 be deemed "medically futile" for purposes of this Subpart. The rules may also
30 encompass diagnostic methods and standards by which a medically futile

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1 condition may be diagnosed, including but not limited to tests that are
2 appropriate to the developmental stage and the condition of the unborn child.

3 (20) "Miscarriage" or "stillbirth" means the spontaneous or accidental
4 death of an unborn child, whether the death occurred in the womb or in the
5 process of birth. Death of the unborn child is indicated by the lack of signs of
6 breathing or any other evidence of life, such as beating of the heart, pulsation
7 of the umbilical cord, or definite movement of voluntary muscles.

8 (21) "Partial birth abortion" means an abortion in which:

9 (a) The person performing the abortion deliberately and intentionally
10 vaginally delivers a living fetus until, in the case of a head-first presentation, the
11 entire fetal head is outside the body of the mother, or, in the case of breech
12 presentation, any part of the fetal trunk past the navel is outside the body of the
13 mother, for the purpose of performing an overt act that the person knows will
14 kill the partially delivered living fetus.

15 (b) The person performing the abortion performs the overt act, other
16 than completion of delivery, that kills the partially delivered living fetus.

17 (22) "Physician" means a person licensed to practice medicine in the
18 state of Louisiana.

19 (23) "Pregnant" means that female reproductive condition of having a
20 developing embryo or fetus in the uterus which commences at fertilization and
21 implantation.

22 (24) "Receive a fetal organ" means acquiring any fetal organ or fetal
23 body part, or the rights to any fetal organ or fetal body part, through an act of
24 donation or sale via any transaction prohibited by this Subpart.

25 (25) "Serious bodily injury" shall have the same meaning as defined in
26 R.S. 14:2. For the purposes of this Section, "serious bodily injury" that includes
27 the loss of an organ shall include a hysterectomy.

28 (26) "Serious health risk to the unborn child's mother" means that in
29 reasonable medical judgment the mother has a condition that so complicates
30 her medical condition that it necessitates the abortion of her pregnancy to avert

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1 her death or to avert serious risk of substantial and irreversible physical
2 impairment of a major bodily function, not including psychological or
3 emotional conditions.

4 (27) "Unborn child", "unborn human being", or "fetus" shall have the
5 same meaning as "unborn child" as defined in R.S. 14:2.

6 (28) "Viable" or "viability" means that stage of fetal development when,
7 in the judgment of the physician based upon the particular facts of the case
8 before the physician, and in light of the most advanced medical technology and
9 information available to the physician, there is a reasonable likelihood of
10 sustained survival of the unborn child outside the body of his mother, with or
11 without artificial support.

12 (29) "Woman" or "mother" means a female human being, whether or
13 not she has reached the age of majority.

14 §87.1.1. Killing a child during delivery; penalties

15 A. Killing a child during delivery is the intentional destruction, during
16 parturition of the mother, of the vitality or life of a child in a state of being born and
17 before actual birth, which child would otherwise have been born alive; provided,
18 however, that the crime of killing a child during delivery shall not be construed to
19 include any case in which the death of a child results from the use by a physician of
20 a procedure during delivery which is necessary to save the life of the child or of the
21 mother and is used for the express purpose of and with the specific intent of saving
22 the life of the child or of the mother.

23 B. Whoever commits the crime of killing a child during delivery shall be
24 imprisoned at hard labor in the penitentiary for life.

25 §87.2. Human experimentation **on an infant born alive**

26 A. Human experimentation is the use of any ~~live born human being~~ **infant**
27 **who is born alive**, without consent of that live born human being, ~~as hereinafter~~
28 ~~defined~~, for any scientific or laboratory research or any other kind of
29 experimentation or study except to protect or preserve the life and health of the live
30 born human being, or the conduct, on a human embryo or fetus in utero, of any

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1 experimentation or study except to preserve the life or to improve the health of the
2 human embryo or fetus.

3 B. ~~A human being is live born, or there is a live birth, whenever there is the~~
4 ~~complete expulsion or extraction from its mother of a human embryo or fetus,~~
5 ~~irrespective of the duration of pregnancy, which after such separation, breathes or~~
6 ~~shows any other evidence of life such as beating of the heart, pulsation of the~~
7 ~~umbilical cord, or movement of voluntary muscles, whether or not the umbilical cord~~
8 ~~has been cut or the placenta is attached.~~

9 ~~€.~~ Whoever commits the crime of human experimentation on an infant born
10 alive shall be imprisoned at hard labor for not less than five nor more than twenty
11 years, or fined not more than ten thousand dollars, or both.

12 * * *

13 §87.5. Intentional failure to sustain life and health of aborted viable infant

14 A. The intentional failure to sustain the life and health of an aborted viable
15 infant shall be a crime. The intentional failure to sustain the life and health of an
16 aborted viable infant is the intentional failure, by any physician or person performing
17 or inducing an abortion, to exercise that degree of professional care and diligence,
18 and to perform such measures as constitute good medical practice, necessary to
19 sustain the life and health of an aborted viable infant, when the death of the infant
20 results.

21 ~~B.~~ For purposes of this Section, "viable" means that stage of fetal
22 development when the life of the unborn child may be continued indefinitely outside
23 the womb by natural or artificial life-supporting systems. Any person who commits
24 the crime of intentional failure to sustain the life and health of an aborted viable
25 infant shall be imprisoned at hard labor for not more than twenty-one years.

26 * * *

27 §87.7. Abortion

28 A. It shall be unlawful for a physician or other person to perform an
29 abortion, with or without the consent of the pregnant female.

30 B. The terms used in this Section have the same meaning as the

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1 definitions provided in R.S. 14:87.1.

2 C. Whoever commits the crime of abortion shall be imprisoned at hard
3 labor for not less than one year nor more than ten years and shall be fined not
4 less than ten thousand dollars nor more than one hundred thousand dollars.

5 D. This Section does not apply to a pregnant female upon whom an
6 abortion is committed or performed in violation of this Section and the
7 pregnant female shall not be held responsible for the criminal consequences of
8 any violation of this Section.

9 E. This Section shall not apply to the sale, use, prescription, or
10 administration of a contraceptive or an emergency contraceptive.

11 F. The provisions of this Section shall become effective immediately
12 upon, and to the extent permitted, by the occurrence of any of the following
13 circumstances:

14 (1) Any decision of the Supreme Court of the United States which
15 overrules, in whole or in part, Roe v. Wade, 410 U.S. 113, 93 S.Ct. 705, 35 L.Ed.
16 2d 147 (1973), thereby restoring to the state of Louisiana the authority to
17 prohibit or limit abortion.

18 (2) Adoption of an amendment to the United States Constitution which,
19 in whole or in part, restores to the state of Louisiana the authority to prohibit
20 or limit abortion.

21 (3) A decision of the Supreme Court of the United States in the case of
22 Dobbs v. Jackson Women's Health Organization, Docket No. 19-1392, which
23 overrules, in whole or in part, Roe v. Wade, 410 U.S. 113, 93 S.Ct. 705, 35 L.Ed.
24 2d 147 (1973), thereby restoring to the state of Louisiana the authority to
25 prohibit or limit abortion.

26 §87.8. Late term abortion

27 A. It shall be unlawful for a physician or other person to perform a late
28 term abortion, with or without the consent of the pregnant female.

29 B. Whoever commits the crime of late term abortion shall be imprisoned
30 at hard labor for not less than one year nor more than fifteen years and shall be

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1 fined not less than twenty thousand dollars nor more than two hundred
2 thousand dollars.

3 C. This Section does not apply to a pregnant female upon whom an
4 abortion is committed or performed in violation of this Section and the
5 pregnant female shall not be held responsible for the criminal consequences of
6 any violation of this Section.

7 D. This Section shall not apply to the sale, use, prescription, or
8 administration of a contraceptive or an emergency contraceptive.

9 F. The provisions of this Section shall become effective immediately
10 upon, and to the extent permitted, by the occurrence of any of the following
11 circumstances:

12 (1) Any decision of the Supreme Court of the United States which
13 overrules, in whole or in part, Roe v. Wade, 410 U.S. 113, 93 S.Ct. 705, 35 L.Ed.
14 2d 147 (1973), thereby restoring to the state of Louisiana the authority to
15 prohibit, limit, or regulate abortion.

16 (2) Adoption of an amendment to the United States Constitution which,
17 in whole or in part, restores to the state of Louisiana the authority to prohibit
18 or limit abortion.

19 (3) A decision of the Supreme Court of the United States in the case of
20 Dobbs v. Jackson Women's Health Organization, Docket No. 19-1392, which
21 overrules, in whole or in part, Roe v. Wade, 410 U.S. 113, 93 S.Ct. 705, 35 L.Ed.
22 2d 147 (1973), thereby restoring to the state of Louisiana the authority to
23 prohibit or limit abortion.

24 Section 3. R.S. 40:1061(A), (D), and (I), 1061.1(D) and (E), 1061.1.3(C), 1061.8,
25 1061.11(A), 1061.12, 1061.22, 1061.23, 1061.24, 1061.26, 1061.28, 1061.30, 2175.1,
26 2175.2, and 2175.3 are hereby amended and reenacted and R.S. 40:1061.1(H), 1061.1.1(I),
27 1061.10(F), 1061.11(G), 1061.11.1(G), 1061.13(D) and (E), 1061.14(E), 1061.14.1(C),
28 1061.15(E), 1061.16(F), 1061.17(J)(3), 1061.19(H), 1061.20(D), 1061.21(F), 1061.25(F),
29 2175.4(F), 2175.6(J), 2175.7(C), 2175.8, and 2175.9 are hereby enacted to read as follows:

30 §1061. Abortion; prohibition

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1 A. The provisions of this Act shall become effective immediately upon, and
2 to the extent permitted, by the occurrence of any of the following circumstances:

3 (1) Any decision of the ~~United States Supreme Court~~ **Supreme Court of the**
4 **United States** which **reverses overrules**, in whole or in part, *Roe v. Wade*, 410 U.S.
5 113, 93 S.Ct. 705, 35 L.Ed. 2d 147 (1973), thereby restoring to the state of
6 Louisiana the authority to prohibit **or limit** abortion.

7 (2) Adoption of an amendment to the United States Constitution which, in
8 whole or in part, restores to the state of Louisiana the authority to prohibit **or limit**
9 abortion.

10 **(3) A decision of the Supreme Court of the United States in the case of**
11 **Dobbs v. Jackson Women's Health Organization, Docket No. 19-1392, which**
12 **overrules, in whole or in part, Roe v. Wade, 410 U.S. 113, 93 S.Ct. 705, 35 L.Ed.**
13 **2d 147 (1973), thereby restoring to the state of Louisiana the authority to**
14 **prohibit or limit abortion.**

15 * * *

16 D. Any person in violation of this Section shall be prosecuted pursuant to the
17 effective provisions of R.S. ~~14:87~~ **R.S. 14:87.7**, and shall be subject to the penalties
18 provided in R.S. 40:1061.29.

19 * * *

20 I. The following terms as used in this Section shall have the following
21 meanings: **same meaning as the definitions provided in R.S. 14:87.1.**

22 (1) "~~Fertilization~~" means that point in time when a male human sperm
23 penetrates the zona pellucida of a female human ovum.

24 (2) "~~Pregnant~~" means the human female reproductive condition, of having a
25 living unborn human being within her body throughout the entire embryonic and
26 fetal stages of the unborn child from fertilization to full gestation and childbirth.

27 (3) "~~Unborn human being~~" means an individual living member of the species,
28 homo sapiens, throughout the entire embryonic and fetal stages of the unborn child
29 from fertilization to full gestation and childbirth.

30 * * *

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1 §1061.1. Pain-Capable Unborn Child Protection Act

2 * * *

3 D. Determination of ~~postfertilization~~ **post fertilization** age.

4 (1) Except in the case of a medical emergency or when a pregnancy is
5 diagnosed as medically futile, no abortion shall be performed or induced or be
6 attempted to be performed or induced unless the physician performing or inducing
7 it has first made a determination of the probable ~~postfertilization~~ **post fertilization**
8 age of the unborn child or relied upon such a determination made by another
9 physician. In making such a determination, the physician shall make such inquiries
10 of the woman and perform or cause to be performed such medical examinations and
11 tests as a reasonably prudent physician, knowledgeable about the case and the
12 medical conditions involved, would consider necessary to perform in making an
13 accurate diagnosis with respect to ~~postfertilization~~ **post fertilization** age.

14 (2) Failure by any physician to conform to any requirement of this Section
15 constitutes "unprofessional conduct" pursuant to R.S. 37:1261.

16 E. Abortion of unborn child of twenty or more weeks ~~postfertilization~~ **post**
17 **fertilization** age prohibited.

18 (1) No person shall perform or induce or attempt to perform or induce an
19 abortion upon a woman when it has been determined, by the physician performing
20 or inducing or attempting to perform or induce the abortion or by another physician
21 upon whose determination that physician relies, that the probable ~~postfertilization~~
22 **post fertilization** age of the woman's unborn child is twenty or more weeks, unless
23 the pregnancy is diagnosed as medically futile or, in reasonable medical judgment,
24 she has a condition which so complicates her medical condition as to necessitate the
25 abortion of her pregnancy to avert her death or to avert serious risk of substantial and
26 irreversible physical impairment of a major bodily function, not including
27 psychological or emotional conditions. ~~No such greater risk shall be deemed to exist~~
28 ~~if it is based on a claim or diagnosis that the woman will engage in conduct which~~
29 ~~she intends to result in her death or in substantial and irreversible physical~~
30 ~~impairment of a major bodily function.~~

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1 (2) When an abortion upon a woman whose unborn child has been
 2 determined to have a probable ~~postfertilization~~ **post fertilization** of twenty or more
 3 weeks is not prohibited by Paragraph (1) of this Subsection, the physician shall
 4 terminate the pregnancy in the manner which, in reasonable medical judgment,
 5 provides the best opportunity for the unborn child to survive, unless, in reasonable
 6 medical judgment, termination of the pregnancy in that manner would pose a greater
 7 risk either of the death of the pregnant woman or of the substantial and irreversible
 8 physical impairment of a major bodily function, not including psychological or
 9 emotional conditions, of the woman than would other available methods. ~~No such~~
 10 ~~greater risk shall be deemed to exist if it is based on a claim or diagnosis that the~~
 11 ~~woman will engage in conduct which she intends to result in her death or in~~
 12 ~~substantial and irreversible physical impairment of a major bodily function.~~

* * *

H. The provisions of R.S. 40:1061.8 shall apply to this Section.

§1061.1.1. Louisiana Unborn Child Protection from Dismemberment Abortion Act

* * *

I. The provisions of R.S. 40:1061.8 shall apply to this Section.

* * *

§1061.1.3. Abortion prohibited; detectable fetal heartbeat; ultrasound required

* * *

21 C. Whoever violates this Section shall be prosecuted pursuant to the effective
 22 provisions of ~~R.S. 14:87~~ **R.S. 14:87.7** and shall be subject to the penalties provided
 23 in R.S. 40:1061.29.

* * *

25 §1061.8. Legislative intent, **construction of abortion provisions law regulating**
 26 **abortion**

27 **A.(1)** It is the intention of the Legislature of ~~the State of~~ Louisiana to
 28 regulate, **prohibit, or restrict** abortion to the **fullest** extent permitted by the
 29 decisions of the ~~United States~~ Supreme Court **of the United States**. The Legislature
 30 **legislature** does solemnly declare, ~~and find,~~ **and** in reaffirmation of **reaffirm** the

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1 longstanding **public** policy of this State; ~~state~~ that ~~the~~ **every** unborn child is a human
2 being from the time **moment** of conception and is, therefore, a legal person for
3 purposes ~~of the unborn child's right to life and is entitled to the right to life from~~
4 ~~conception~~ under the laws **of this state** and Constitution of this State **Louisiana**.
5 Further, the Legislature

6 **(2) The legislature further** finds and declares that the longstanding policy
7 of this state ~~is~~ to protect the right to life of ~~the~~ **every** unborn child from conception
8 by prohibiting abortion ~~is~~ impermissible only because of the decisions of the ~~United~~
9 States Supreme Court **of the United States** and that, therefore, if those decisions of
10 the United States Supreme Court are ever reversed or modified or the United States
11 Constitution is amended to allow protection of the unborn then the ~~former~~ **public**
12 policy of this State ~~state~~ to prohibit abortions shall be enforced.

13 **B.(1) The provisions of this Chapter that regulate the practice of**
14 **abortion shall not be construed to repeal any other provision of law that**
15 **restricts or prohibits abortion.**

16 **(2) The provisions of this Chapter that regulate the practice of abortion**
17 **are enacted to provide for the health, safety, and welfare of women in outpatient**
18 **abortion facilities until such time and to the extent that the state of Louisiana**
19 **no longer regulates outpatient abortion facilities.**

20 **C. The provisions of this Chapter that regulate the practice of abortion**
21 **are subject to R.S. 40:2175.9.**

22 §1061.9. Definitions

23 As used in R.S. 40:1061.8 through 1061.29, the following words have the
24 following meanings: **Wherever used in this Chapter, unless a different meaning**
25 **clearly appears in the context, the terms, whether singular or plural, have the**
26 **same meaning as the definitions provided in R.S. 14:87.1.**

27 §1061.10. Abortion by physician; determination of viability; ultrasound test
28 required; exceptions; penalties

29 * * *

30 **F. The provisions of R.S. 40:1061.8 shall apply to this Section.**

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1 §1061.11. Drugs or chemicals used; penalties

2 A. When any drug or chemical is used for the purpose of inducing an
3 abortion ~~as defined in R.S. 40:1061.9~~, the physician who prescribed the drug or
4 chemical shall be in the same room and in the physical presence of the pregnant
5 woman when the drug or chemical is initially administered, dispensed, or otherwise
6 provided to the pregnant woman.

7 * * *

8 **G. The provisions of R.S. 40:1061.8 shall apply to this Section.**

9 §1061.11.1. Chemically-induced abortion; required disclosure

10 * * *

11 **G. The provisions of R.S. 40:1061.8 shall apply to this Section.**

12 §1061.12. Born-Alive Infant Protection Act

13 A. ~~In determining the meaning of any statute or of any rule, regulation, or~~
14 ~~interpretation of the various administrative agencies of this state, the words "person",~~
15 ~~"human being", "child", and "individual" include every infant member of the species~~
16 ~~homo sapiens who is born alive at any stage of development:~~

17 ~~B. An infant at any stage of development who has survived an abortion~~
18 ~~procedure resulting in his or her live birth shall be given reasonable and immediate~~
19 ~~medical care as provided in R.S. 40:1061.13(C), whether the abortion was~~
20 ~~considered legal or illegal under the law at the time that the abortion was~~
21 ~~performed.~~

22 **B. The provisions of R.S. 40:1061.8 shall apply to this Section.**

23 §1061.13. Abortion after viability; second attendant physician required; duties

24 * * *

25 **D. The provisions of this Section shall apply to an infant born alive and**
26 **the infant born alive shall be given immediate medical care regardless of**
27 **whether the abortion was considered legal or illegal under the law at the time**
28 **the abortion was performed.**

29 **E. The provisions of R.S. 40:1061.8 shall apply to this Section.**

30 §1061.14. Minors

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E. The provisions of R.S. 40:1061.8 shall apply to this Section.

§1061.14.1. Fraudulent interference with parental consent

* * *

C. The provisions of R.S. 40:1061.8 shall apply to this Section.

§1061.15. Prevention of forced abortion; signage in abortion facilities

* * *

E. The provisions of R.S. 40:1061.8 shall apply to this Section.

§1061.16. Information on psychological impacts, illegal coercion, abuse, and human trafficking required prior to abortion; task force on information resources

* * *

F. The provisions of R.S. 40:1061.8 shall apply to this Section.

* * *

§1061.17. Woman's right to know

* * *

J. Construction.

* * *

(3) The provisions of R.S. 40:1061.8 shall apply to this Section.

* * *

§1061.19. Records

* * *

H. The provisions of R.S. 40:1061.8 shall apply to this Section.

§1061.20. Conscience in health care protection; definitions

* * *

D. The provisions of R.S. 40:1061.8 shall apply to this Section.

§1061.21. Reports

* * *

F. The provisions of R.S. 40:1061.8 shall apply to this Section.

§1061.22. Forms

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1 medical emergency or to save the life of the female mother, because her life is
2 endangered by a physical disorder, physical illness or physical injury, including a
3 life-endangering physical condition caused by or arising from the pregnancy itself.

4 * * *

5 §1061.30. ~~Standing~~ **Suspension or revocation of license; grounds**; action to close
6 outpatient abortion clinic

7 **A.** In addition to any violation of this Chapter, the following acts shall subject
8 licensed outpatient abortion facilities to the provisions of R.S. 40:2175.6 regarding
9 license suspension or revocation:

10 (1) Systematically, intentionally, or deliberately falsifying or destroying
11 patient files or records in violation of R.S. 40:1061.17.

12 (2) Completing in advance of an appointment with a woman seeking abortion
13 any portion of patient records or forms required by R.S. 40:1061.17 to include
14 patient-specific data or a physician's signature.

15 **B. The provisions of R.S. 40:2175.8 and R.S. 40:2175.9 shall apply to this**
16 **Chapter.**

17 * * *

18 §2175.1. Short title

19 **A.** This Part may be cited as the "Outpatient Abortion Facility Licensing
20 Law".

21 **B. The provisions of R.S. 40:1061.8 shall apply to this Part.**

22 §2175.2. Purpose

23 The purpose of this Part is to authorize the Louisiana Department of Health
24 to promulgate and publish rules and regulations to provide for the health, safety, and
25 welfare of women in outpatient abortion facilities and for the safe operation of such
26 facilities. The rules shall be reasonably related to the purpose expressed in this
27 Section and shall not impose a legally significant burden on a woman's freedom to
28 decide whether to terminate her pregnancy, **except when the provisions of R.S.**
29 **40:1061.8 apply.**

30 §2175.3. Definitions

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1 **A. Except as provided in Subsection B of this Section, the terms used in**
2 **this Part, unless a different meaning clearly appears in the context, whether**
3 **singular or plural, have the same meaning as the definitions provided in R.S.**
4 **14:87.8.**

5 **B.** For purposes of this Part, the following definitions apply:

6 ~~(1)~~ "Abortion" shall have the meaning set forth in R.S. 40:1061.9.

7 ~~(2)~~ "Abortion facility professional" or "outpatient abortion facility
8 professional" means an individual who is a physician, surgeon, resident, intern,
9 licensed nurse, nursing aide, emergency medical technician, or a paramedic who
10 diagnoses, examines, or treats a female patient at an outpatient abortion facility.

11 ~~(3)~~(2) "Abortion facility staff member" or "outpatient abortion facility staff
12 member" means an individual who is not an abortion facility professional but who
13 is employed by or contracts with an outpatient abortion facility to provide services
14 and who has any contact with patients at the facility.

15 ~~(4)~~(3) "First trimester" means the time period up to fourteen weeks after the
16 first day of the last menstrual period.

17 ~~(5)~~(4) "Licensee" means the person, partnership, corporation, association,
18 organization, or professional entity on whom rests the ultimate responsibility and
19 authority for the conduct of the outpatient abortion facility.

20 ~~(6)~~(5) "Licensing agency" means the Louisiana Department of Health.

21 ~~(7)~~(6) "Mandatory reporter to law enforcement" means any abortion facility
22 staff member or any abortion facility professional.

23 ~~(8)~~(7) "Outpatient abortion facility" means any outpatient facility, other than
24 a hospital as defined in R.S. 40:2102 or an ambulatory surgical center as defined in
25 R.S. 40:2133, in which any second trimester or five or more first trimester abortions
26 per calendar year are performed.

27 ~~(9)~~(8) "Second trimester" means the time period from fourteen to twenty-
28 three weeks after the first day of the last menstrual period.

29 ~~(10)~~(9) "Secretary" means the secretary of the Louisiana Department of
30 Health.

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1 §2175.4. License required

2 * * *

3 F. The provisions of R.S. 40:1061.8 shall apply to this Part.

4 * * *

5 §2175.6. License issuance; application; on-site inspection

6 * * *

7 J. The provisions of R.S. 40:1061.8 shall apply to this Part.

8 §2175.7. Mandatory reports to law enforcement; human trafficking awareness and
9 prevention training

10 * * *

11 C. The provisions of R.S. 40:1061.8 shall apply to this Part.

12 §2175.8. Cease and desist order; due process rights; penalty for violation

13 A. In addition to the provisions of R.S. 40:2175.6(H), the secretary is
14 empowered to issue a written cease and desist order to prevent or terminate an
15 unsafe condition or an illegal practice or for a violation of this Chapter or
16 Chapter 5 of this Title or a violation of any regulation or order of the
17 department issued pursuant thereto whenever the secretary knows or has
18 reasonable cause to believe that such unsafe condition or illegal practice exists
19 or is likely to occur related to an outpatient abortion facility.

20 B.(1) An aggrieved party, who is licensed by this Part and who is affected
21 by the secretary's decision or order, may seek an appeal in the same manner as
22 provided for in R.S. 40:2175.6(H).

23 (2) An aggrieved party, who is not licensed by this Part, may seek a de
24 novo review of the secretary's decision or order by filing a petition for review
25 in the Nineteenth Judicial District Court for the parish of East Baton Rouge.

26 C. Any order issued pursuant to this Section shall become effective upon
27 service thereof in person or by registered mail on the violator, and shall remain
28 effective except to the extent modified, stayed, terminated, or set aside by action
29 of the secretary or by Nineteenth Judicial District Court in parish of East Baton
30 Rouge.

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1 D. If no timely appeal is demanded by the aggrieved party pursuant to
2 Subsection B of this Section, the cease and desist order shall become final.

3 E. If the violator subsequently engages in activities that violate a final
4 cease and desist order, the secretary may seek the enforcement of such order by
5 civil action filed in the Nineteenth Judicial District Court for the parish of East
6 Baton Rouge.

7 F. Except as provided in R.S. 40:2175.9, any person who violates a cease
8 and desist order of the secretary after it has become final and while such order
9 is in effect shall, upon proof thereof to the satisfaction of the court, be ordered
10 by the court to forfeit and pay to the attorney general a sum not less than five
11 hundred dollars nor more than five thousand dollars per violation.

12 §2175.9. Procedure for closing outpatient abortion clinics in the event abortion
13 is declared illegal

14 A. Except as provided in Subsection C of this Section, the secretary shall
15 apply the provisions of R.S. 40:1061.8 and R.S. 40:2175.8 and based upon the
16 final decision of the Supreme Court of the United States in the case of Dobbs v.
17 Jackson Women's Health Organization, Docket No. 19-1392, the secretary shall
18 issue whichever one of the applicable cease and desist orders apply, as follows:

19 (1) The outpatient abortion facility shall be ordered closed and the
20 facility shall immediately cease and desist performing abortions because the
21 Human Life Protection Act, R.S. 40:1061, or R.S. 14:87.7 has been enacted and
22 the practice of abortion in Louisiana has been prohibited by law.

23 (2) The outpatient abortion facility shall be ordered to cease and desist
24 performing late term abortions, as is prohibited in R.S. 14:87.8, because the
25 Supreme Court of the United States has provided for the states to prohibit
26 abortions when the gestational age of the unborn child is fifteen weeks or more.

27 B.(1) Any person who violates a cease and desist order of the secretary
28 after it has become final and while such order is in effect shall, upon proof
29 thereof to the satisfaction of the court, be ordered by the court to forfeit and pay
30 to the attorney general a sum not less than ten thousand dollars nor more than

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1 fifty thousand dollars per violation.

2 (2) Each abortion performed in violation of the cease and desist order
3 issued pursuant to this Section shall constitute a separate violation.

4 C. The provisions of Subsection A and B of this Section shall not apply
5 if the decision rendered by the United States Supreme Court in the case of
6 Dobbs v. Jackson Women's Health Organization, Docket No. 19-1392, which
7 overrules, in whole or in part, Roe v. Wade, 410 U.S. 113, 93 S.Ct. 705, 35 L.Ed.
8 2d 147 (1973), does not restore to the states the authority to prohibit or limit
9 abortion.

10 Section 4. R.S. 14:32.9(B), 32.9.1(B), 32.10, 32.11(B), 87, 87.3(B), and R.S.
11 40:1061.1.1(B), 1061.1.2(A), 1061.1.3(B), 1061.9(1)through(11), 1061.12(A), 1061.27, and
12 1061.28(B) are hereby repealed.

13 Section 5. If the bill that originated as Senate Bill No. 388 of the 2022 Regular
14 Session of the Legislature is enacted and becomes law, the provisions containing definitions
15 in R.S. 14:87.9(B) in Section 1 of the Act which originated as Senate Bill No. 388 and R.S.
16 40:962.2(B) of Section 2 of the Act which originated as Senate Bill No. 388 shall be null and
17 void.

18 Section 6. The Louisiana State Law Institute, pursuant to its statutory authority, is
19 hereby authorized and directed to make the following technical changes:

20 (A) Redesignate the provisions of R.S. 14:32.9, 32.9.1, 32.11 and relocate the
21 provisions to Subpart A.3. Abortion. of Part V of Title 14 of the Louisiana Revised Statutes
22 of 1950.

23 (B) Redesignate R.S. 40:1061.8 (Legislative intent) and 1061.9 (Definitions) and
24 relocate those same provisions of law to follow directly after R.S. 40:1061.1.

25 (C) Redesignate R.S. 40:1061.1 (Pain-capable Unborn Child Protection Act) and
26 1061.1.1 (Louisiana Unborn Child Protection from Dismemberment Abortion Act) and
27 relocate those same provisions of law to follow directly after the provisions that have been
28 redesignated and relocated pursuant to Subsection (B) of this Section.

29 (D) Make changes to any internal citation references in this Act to reflect the changes
30 made pursuant to Subsections (B) and (C) of this Section.

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1 (E) Arrange in alphabetical order and renumber the provisions of law, in particular
2 arrange in alphabetical order and renumber those provisions of law to reflect that the
3 provisions of law contained in Section 5 of this Act were repealed in favor of the
4 consolidated "Definitions" provisions of law in R.S. 14:87.1 in Section 1 of this Act and R.S.
5 40:1061.1 in Section 2 of this Act.

6 (F) Make changes to any references in the Codes or Louisiana Revised Statutes of
7 1950 to reflect the citation changes contained in this Act.

8 (G) If the provisions of Section 5 of this Act are in effect because the bill that
9 originated as Senate Bill No. 388 of the 2022 Regular Session of the Legislature is enacted
10 and becomes law, arrange in alphabetical order and renumber the Subsections of R.S.
11 14:87.9 and R.S. 40:962.2.

12 Section 7. The provisions of Section 1 of this Act shall become effective upon
13 signature by the governor or, if not signed by the governor, upon expiration of the time for
14 bills to become law without signature by the governor, as provided by Article III, Section
15 18 of the Constitution of Louisiana. If vetoed by the governor and subsequently approved
16 by the legislature, this Act shall become effective on the day following such approval.

PRESIDENT OF THE SENATE

SPEAKER OF THE HOUSE OF REPRESENTATIVES

GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: _____

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CIVIL

DISTRICT COURT

EXHIBIT 2

2022 Regular Session

ACT No. 545

SENATE BILL NO. 342

BY SENATORS JACKSON, CLOUD, ROBERT MILLS, MIZELL, PEACOCK AND STINE AND REPRESENTATIVES AMEDEE, BAGLEY, BEAULLIEU, BISHOP, BUTLER, CARRIER, COUSSAN, CREWS, DAVIS, DESHOTEL, DEVILLIER, ECHOLS, EDMONDS, EDMONSTON, EMERSON, FARNUM, FIRMENT, FRIEMAN, GADBERRY, GAROFALO, GOUDEAU, HARRIS, HODGES, HORTON, HUVAL, TRAVIS JOHNSON, MCFARLAND, MCKNIGHT, MIGUEZ, CHARLES OWEN, ROMERO, SCHAMERHORN, SCHEXNAYDER, SCHLEGEL, SEABAUGH, STEFANSKI, THOMAS, THOMPSON, WHITE, WRIGHT AND ZERINGUE

FILED
JUL 07 AM 9:53
DISTRICT COURT
CIVIL

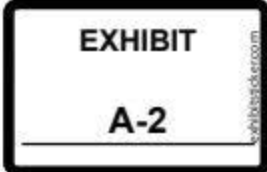
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AN ACT

To amend and reenact the heading of R.S. 14:32.9 and (A) and the introductory paragraph of (D), the heading of 32.9.1 and (A) and the introductory paragraph of (D), 87.1, 87.2, and 87.5, R.S. 40:1061(A), (D), and (I), 1061.1(D) and (E), 1061.1.3(C), 1061.8, 1061.11(A), 1061.12, 1061.22, 1061.23, 1061.24, 1061.26, 1061.28, 1061.30, 2175.1, 2175.2, and 2175.3, to enact R.S. 1:18, R.S. 14:32.9(E), 87.1.1, 87.7, and 87.8, and R.S. 40:1061.1(H), 1061.1.1(I), 1061.10(F), 1061.11(G), 1061.11.1(G), 1061.13(D) and (E), 1061.14(E), 1061.14.1(C), 1061.15(E), 1061.16(F), 1061.17(J)(3), 1061.19(H), 1061.20(D), 1061.21(F), 1061.25(F), 2175.4(F), 2175.6(J), 2175.7(C), 2175.8, and 2175.9, and to repeal R.S. 14:32.9(B), 32.9.1(B), 32.10, 32.11(B), 87, 87.3(B) and R.S. 40:1061.1.1(B), 1061.1.2(A), 1061.1.3(B), 1061.9(1) through (11), 1061.12(A), 1061.27, and 1061.28(B), relative to abortion; to provide for legislative intent; to provide for the interpretation of multiple abortion statutes; to provide for the independent construction of each separate enactment of law related to abortion; to provide for the severability; to restrict certain ordinances enacted by local governing authorities; to provide with respect to the crime of abortion; to provide relative to a late term abortion; to provide with respect to partial birth abortion; to provide for penalties; to provide for definitions; to provide for effective dates; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 1:18 is hereby enacted to read as follows:



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1 §18. Construction of laws relative to abortion

2 A. It is the intention of the Legislature of Louisiana to prohibit and
3 restrict abortion and to thereby preserve the life of each unborn child to the
4 fullest extent permitted by law.

5 B.(1) All laws or parts of laws prohibiting or restricting abortion shall
6 not be negated or superseded by the laws regulating outpatient abortion
7 facilities or regulating the practice of abortion, as provided in R.S. 40:1061.8.

8 (2) Laws regulating or prohibiting an abortion at a certain gestational
9 age of the unborn child shall not be in considered to be in conflict with other
10 laws that regulate or prohibit abortion at a different gestational age of the
11 unborn child.

12 C. No governing authority of a political subdivision shall enact any
13 ordinance or regulation that authorizes or regulates abortion.

14 D. Unless otherwise specifically provided therein, the provisions of each
15 act of the legislature prohibiting or regulating abortion are severable, whether
16 or not a provision to that effect is included in the act. If any provision or item
17 of an act prohibiting or regulating abortion, or the application thereof, is held
18 invalid, such invalidity shall not affect other provisions, items, or applications
19 of the act which can be given effect without the invalid provision, item, or
20 application.

21 E. This Section shall apply to acts of the legislature affecting general
22 laws, and local and special laws, and statutes of the state, including the
23 Louisiana Revised Statutes of 1950, the Civil Code, the Code of Civil Procedure,
24 the Code of Criminal Procedure, the Code of Evidence, and the Children's
25 Code.

26 Section 2. The heading of R.S. 14:32.9 and (A) and the introductory paragraph of
27 (D), the heading of 32.9.1 and (A) and the introductory paragraph of (D), 87.1, 87.2, and
28 87.5 are hereby amended and reenacted and R.S. 14:32.9(E), 87.1.1, 87.7, and 87.8 are
29 hereby enacted to read as follows:

30 §32.9. ~~Criminal abortion~~ Abortion by an unlicensed physician

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1 (ii) Using an instrument or external force on a pregnant female.

2 (b) Abortion shall not mean any one or more of the following acts, if
3 performed by a physician:

4 (i) A medical procedure performed with the intention to save the life or
5 preserve the health of an unborn child.

6 (ii) The removal of a dead unborn child or the inducement or delivery of
7 the uterine contents in case of a positive diagnosis, certified in writing in the
8 woman's medical record along with the results of an obstetric ultrasound test,
9 that the pregnancy has ended or is in the unavoidable and untreatable process
10 of ending due to spontaneous miscarriage, also known in medical terminology
11 as spontaneous abortion, missed abortion, inevitable abortion, incomplete
12 abortion, or septic abortion.

13 (iii) The removal of an ectopic pregnancy.

14 (iv) The use of methotrexate to treat an ectopic pregnancy.

15 (v) The performance of a medical procedure necessary in good faith
16 medical judgment or reasonable medical judgment to prevent the death or
17 substantial risk of death to the pregnant woman due to a physical condition, or
18 to prevent the serious, permanent impairment of a life-sustaining organ of a
19 pregnant woman. However, the physician shall make reasonable medical efforts
20 under the circumstances to preserve both the life of the mother and the life of
21 her unborn child in a manner consistent with reasonable medical practice.

22 (vi) The removal of an unborn child who is deemed to be medically futile.
23 The diagnosis shall be a medical judgment certified by two qualified physicians
24 and recorded in the woman's medical record. The medical procedure shall be
25 performed in a licensed ambulatory surgical center or hospital. Upon the
26 completion of the procedure, the physician shall submit an individual abortion
27 report consistent with R.S. 40:1061.21 that includes appropriate evidence of the
28 certified diagnosis.

29 (2)(a) "Abortion-inducing drug" means any drug or chemical, or any
30 combination of drugs or chemicals, or any other substance when used with the

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1 intent to cause an abortion, including but not limited to RU-486, the Mifeprex
2 regimen, misoprostol (Cytotec), or methotrexate.

3 (b) Abortion-inducing drug shall not mean a contraceptive, an
4 emergency contraceptive, or the use of methotrexate to treat an ectopic
5 pregnancy.

6 (3) "Bona fide medical reason" means a medical condition which is
7 recognized by any medical licensing board as a standard of care, except that
8 "bona fide medical reason" shall not include abortion, as defined in Paragraph
9 (1) of this Section.

10 (4) "Clinically diagnosable pregnancy" means a pregnancy that is
11 capable of being verified by one of the following conventional medical testing
12 methods, whether or not any testing was in fact performed by any person:

13 (a) A blood or urine test, whether used at-home or in a medical setting,
14 that tests for the human pregnancy hormone known as human chorionic
15 gonadotropin (hCG) that medically indicates that implantation has occurred.

16 (b) An ultrasound examination.

17 (5) "Conception" or "fertilization" means the fusion of a human
18 spermatozoon with a human ovum.

19 (6) "Contraceptive" means any device, measure, drug, chemical, or
20 product, including single-ingredient levonorgestrel, that has been approved by
21 the United States Food and Drug Administration for the purpose of preventing
22 pregnancy and is intended to be administered prior to the time when a clinically
23 diagnosable pregnancy can be determined, provided that the contraceptive is
24 sold, prescribed, or administered in accordance with manufacturer's
25 instructions.

26 (7) "Dismembered" or "dismemberment" means the use of a clamp,
27 forceps, curette, suction cannula, or any other surgical tool or instrument with
28 the intent to disarticulate the head or limbs from the body of the unborn child
29 during an abortion, including but not limited to the common abortion methods
30 known as suction curettage and dilation and evacuation.

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1 (8) "Emergency contraceptive" means a drug, chemical, or product,
2 including but not limited to single-ingredient levonorgestrel or ulipristal, that
3 has been approved by the United States Food and Drug Administration
4 designed or intended to be taken after sexual intercourse but prior to the time
5 when a clinically diagnosable pregnancy can be determined, provided that the
6 emergency contraceptive is sold, prescribed, or administered in accordance with
7 manufacturer's instructions or is prescribed in accordance with the standard
8 of care that generally accepted by the American College of Obstetricians and
9 Gynecologists.

10 (9) "Fetal body part" means a cell, tissue, organ, or other part of an
11 unborn child who is aborted by an induced abortion.

12 (10) "Fetal heartbeat" means cardiac activity or the steady and
13 repetitive rhythmic contraction of the fetal heart within the gestational sac.

14 (11) "Fertilization" means the fusion of a human spermatozoon with a
15 human ovum.

16 (12) "Gestational age" means the age of the unborn child as measured
17 by the time elapsed since the first day of the last menstrual period as
18 determined by a physician and confirmed through the use of an ultrasound test
19 of a quality generally used in existing medical practice.

20 (13) "Genetic abnormality" means any defect, disease, or disorder that
21 is inherited genetically. The term includes, without limitation, any physical
22 disfigurement, scoliosis, dwarfism, Down syndrome, albinism, amelia, and any
23 other type of physical, mental, or intellectual disability, abnormality, or disease.

24 (14) "Good faith medical judgment" or "reasonable medical judgment"
25 means a physician's use of reasonable care and diligence, along with his best
26 judgment, in the application of his skill. The standard of care required of every
27 healthcare provider, in rendering professional services or health care to a
28 patient, shall be to exercise that degree of skill ordinarily employed, under
29 similar circumstances, by the members of his profession in good standing in the
30 same community or locality.

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1 (15) "Infant" means the offspring of human parents from the moment
2 of live birth, regardless of the duration of gestation in the womb prior to live
3 birth.

4 (16) "Late term abortion" means the performance of an abortion when
5 the gestational age of the unborn child is fifteen weeks or more.

6 (17) "Live birth", "born alive", or "live born human being", means a
7 member of the species homo sapiens that is expelled or extracted from its
8 mother, at any stage of development, who after that expulsion or extraction
9 breathes or shows signs of life such as beating of the heart, pulsation of the
10 umbilical cord, or definite movement of voluntary muscles, whether or not the
11 umbilical cord has been cut or the placenta is attached, and regardless of
12 whether the expulsion or extraction occurs as a result of natural or induced
13 labor, cesarean section, or induced abortion.

14 (18) "Medical emergency" means the existence of any physical condition,
15 not including any emotional, psychological, or mental condition, within the
16 reasonable medical judgment of a reasonably prudent physician, with
17 knowledge of the case and treatment possibilities with respect to the medical
18 conditions involved, would determine necessitates the immediate abortion of the
19 pregnancy to avert the pregnant woman's death or to avert substantial and
20 irreversible impairment of a major bodily function arising from continued
21 pregnancy.

22 (19)(a) "Medically futile" means that, in reasonable medical judgment
23 as certified by two physicians, the unborn child has a profound and
24 irremediable congenital or chromosomal anomaly that is incompatible with
25 sustaining life after birth.

26 (b) The Louisiana Department of Health shall promulgate, in accordance
27 with the Administrative Procedure Act, administrative rules establishing an
28 exclusive list of anomalies, diseases, disorders, and other conditions which shall
29 be deemed "medically futile" for purposes of this Subpart. The rules may also
30 encompass diagnostic methods and standards by which a medically futile

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1 condition may be diagnosed, including but not limited to tests that are
2 appropriate to the developmental stage and the condition of the unborn child.

3 (20) "Miscarriage" or "stillbirth" means the spontaneous or accidental
4 death of an unborn child, whether the death occurred in the womb or in the
5 process of birth. Death of the unborn child is indicated by the lack of signs of
6 breathing or any other evidence of life, such as beating of the heart, pulsation
7 of the umbilical cord, or definite movement of voluntary muscles.

8 (21) "Partial birth abortion" means an abortion in which:

9 (a) The person performing the abortion deliberately and intentionally
10 vaginally delivers a living fetus until, in the case of a head-first presentation, the
11 entire fetal head is outside the body of the mother, or, in the case of breech
12 presentation, any part of the fetal trunk past the navel is outside the body of the
13 mother, for the purpose of performing an overt act that the person knows will
14 kill the partially delivered living fetus.

15 (b) The person performing the abortion performs the overt act, other
16 than completion of delivery, that kills the partially delivered living fetus.

17 (22) "Physician" means a person licensed to practice medicine in the
18 state of Louisiana.

19 (23) "Pregnant" means that female reproductive condition of having a
20 developing embryo or fetus in the uterus which commences at fertilization and
21 implantation.

22 (24) "Receive a fetal organ" means acquiring any fetal organ or fetal
23 body part, or the rights to any fetal organ or fetal body part, through an act of
24 donation or sale via any transaction prohibited by this Subpart.

25 (25) "Serious bodily injury" shall have the same meaning as defined in
26 R.S. 14:2. For the purposes of this Section, "serious bodily injury" that includes
27 the loss of an organ shall include a hysterectomy.

28 (26) "Serious health risk to the unborn child's mother" means that in
29 reasonable medical judgment the mother has a condition that so complicates
30 her medical condition that it necessitates the abortion of her pregnancy to avert

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1 her death or to avert serious risk of substantial and irreversible physical
2 impairment of a major bodily function, not including psychological or
3 emotional conditions.

4 (27) "Unborn child", "unborn human being", or "fetus" shall have the
5 same meaning as "unborn child" as defined in R.S. 14:2.

6 (28) "Viable" or "viability" means that stage of fetal development when,
7 in the judgment of the physician based upon the particular facts of the case
8 before the physician, and in light of the most advanced medical technology and
9 information available to the physician, there is a reasonable likelihood of
10 sustained survival of the unborn child outside the body of his mother, with or
11 without artificial support.

12 (29) "Woman" or "mother" means a female human being, whether or
13 not she has reached the age of majority.

14 §87.1.1. Killing a child during delivery; penalties

15 A. Killing a child during delivery is the intentional destruction, during
16 parturition of the mother, of the vitality or life of a child in a state of being born and
17 before actual birth, which child would otherwise have been born alive; provided,
18 however, that the crime of killing a child during delivery shall not be construed to
19 include any case in which the death of a child results from the use by a physician of
20 a procedure during delivery which is necessary to save the life of the child or of the
21 mother and is used for the express purpose of and with the specific intent of saving
22 the life of the child or of the mother.

23 B. Whoever commits the crime of killing a child during delivery shall be
24 imprisoned at hard labor in the penitentiary for life.

25 §87.2. Human experimentation **on an infant born alive**

26 A. Human experimentation is the use of any ~~live born human being~~ **infant**
27 **who is born alive**, without consent of that live born human being, ~~as hereinafter~~
28 ~~defined~~, for any scientific or laboratory research or any other kind of
29 experimentation or study except to protect or preserve the life and health of the live
30 born human being, or the conduct, on a human embryo or fetus in utero, of any

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1 experimentation or study except to preserve the life or to improve the health of the
2 human embryo or fetus.

3 B. ~~A human being is live born, or there is a live birth, whenever there is the~~
4 ~~complete expulsion or extraction from its mother of a human embryo or fetus,~~
5 ~~irrespective of the duration of pregnancy, which after such separation, breathes or~~
6 ~~shows any other evidence of life such as beating of the heart, pulsation of the~~
7 ~~umbilical cord, or movement of voluntary muscles, whether or not the umbilical cord~~
8 ~~has been cut or the placenta is attached:~~

9 ~~€.~~ Whoever commits the crime of human experimentation on an infant born
10 alive shall be imprisoned at hard labor for not less than five nor more than twenty
11 years, or fined not more than ten thousand dollars, or both.

12 * * *

13 §87.5. Intentional failure to sustain life and health of aborted viable infant

14 A. The intentional failure to sustain the life and health of an aborted viable
15 infant shall be a crime. The intentional failure to sustain the life and health of an
16 aborted viable infant is the intentional failure, by any physician or person performing
17 or inducing an abortion, to exercise that degree of professional care and diligence,
18 and to perform such measures as constitute good medical practice, necessary to
19 sustain the life and health of an aborted viable infant, when the death of the infant
20 results.

21 ~~B.~~ For purposes of this Section, "viable" means that stage of fetal
22 development when the life of the unborn child may be continued indefinitely outside
23 the womb by natural or artificial life-supporting systems. Any person who commits
24 the crime of intentional failure to sustain the life and health of an aborted viable
25 infant shall be imprisoned at hard labor for not more than twenty-one years.

26 * * *

27 §87.7. Abortion

28 A. It shall be unlawful for a physician or other person to perform an
29 abortion, with or without the consent of the pregnant female.

30 B. The terms used in this Section have the same meaning as the

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1 definitions provided in R.S. 14:87.1.

2 C. Whoever commits the crime of abortion shall be imprisoned at hard
3 labor for not less than one year nor more than ten years and shall be fined not
4 less than ten thousand dollars nor more than one hundred thousand dollars.

5 D. This Section does not apply to a pregnant female upon whom an
6 abortion is committed or performed in violation of this Section and the
7 pregnant female shall not be held responsible for the criminal consequences of
8 any violation of this Section.

9 E. This Section shall not apply to the sale, use, prescription, or
10 administration of a contraceptive or an emergency contraceptive.

11 F. The provisions of this Section shall become effective immediately
12 upon, and to the extent permitted, by the occurrence of any of the following
13 circumstances:

14 (1) Any decision of the Supreme Court of the United States which
15 overrules, in whole or in part, Roe v. Wade, 410 U.S. 113, 93 S.Ct. 705, 35 L.Ed.
16 2d 147 (1973), thereby restoring to the state of Louisiana the authority to
17 prohibit or limit abortion.

18 (2) Adoption of an amendment to the United States Constitution which,
19 in whole or in part, restores to the state of Louisiana the authority to prohibit
20 or limit abortion.

21 (3) A decision of the Supreme Court of the United States in the case of
22 Dobbs v. Jackson Women's Health Organization, Docket No. 19-1392, which
23 overrules, in whole or in part, Roe v. Wade, 410 U.S. 113, 93 S.Ct. 705, 35 L.Ed.
24 2d 147 (1973), thereby restoring to the state of Louisiana the authority to
25 prohibit or limit abortion.

26 §87.8. Late term abortion

27 A. It shall be unlawful for a physician or other person to perform a late
28 term abortion, with or without the consent of the pregnant female.

29 B. Whoever commits the crime of late term abortion shall be imprisoned
30 at hard labor for not less than one year nor more than fifteen years and shall be

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1 fined not less than twenty thousand dollars nor more than two hundred
2 thousand dollars.

3 C. This Section does not apply to a pregnant female upon whom an
4 abortion is committed or performed in violation of this Section and the
5 pregnant female shall not be held responsible for the criminal consequences of
6 any violation of this Section.

7 D. This Section shall not apply to the sale, use, prescription, or
8 administration of a contraceptive or an emergency contraceptive.

9 F. The provisions of this Section shall become effective immediately
10 upon, and to the extent permitted, by the occurrence of any of the following
11 circumstances:

12 (1) Any decision of the Supreme Court of the United States which
13 overrules, in whole or in part, Roe v. Wade, 410 U.S. 113, 93 S.Ct. 705, 35 L.Ed.
14 2d 147 (1973), thereby restoring to the state of Louisiana the authority to
15 prohibit, limit, or regulate abortion.

16 (2) Adoption of an amendment to the United States Constitution which,
17 in whole or in part, restores to the state of Louisiana the authority to prohibit
18 or limit abortion.

19 (3) A decision of the Supreme Court of the United States in the case of
20 Dobbs v. Jackson Women's Health Organization, Docket No. 19-1392, which
21 overrules, in whole or in part, Roe v. Wade, 410 U.S. 113, 93 S.Ct. 705, 35 L.Ed.
22 2d 147 (1973), thereby restoring to the state of Louisiana the authority to
23 prohibit or limit abortion.

24 Section 3. R.S. 40:1061(A), (D), and (I), 1061.1(D) and (E), 1061.1.3(C), 1061.8,
25 1061.11(A), 1061.12, 1061.22, 1061.23, 1061.24, 1061.26, 1061.28, 1061.30, 2175.1,
26 2175.2, and 2175.3 are hereby amended and reenacted and R.S. 40:1061.1(H), 1061.1.1(I),
27 1061.10(F), 1061.11(G), 1061.11.1(G), 1061.13(D) and (E), 1061.14(E), 1061.14.1(C),
28 1061.15(E), 1061.16(F), 1061.17(J)(3), 1061.19(H), 1061.20(D), 1061.21(F), 1061.25(F),
29 2175.4(F), 2175.6(J), 2175.7(C), 2175.8, and 2175.9 are hereby enacted to read as follows:

30 §1061. Abortion; prohibition

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1 A. The provisions of this Act shall become effective immediately upon, and
2 to the extent permitted, by the occurrence of any of the following circumstances:

3 (1) Any decision of the ~~United States Supreme Court~~ **Supreme Court of the**
4 **United States** which **reverses overrules**, in whole or in part, *Roe v. Wade*, 410 U.S.
5 113, 93 S.Ct. 705, 35 L.Ed. 2d 147 (1973), thereby restoring to the state of
6 Louisiana the authority to prohibit **or limit** abortion.

7 (2) Adoption of an amendment to the United States Constitution which, in
8 whole or in part, restores to the state of Louisiana the authority to prohibit **or limit**
9 abortion.

10 (3) **A decision of the Supreme Court of the United States in the case of**
11 **Dobbs v. Jackson Women's Health Organization, Docket No. 19-1392, which**
12 **overrules, in whole or in part, Roe v. Wade, 410 U.S. 113, 93 S.Ct. 705, 35 L.Ed.**
13 **2d 147 (1973), thereby restoring to the state of Louisiana the authority to**
14 **prohibit or limit abortion.**

15 * * *

16 D. Any person in violation of this Section shall be prosecuted pursuant to the
17 effective provisions of ~~R.S. 14:87~~ **R.S. 14:87.7**, and shall be subject to the penalties
18 provided in R.S. 40:1061.29.

19 * * *

20 I. The following terms as used in this Section shall have the following
21 meanings: **same meaning as the definitions provided in R.S. 14:87.1.**

22 (1) "~~Fertilization~~" means that point in time when a male human sperm
23 penetrates the zona pellucida of a female human ovum.

24 (2) "~~Pregnant~~" means the human female reproductive condition, of having a
25 living unborn human being within her body throughout the entire embryonic and
26 fetal stages of the unborn child from fertilization to full gestation and childbirth.

27 (3) "~~Unborn human being~~" means an individual living member of the species,
28 homo sapiens, throughout the entire embryonic and fetal stages of the unborn child
29 from fertilization to full gestation and childbirth.

30 * * *

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1 §1061.1. Pain-Capable Unborn Child Protection Act

2 * * *

3 D. Determination of ~~postfertilization~~ **post fertilization** age.

4 (1) Except in the case of a medical emergency or when a pregnancy is
5 diagnosed as medically futile, no abortion shall be performed or induced or be
6 attempted to be performed or induced unless the physician performing or inducing
7 it has first made a determination of the probable ~~postfertilization~~ **post fertilization**
8 age of the unborn child or relied upon such a determination made by another
9 physician. In making such a determination, the physician shall make such inquiries
10 of the woman and perform or cause to be performed such medical examinations and
11 tests as a reasonably prudent physician, knowledgeable about the case and the
12 medical conditions involved, would consider necessary to perform in making an
13 accurate diagnosis with respect to ~~postfertilization~~ **post fertilization** age.

14 (2) Failure by any physician to conform to any requirement of this Section
15 constitutes "unprofessional conduct" pursuant to R.S. 37:1261.

16 E. Abortion of unborn child of twenty or more weeks ~~postfertilization~~ **post**
17 **fertilization** age prohibited.

18 (1) No person shall perform or induce or attempt to perform or induce an
19 abortion upon a woman when it has been determined, by the physician performing
20 or inducing or attempting to perform or induce the abortion or by another physician
21 upon whose determination that physician relies, that the probable ~~postfertilization~~
22 **post fertilization** age of the woman's unborn child is twenty or more weeks, unless
23 the pregnancy is diagnosed as medically futile or, in reasonable medical judgment,
24 she has a condition which so complicates her medical condition as to necessitate the
25 abortion of her pregnancy to avert her death or to avert serious risk of substantial and
26 irreversible physical impairment of a major bodily function, not including
27 psychological or emotional conditions. ~~No such greater risk shall be deemed to exist~~
28 ~~if it is based on a claim or diagnosis that the woman will engage in conduct which~~
29 ~~she intends to result in her death or in substantial and irreversible physical~~
30 ~~impairment of a major bodily function.~~

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1 (2) When an abortion upon a woman whose unborn child has been
 2 determined to have a probable ~~postfertilization~~ **post fertilization** of twenty or more
 3 weeks is not prohibited by Paragraph (1) of this Subsection, the physician shall
 4 terminate the pregnancy in the manner which, in reasonable medical judgment,
 5 provides the best opportunity for the unborn child to survive, unless, in reasonable
 6 medical judgment, termination of the pregnancy in that manner would pose a greater
 7 risk either of the death of the pregnant woman or of the substantial and irreversible
 8 physical impairment of a major bodily function, not including psychological or
 9 emotional conditions, of the woman than would other available methods. ~~No such~~
 10 ~~greater risk shall be deemed to exist if it is based on a claim or diagnosis that the~~
 11 ~~woman will engage in conduct which she intends to result in her death or in~~
 12 ~~substantial and irreversible physical impairment of a major bodily function.~~

* * *

H. The provisions of R.S. 40:1061.8 shall apply to this Section.

§1061.1.1. Louisiana Unborn Child Protection from Dismemberment Abortion Act

* * *

I. The provisions of R.S. 40:1061.8 shall apply to this Section.

* * *

§1061.1.3. Abortion prohibited; detectable fetal heartbeat; ultrasound required

* * *

21 C. Whoever violates this Section shall be prosecuted pursuant to the effective
 22 provisions of ~~R.S. 14:87~~ **R.S. 14:87.7** and shall be subject to the penalties provided
 23 in R.S. 40:1061.29.

* * *

25 §1061.8. Legislative intent, **construction of abortion provisions law regulating**
 26 **abortion**

27 **A.(1)** It is the intention of the Legislature of ~~the State of~~ Louisiana to
 28 regulate, **prohibit, or restrict** abortion to the **fullest** extent permitted by the
 29 decisions of the ~~United States~~ Supreme Court **of the United States**. The Legislature
 30 **legislature** does solemnly declare, ~~and find,~~ **and** in reaffirmation of **reaffirm** the

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1 longstanding **public** policy of this State; ~~state~~ that ~~the~~ **every** unborn child is a human
2 being from the time **moment** of conception and is, therefore, a legal person for
3 purposes ~~of the unborn child's right to life and is entitled to the right to life from~~
4 ~~conception~~ under the laws **of this state** and Constitution of this State **Louisiana**.
5 Further, the Legislature

6 **(2) The legislature further** finds and declares that the longstanding policy
7 of this state ~~is~~ to protect the right to life of ~~the~~ **every** unborn child from conception
8 by prohibiting abortion ~~is~~ impermissible only because of the decisions of the ~~United~~
9 States Supreme Court **of the United States** and that, therefore, if those decisions of
10 the United States Supreme Court are ever reversed or modified or the United States
11 Constitution is amended to allow protection of the unborn then the ~~former~~ **public**
12 policy of this State ~~state~~ to prohibit abortions shall be enforced.

13 **B.(1) The provisions of this Chapter that regulate the practice of**
14 **abortion shall not be construed to repeal any other provision of law that**
15 **restricts or prohibits abortion.**

16 **(2) The provisions of this Chapter that regulate the practice of abortion**
17 **are enacted to provide for the health, safety, and welfare of women in outpatient**
18 **abortion facilities until such time and to the extent that the state of Louisiana**
19 **no longer regulates outpatient abortion facilities.**

20 **C. The provisions of this Chapter that regulate the practice of abortion**
21 **are subject to R.S. 40:2175.9.**

22 §1061.9. Definitions

23 As used in R.S. 40:1061.8 through 1061.29, the following words have the
24 following meanings: **Wherever used in this Chapter, unless a different meaning**
25 **clearly appears in the context, the terms, whether singular or plural, have the**
26 **same meaning as the definitions provided in R.S. 14:87.1.**

27 §1061.10. Abortion by physician; determination of viability; ultrasound test
28 required; exceptions; penalties

29 * * *

30 **F. The provisions of R.S. 40:1061.8 shall apply to this Section.**

SB NO. 342

1 §1061.11. Drugs or chemicals used; penalties

2 A. When any drug or chemical is used for the purpose of inducing an
3 abortion ~~as defined in R.S. 40:1061.9~~, the physician who prescribed the drug or
4 chemical shall be in the same room and in the physical presence of the pregnant
5 woman when the drug or chemical is initially administered, dispensed, or otherwise
6 provided to the pregnant woman.

7 * * *

8 **G. The provisions of R.S. 40:1061.8 shall apply to this Section.**

9 §1061.11.1. Chemically-induced abortion; required disclosure

10 * * *

11 **G. The provisions of R.S. 40:1061.8 shall apply to this Section.**

12 §1061.12. Born-Alive Infant Protection Act

13 A. ~~In determining the meaning of any statute or of any rule, regulation, or~~
14 ~~interpretation of the various administrative agencies of this state, the words "person",~~
15 ~~"human being", "child", and "individual" include every infant member of the species~~
16 ~~homo sapiens who is born alive at any stage of development.~~

17 ~~B. An infant at any stage of development who has survived an abortion~~
18 ~~procedure resulting in his or her live birth shall be given reasonable and immediate~~
19 ~~medical care as provided in R.S. 40:1061.13(C), whether the abortion was~~
20 ~~considered legal or illegal under the law at the time that the abortion was~~
21 ~~performed.~~

22 **B. The provisions of R.S. 40:1061.8 shall apply to this Section.**

23 §1061.13. Abortion after viability; second attendant physician required; duties

24 * * *

25 **D. The provisions of this Section shall apply to an infant born alive and**
26 **the infant born alive shall be given immediate medical care regardless of**
27 **whether the abortion was considered legal or illegal under the law at the time**
28 **the abortion was performed.**

29 **E. The provisions of R.S. 40:1061.8 shall apply to this Section.**

30 §1061.14. Minors

SB NO. 342

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* * *

E. The provisions of R.S. 40:1061.8 shall apply to this Section.

§1061.14.1. Fraudulent interference with parental consent

* * *

C. The provisions of R.S. 40:1061.8 shall apply to this Section.

§1061.15. Prevention of forced abortion; signage in abortion facilities

* * *

E. The provisions of R.S. 40:1061.8 shall apply to this Section.

§1061.16. Information on psychological impacts, illegal coercion, abuse, and human trafficking required prior to abortion; task force on information resources

* * *

F. The provisions of R.S. 40:1061.8 shall apply to this Section.

* * *

§1061.17. Woman's right to know

* * *

J. Construction.

* * *

(3) The provisions of R.S. 40:1061.8 shall apply to this Section.

* * *

§1061.19. Records

* * *

H. The provisions of R.S. 40:1061.8 shall apply to this Section.

§1061.20. Conscience in health care protection; definitions

* * *

D. The provisions of R.S. 40:1061.8 shall apply to this Section.

§1061.21. Reports

* * *

F. The provisions of R.S. 40:1061.8 shall apply to this Section.

§1061.22. Forms

SB NO. 342

1 medical emergency or to save the life of the female mother, because her life is
2 endangered by a physical disorder, physical illness or physical injury, including a
3 life-endangering physical condition caused by or arising from the pregnancy itself.

4 * * *

5 §1061.30. ~~Standing~~ **Suspension or revocation of license; grounds**; action to close
6 outpatient abortion clinic

7 **A.** In addition to any violation of this Chapter, the following acts shall subject
8 licensed outpatient abortion facilities to the provisions of R.S. 40:2175.6 regarding
9 license suspension or revocation:

10 (1) Systematically, intentionally, or deliberately falsifying or destroying
11 patient files or records in violation of R.S. 40:1061.17.

12 (2) Completing in advance of an appointment with a woman seeking abortion
13 any portion of patient records or forms required by R.S. 40:1061.17 to include
14 patient-specific data or a physician's signature.

15 **B. The provisions of R.S. 40:2175.8 and R.S. 40:2175.9 shall apply to this**
16 **Chapter.**

17 * * *

18 §2175.1. Short title

19 **A.** This Part may be cited as the "Outpatient Abortion Facility Licensing
20 Law".

21 **B. The provisions of R.S. 40:1061.8 shall apply to this Part.**

22 §2175.2. Purpose

23 The purpose of this Part is to authorize the Louisiana Department of Health
24 to promulgate and publish rules and regulations to provide for the health, safety, and
25 welfare of women in outpatient abortion facilities and for the safe operation of such
26 facilities. The rules shall be reasonably related to the purpose expressed in this
27 Section and shall not impose a legally significant burden on a woman's freedom to
28 decide whether to terminate her pregnancy, **except when the provisions of R.S.**
29 **40:1061.8 apply.**

30 §2175.3. Definitions

SB NO. 342

1 **A. Except as provided in Subsection B of this Section, the terms used in**
2 **this Part, unless a different meaning clearly appears in the context, whether**
3 **singular or plural, have the same meaning as the definitions provided in R.S.**
4 **14:87.8.**

5 **B.** For purposes of this Part, the following definitions apply:

6 (1) ~~"Abortion" shall have the meaning set forth in R.S. 40:1061.9.~~

7 (2) "Abortion facility professional" or "outpatient abortion facility
8 professional" means an individual who is a physician, surgeon, resident, intern,
9 licensed nurse, nursing aide, emergency medical technician, or a paramedic who
10 diagnoses, examines, or treats a female patient at an outpatient abortion facility.

11 (3) "Abortion facility staff member" or "outpatient abortion facility staff
12 member" means an individual who is not an abortion facility professional but who
13 is employed by or contracts with an outpatient abortion facility to provide services
14 and who has any contact with patients at the facility.

15 (4) "First trimester" means the time period up to fourteen weeks after the
16 first day of the last menstrual period.

17 (5) "Licensee" means the person, partnership, corporation, association,
18 organization, or professional entity on whom rests the ultimate responsibility and
19 authority for the conduct of the outpatient abortion facility.

20 (6) "Licensing agency" means the Louisiana Department of Health.

21 (7) "Mandatory reporter to law enforcement" means any abortion facility
22 staff member or any abortion facility professional.

23 (8) "Outpatient abortion facility" means any outpatient facility, other than
24 a hospital as defined in R.S. 40:2102 or an ambulatory surgical center as defined in
25 R.S. 40:2133, in which any second trimester or five or more first trimester abortions
26 per calendar year are performed.

27 (9) "Second trimester" means the time period from fourteen to twenty-
28 three weeks after the first day of the last menstrual period.

29 (10) "Secretary" means the secretary of the Louisiana Department of
30 Health.

SB NO. 342

1 §2175.4. License required

2 * * *

3 F. The provisions of R.S. 40:1061.8 shall apply to this Part.

4 * * *

5 §2175.6. License issuance; application; on-site inspection

6 * * *

7 J. The provisions of R.S. 40:1061.8 shall apply to this Part.8 §2175.7. Mandatory reports to law enforcement; human trafficking awareness and
9 prevention training

10 * * *

11 C. The provisions of R.S. 40:1061.8 shall apply to this Part.12 §2175.8. Cease and desist order; due process rights; penalty for violation13 A. In addition to the provisions of R.S. 40:2175.6(H), the secretary is
14 empowered to issue a written cease and desist order to prevent or terminate an
15 unsafe condition or an illegal practice or for a violation of this Chapter or
16 Chapter 5 of this Title or a violation of any regulation or order of the
17 department issued pursuant thereto whenever the secretary knows or has
18 reasonable cause to believe that such unsafe condition or illegal practice exists
19 or is likely to occur related to an outpatient abortion facility.20 B.(1) An aggrieved party, who is licensed by this Part and who is affected
21 by the secretary's decision or order, may seek an appeal in the same manner as
22 provided for in R.S. 40:2175.6(H).23 (2) An aggrieved party, who is not licensed by this Part, may seek a de
24 novo review of the secretary's decision or order by filing a petition for review
25 in the Nineteenth Judicial District Court for the parish of East Baton Rouge.26 C. Any order issued pursuant to this Section shall become effective upon
27 service thereof in person or by registered mail on the violator, and shall remain
28 effective except to the extent modified, stayed, terminated, or set aside by action
29 of the secretary or by Nineteenth Judicial District Court in parish of East Baton
30 Rouge.

1 D. If no timely appeal is demanded by the aggrieved party pursuant to
2 Subsection B of this Section, the cease and desist order shall become final.

3 E. If the violator subsequently engages in activities that violate a final
4 cease and desist order, the secretary may seek the enforcement of such order by
5 civil action filed in the Nineteenth Judicial District Court for the parish of East
6 Baton Rouge.

7 F. Except as provided in R.S. 40:2175.9, any person who violates a cease
8 and desist order of the secretary after it has become final and while such order
9 is in effect shall, upon proof thereof to the satisfaction of the court, be ordered
10 by the court to forfeit and pay to the attorney general a sum not less than five
11 hundred dollars nor more than five thousand dollars per violation.

12 §2175.9. Procedure for closing outpatient abortion clinics in the event abortion
13 is declared illegal

14 A. Except as provided in Subsection C of this Section, the secretary shall
15 apply the provisions of R.S. 40:1061.8 and R.S. 40:2175.8 and based upon the
16 final decision of the Supreme Court of the United States in the case of Dobbs v.
17 Jackson Women's Health Organization, Docket No. 19-1392, the secretary shall
18 issue whichever one of the applicable cease and desist orders apply, as follows:

19 (1) The outpatient abortion facility shall be ordered closed and the
20 facility shall immediately cease and desist performing abortions because the
21 Human Life Protection Act, R.S. 40:1061, or R.S. 14:87.7 has been enacted and
22 the practice of abortion in Louisiana has been prohibited by law.

23 (2) The outpatient abortion facility shall be ordered to cease and desist
24 performing late term abortions, as is prohibited in R.S. 14:87.8, because the
25 Supreme Court of the United States has provided for the states to prohibit
26 abortions when the gestational age of the unborn child is fifteen weeks or more.

27 B.(1) Any person who violates a cease and desist order of the secretary
28 after it has become final and while such order is in effect shall, upon proof
29 thereof to the satisfaction of the court, be ordered by the court to forfeit and pay
30 to the attorney general a sum not less than ten thousand dollars nor more than

SB NO. 342

1 fifty thousand dollars per violation.

2 (2) Each abortion performed in violation of the cease and desist order
3 issued pursuant to this Section shall constitute a separate violation.

4 C. The provisions of Subsection A and B of this Section shall not apply
5 if the decision rendered by the United States Supreme Court in the case of
6 Dobbs v. Jackson Women's Health Organization, Docket No. 19-1392, which
7 overrules, in whole or in part, Roe v. Wade, 410 U.S. 113, 93 S.Ct. 705, 35 L.Ed.
8 2d 147 (1973), does not restore to the states the authority to prohibit or limit
9 abortion.

10 Section 4. R.S. 14:32.9(B), 32.9.1(B), 32.10, 32.11(B), 87, 87.3(B), and R.S.
11 40:1061.1.1(B), 1061.1.2(A), 1061.1.3(B), 1061.9(1)through(11), 1061.12(A), 1061.27, and
12 1061.28(B) are hereby repealed.

13 Section 5. If the bill that originated as Senate Bill No. 388 of the 2022 Regular
14 Session of the Legislature is enacted and becomes law, the provisions containing definitions
15 in R.S. 14:87.9(B) in Section 1 of the Act which originated as Senate Bill No. 388 and R.S.
16 40:962.2(B) of Section 2 of the Act which originated as Senate Bill No. 388 shall be null and
17 void.

18 Section 6. The Louisiana State Law Institute, pursuant to its statutory authority, is
19 hereby authorized and directed to make the following technical changes:

20 (A) Redesignate the provisions of R.S. 14:32.9, 32.9.1, 32.11 and relocate the
21 provisions to Subpart A.3. Abortion. of Part V of Title 14 of the Louisiana Revised Statutes
22 of 1950.

23 (B) Redesignate R.S. 40:1061.8 (Legislative intent) and 1061.9 (Definitions) and
24 relocate those same provisions of law to follow directly after R.S. 40:1061.1.

25 (C) Redesignate R.S. 40:1061.1 (Pain-capable Unborn Child Protection Act) and
26 1061.1.1 (Louisiana Unborn Child Protection from Dismemberment Abortion Act) and
27 relocate those same provisions of law to follow directly after the provisions that have been
28 redesignated and relocated pursuant to Subsection (B) of this Section.

29 (D) Make changes to any internal citation references in this Act to reflect the changes
30 made pursuant to Subsections (B) and (C) of this Section.

SB NO. 342

1 (E) Arrange in alphabetical order and renumber the provisions of law, in particular
2 arrange in alphabetical order and renumber those provisions of law to reflect that the
3 provisions of law contained in Section 5 of this Act were repealed in favor of the
4 consolidated "Definitions" provisions of law in R.S. 14:87.1 in Section 1 of this Act and R.S.
5 40:1061.1 in Section 2 of this Act.

6 (F) Make changes to any references in the Codes or Louisiana Revised Statutes of
7 1950 to reflect the citation changes contained in this Act.

8 (G) If the provisions of Section 5 of this Act are in effect because the bill that
9 originated as Senate Bill No. 388 of the 2022 Regular Session of the Legislature is enacted
10 and becomes law, arrange in alphabetical order and renumber the Subsections of R.S.
11 14:87.9 and R.S. 40:962.2.

12 Section 7. The provisions of Section 1 of this Act shall become effective upon
13 signature by the governor or, if not signed by the governor, upon expiration of the time for
14 bills to become law without signature by the governor, as provided by Article III, Section
15 18 of the Constitution of Louisiana. If vetoed by the governor and subsequently approved
16 by the legislature, this Act shall become effective on the day following such approval.

PRESIDENT OF THE SENATE

SPEAKER OF THE HOUSE OF REPRESENTATIVES

GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: _____

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Office of the Governor
State of Louisiana

JOHN BEL EDWARDS
GOVERNOR



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(225) 342-7015
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June 18, 2022

VIA HAND DELIVERY

Honorable Page Cortez
Louisiana Senate President
Louisiana State Senate
Post Office Box 94183
Baton Rouge, LA 70804

RE: Senate Bill 342 of the 2022 Regular Session

Dear President Cortez:

Please be advised that I have signed Senate Bill 342 of the 2022 Regular Session.

With the impending decision expected to be rendered by the United States Supreme Court later this month in a challenge over the constitutionality of a Mississippi law prohibiting abortion after 15 weeks, Senate Bill 342 has been a major focus of this past legislative session for both pro-life and pro-choice advocates alike. While there has been speculation about the action the Court will take, and confusion about the resulting effects of their decision on our state law, what is clear is that in 2006 the Louisiana Legislature enacted R.S. 40:1061 prohibiting abortion, with the prohibition becoming effective if the United States Supreme Court reverses, in whole or in part, *Roe v. Wade*.

As enacted in 2006, R.S. 40:1061 provides only two exceptions to the ban on abortion: (1) when the licensed physician performs a medical procedure necessary to prevent the death or serious, permanent impairment of a life-sustaining organ of the pregnant woman resulting in the termination of the pregnancy, or (2) when medical treatment is provided to the pregnant woman by a licensed physician that results in an unintentional termination. The 2006 law does not provide an exception for rape or incest, but it does provide that pregnancy and the life of an unborn child begin at fertilization creating confusion on whether or not emergency contraception would be available to victims of rape and incest.

With the enactment of Senate Bill 342, the list of exceptions to the abortion prohibition in R.S. 40:1061 is expanded to include: (1) when a medical procedure is performed with the intent to save the life or preserve the health of an unborn child, (2) when medical procedures are performed after a pregnant woman miscarries, (3) treatment and removal of an ectopic pregnancy, and (4)

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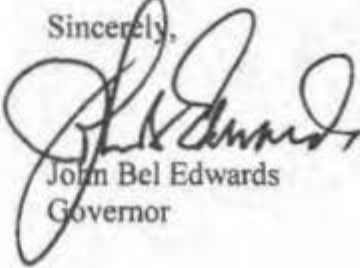
A-3

Honorable Page Cortez
June 18, 2022
Page Two

when a medical procedure is performed to remove an unborn child with an irremediable congenital or chromosomal anomaly that is incompatible with sustaining life after birth. Although Senate Bill 342 did not add rape and incest to the two existing exceptions in R.S. 40:1061, it did clarify that pregnancy and the life of an unborn child begin at implantation, rather than at fertilization under the law as enacted in 2006, and clearly allows for emergency contraception to be administered to victims of rape and incest prior to when a pregnancy can be clinically diagnosed.

My position on abortion has been unwavering – I am pro-life and have never hidden from that fact. This does not belie my belief that there should be an exception to the prohibition on abortion for victims of rape and incest. However, vetoing Senate Bill 342 would not accomplish that end. In fact, vetoing Senate Bill 342 would leave fewer exceptions in place than if the bill becomes law and would further confuse whether pregnancy begins at fertilization or implantation. For these reasons, I have signed Senate Bill 342 into law.

Sincerely,



John Bel Edwards
Governor

cc: Honorable Clay Schexnayder
Speaker of the House of Representatives

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AG Jeff Landry @AGJeffLandry

BREAKING Supreme Court rules in #Dobbs - agreeing with Attorney General Jeff Landry that Roe v. Wade and Casey v. Planned Parenthood were wrongly decided

9:35 AM · Jun 24, 2022 · Twitter Web App

4 Retweets 32 Likes



Matt Ellis @mellis999 · Jun 24 Replying to @AGJeffLandry

Big Easy Magazine @bigeasy_mag · Jan 12, 2021 Louisiana's Attorney General, Jeff Landry, was one of the people who helped organize the insurrection attempt on the US Capitol. bigeasymagazine.com/2021/01/12/lou...



Matt Ellis @mellis999 · Jun 24 Replying to @AGJeffLandry Here some concrete things you can do: 1. Do not send your children to college in Louisiana and if they are currently enrolled encourage them to transfer. 2. Encourage female children to seek employment out of state. 3. Vote against every Republican for the rest of your life.



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 **AG Jeff Landry** @AGJeffLandry

As noted in both my legal brief to #SCOTUS and the majority's opinion: the Constitution makes no reference to #abortion, and no such right is implicitly protected by any constitutional provision. #Dobbs #lagov #lalege

9:36 AM · Jun 24, 2022 · Twitter Web App

7 Retweets 35 Likes



 **Bashfully Yours** @BashfullyYours · Jun 24
Replying to @AGJeffLandry

Thank God and thank you Louisiana Legislature, and AG Jeff Landry. God is pleased. 🙏

2 replies 1 like

 **Gobsmacked** @GobsmackedAus · Jun 24

Which god is that? There are 3000 of them in this world, i get confused on which one people follow nowadays. I take it you mean the one that had an arab son? Religious peeps would fit in well living with the taliban telling women what they can and cant do. Face covering next?

1 like


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 **Ron DeSantis** @GovRonDeSantis · 15h
Happy Birthday @CaseyDeSantis! Thank you for being the rock for our family – I love you very, very much!




5,167 replies 4,738 retweets 67.2K likes

 **Donald Trump Jr.** @DonaldJTrumpJr · 5h
Glad to see everyone is back to knowing what a woman is.

3,829 replies 5,725 retweets 47.8K likes

 **Tim Allen** @ofctimallen · 11h
At last I have a pronoun that includes and maybe offends everyone equally: "Hey you."

1,634 replies 3,632 retweets 44.6K likes

 **Lauren Boebert** @laurenboebert · 16h
To the Left, everything they don't like puts "democracy at risk".

No, it puts their power at risk and that makes them seethe.

5,212 replies 5,892 retweets 32.3K likes

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Because of #SCOTUS ruling in #Dobbs, Louisiana's trigger law banning #abortion is now in effect. #lagov

9:37 AM · Jun 24, 2022 · Twitter Web App

62 Retweets 46 Quote Tweets 160 Likes



Andrew @andyb2383 · Jun 24
Replying to @AGJeffLandry

Gonna be really funny when the news breaks that you and Steve Scalise have to fly your mistress's to Mexico for an abortion



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44



diligamus_invicem @DInvicem · Jun 24
Replying to @AGJeffLandry

This is the right decision. If people still insist on having the, they can travel to another state that allows it. In the debate of 'is this a life' I think it best that we not rest our moral on a presupposition, and instead air of the side of caution.



5



2



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Happy Birthday @CaseyDeSantis! Thank you for being the rock for our family – I love you very, very much!



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4,738



67.2K



Donald Trump Jr. @DonaldJTrumpJr · 5h

Glad to see everyone is back to knowing what a woman is.



3,829



5,731



47.6K



Tim Allen @ofctimallen · 11h

At last I have a pronoun that includes and maybe offends everyone equally: "Hey you."



1,634



3,632



44.6K



Lauren Boebert @laurenboebert · 16h

To the Left, everything they don't like puts "democracy at risk".

No, it puts their power at risk and that makes them seethe.



5,212



5,893



32.3K



Ned Ryun @nedryun · 16h

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 **AG Jeff Landry** @AGJeffLandry

My office and I will do everything in our power to ensure the laws of Louisiana that have been passed to protect the unborn are enforceable, even if we have to go back to court. #lagov #lalege #Dobbs

9:39 AM · Jun 24, 2022 · Twitter Web App

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 **Nick Powell** @GattusoPowell · Jun 24

Replying to @AGJeffLandry

Any news on the plan once the baby is born? You gonna protect the kid with education and healthcare, or will it need to fend for itself? You're not pro life, you're pro birth. Sod the living.



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Happy Birthday @CaseyDeSantis! Thank you for being the rock for our family – I love you very, very much!



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Glad to see everyone is back to knowing what a woman is.



 **Tim Allen** @ofctimallen · 11h

At last I have a pronoun that includes and maybe offends everyone equally: "Hey you."



 **Lauren Boebert** @laurenboebert · 16h

To the Left, everything they don't like puts "democracy at risk".

No, it puts their power at risk and that makes them seethe.



 **Ned Ryun** @nedryun · 16h



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AG Jeff Landry @AGJeffLandry

As the chief legal officer for our State, I will continue defending Louisiana's #ProLife laws and working to ensure the health and safety of women and their babies. #lagov #lalege #Dobbs

9:40 AM · Jun 24, 2022 · Twitter Web App

7 Retweets 3 Quote Tweets 62 Likes



Askeletonheart @askeletonheart · Jun 24

Replying to @AGJeffLandry
Shouldn't you be looking into the abject failure of Louisiana's crime and court systems? Worry about that. You know, your actual job, not abortions.



Tony @tonycaselle · Jun 24

Replying to @AGJeffLandry
Louisiana has one of the highest child poverty rates in the country...



Shelley @Dream13Gemini · Jun 24

Replying to @AGJeffLandry



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Ron DeSantis @GovRonDeSantis · 15h

Happy Birthday @CaseyDeSantis! Thank you for being the rock for our family - I love you very, very much!



Donald Trump Jr. @DonaldJTrumpJr · 5h

Glad to see everyone is back to knowing what a woman is.



Tim Allen @ofctimallen · 11h

At last I have a pronoun that includes and maybe offends everyone equally: "Hey you."



Lauren Boebert @laurenboebert · 16h

To the Left, everything they don't like puts "democracy at risk".

No, it puts their power at risk and that makes them seethe.

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2022 JUL 05 A 09:58

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AG Jeff Landry @AGJeffLandry
The official account of General Jeff Landry, Department of Justice

What's happening

US national news · LIVE
Protests break out across 15 states after Supreme Court overrules Roe v. Wade

The Globe and Mail · Yes
As Russians advance in eastern Ukraine, city of Sloviansk reports the horrors of 2014 will return

The Sunday Times · This
I left my husband for the most hated man in America

NHL · 1 hour ago
Cale Makar wins 2022 Conn Smythe Trophy
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Jeff Landry @JeffLandry

BREAKING Victory for the unborn. U.S. Supreme Court has agreed with my position ruling Roe v. Wade and Casey v. Planned Parenthood were both wrongly decided. Louisiana's trigger law banning abortion is now in effect. As Attorney General I will defend it.

9:54 AM · Jun 24, 2022 · Twitter for Android

15 Retweets 13 Quote Tweets 53 Likes



Matthew Wollenweber @MWollenweber · Jun 24 Replying to @JeffLandry



1 Reply 5 Retweets 22 Likes

Eres tú, no soy yo @reyesoscar · Jun 24 This is sadly true

1 Like

Jolene West Shaw Edwards @sedufia · Jun 24 Replying to @JeffLandry



6 Likes

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Ron DeSantis @GovRonDeSantis · 15h Happy Birthday @CaseyDeSantis! Thank you for being the rock for our family - I love you very, very much!



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Jeff Landry @JeffLandry Husband, Father, C Small Businessman Conservative Cong. Louisiana's Attorne

What's happening

US national news · LIVE Protests break out across t after Supreme Court overtu Roe v. Wade

The Sunday Times · Yesterday I left my husband for the m hated man in America

Insider · Earlier today Summer travel is already a nightmare — and it's only g to get worse

NHL · 1 hour ago Cale Makar wins 2022 Con Smythe Trophy Trending with Cale Makar, Conn

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EXHIBIT 5

Roe V Wade Overturned: AG Jeff Landry Praises Victory For Mothers & Unborn Babies

Louisiana Attorney General Notes Supreme Court Decision's Impact on State Law

BATON ROUGE, LA – In the decades since *Roe v. Wade*, nearly 60 million innocent lives were lost to abortion; today, the bleeding stops as the United States Supreme Court has overturned that historic and dreadful judicial activism.

In its opinion for *Dobbs v. Jackson Women's Health Organization*, the majority of Supreme Court Justices agreed with Attorney General Jeff Landry – declaring that *Roe v. Wade* and *Casey v. Planned Parenthood* were wrongly decided. In response, Attorney General Landry issued the following statement:

"This is the day the Lord has made; let us rejoice in it and be glad. Today, along with millions across Louisiana and America, I rejoice with my departed Mom and the unborn children with her in Heaven!

The Supreme Court has finally returned to the Constitution and delegated power back to the people. Our State's representatives, held accountable by their constituents, should – and now again can – determine abortion policy not the federal government.

As noted in both [my legal brief](#) to the Supreme Court and the majority's opinion: the Constitution makes no reference to abortion, and no such right is implicitly protected by any constitutional provision.

Because of the Court's ruling in this case about a Mississippi law limiting abortions after 15 weeks of gestation with exceptions for health emergencies and fetal abnormalities, [Louisiana's trigger law](#) banning abortion is now in effect.

My office and I will do everything in our power to ensure the laws of Louisiana that have been passed to protect the unborn are enforceable, even if we have to go back to court.

As the chief legal officer for our State, I will continue defending Louisiana's pro-life laws and working to ensure the health and safety of women and their babies."

#

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6/26/22, 10:25 AM

Louisiana Attorney General Jeff Landry

UNDORN BADIES

6/24/2022

**Bob Dean Arrested by Attorney
General Jeff Landry's Office**

6/22/2022

**Biden Threatens School Lunches to
Force Transgender Policies, Attorney
General Jeff Landry Voices Opposition
to New Federal Directive**

6/16/2022



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SENATE BILL NO. 33

BY SENATORS NEVERS, ELLINGTON, B. GAUTREAUX, N. GAUTREAUX, MOUNT, ROMERO AND SCHEDLER AND REPRESENTATIVES ALARIO, BALDONE, BARROW, BAUDOIN, BEARD, BOWLER, BRUCE, BURNS, CHANDLER, CRANE, CRAVINS, CROWE, DARTEZ, DOERGE, DOVE, DOWNS, DURAND, ERDEY, FANNIN, FARRAR, FAUCHEUX, FRITH, GEYMAN, GREENE, E. GUILLORY, M. GUILLORY, HEATON, HEBERT, HILL, HOPKINS, HUTTER, JOHNS, KATZ, KENNEY, KLECKLEY, LABRUZZO, LAMBERT, LANCASTER, MARTINY, MCDONALD, MONTGOMERY, MORRISH, ODINET, PIERRE, PINAC, M. POWELL, T. POWELL, RITCHIE, ROMERO, SCALISE, SCHNEIDER, SMILEY, JACK SMITH, JANE SMITH, JOHN SMITH, ST. GERMAIN, STRAIN, THOMPSON, TOWNSEND, TRAHAN, WADDELL, WALSWORTH, WHITE AND WOOTON

1 AN ACT

2 To amend and reenact R.S. 14:87 and to enact R.S. 40:1299.30, relative to abortion; to
3 prohibit abortion of a human being, except when necessary to save the life of the
4 mother and when necessary to prevent substantial risk of death or permanent
5 impairment under certain circumstances; to provide for criminal consequences for
6 violations; to provide for the act to only become effective upon the occurrence of
7 certain events; to provide for severability; and to provide for related matters.

8 Be it enacted by the Legislature of Louisiana:

9 Section 1. R.S. 40:1299.30 is hereby enacted to read as follows:

10 **§1299.30. Abortion; prohibition**

11 **A. The provisions of this Act shall become effective immediately upon,**
12 **and to the extent permitted, by the occurrence of any of the following**
13 **circumstances:**

14 **(1) Any decision of the United States Supreme Court which reverses, in**
15 **whole or in part, *Roe v. Wade*, 410 U.S. 113, 93 S.Ct. 705, 35 L.Ed. 2d 147 (1973),**
16 **thereby, restoring to the state of Louisiana the authority to prohibit abortion.**

SB NO. 33

1 (2) Adoption of an amendment to the United States Constitution which,
2 in whole or in part, restores to the state of Louisiana the authority to prohibit
3 abortion.

4 B. The provisions of this Act shall be effective relative to the
5 appropriation of Medicaid funds, to the extent consistent with any executive
6 order by the President of the United States, federal statute, appropriation rider,
7 or federal regulation that sets forth the limited circumstances in which states
8 must fund abortion to remain eligible to receive federal Medicaid funds
9 pursuant to 42 U.S.C. 1396, et. seq.

10 C. No person may knowingly administer to, prescribe for, or procure
11 for, or sell to any pregnant woman any medicine, drug, or other substance with
12 the specific intent of causing or abetting the termination of the life of an unborn
13 human being. No person may knowingly use or employ any instrument or
14 procedure upon a pregnant woman with the specific intent of causing or
15 abetting the termination of the life of an unborn human being.

16 D. Any violation of this Section shall be prosecuted pursuant to R.S.
17 14:87.

18 E. Nothing in this Section may be construed to prohibit the sale, use,
19 prescription, or administration of a contraceptive measure, drug or chemical,
20 if it is administered prior to the time when a pregnancy could be determined
21 through conventional medical testing and if the contraceptive measure is sold,
22 used, prescribed, or administered in accordance with manufacturer
23 instructions.

24 F. It shall not be a violation of Subsection C of this Section for a licensed
25 physician to perform a medical procedure necessary in reasonable medical
26 judgment to prevent the death or substantial risk of death due to a physical
27 condition, or to prevent the serious, permanent impairment of a life-sustaining
28 organ of a pregnant woman. However, the physician shall make reasonable
29 medical efforts under the circumstances to preserve both the life of the mother
30 and the life of her unborn child in a manner consistent with reasonable medical

SB NO. 33

1 practice.

2 G. Medical treatment provided to the mother by a licensed physician
3 which results in the accidental or unintentional injury or death to the unborn
4 child is not a violation of Subsection C of this Section.

5 H. Nothing in this Section may be construed to subject the pregnant
6 mother upon whom any abortion is performed or attempted to any criminal
7 conviction and penalty.

8 I. The following terms as used in this Section shall have the following
9 meanings:

10 (1) "Pregnant" means the human female reproductive condition, of
11 having a living unborn human being within her body throughout the entire
12 embryonic and fetal stages of the unborn child from fertilization to full
13 gestation and childbirth.

14 (2) "Unborn human being" means an individual living member of the
15 species, homo sapiens, throughout the entire embryonic and fetal stages of the
16 unborn child from fertilization to full gestation and childbirth.

17 (3) "Fertilization" means that point in time when a male human sperm
18 penetrates the zona pellucida of a female human ovum.

19 J. This Section shall be known, and may be cited, as the Human Life
20 Protection Act.

21 Section 2. R.S. 14:87 is hereby amended and reenacted to read as follows:

22 §87. Abortion

23 A.(1) Abortion is the performance of any of the following acts, with the
24 specific intent of terminating a pregnancy:

25 (a) Administering or prescribing any drug, potion, medicine or any other
26 substance to a female; or

27 (b) Using any instrument or external force whatsoever on a female.

28 (2) This Section shall not apply to the female who has an abortion.

29 B. It shall not be unlawful for a physician to perform any of the acts
30 described in Subsection A of this Section if performed under the following

SB NO. 33

1 circumstances:

2 (1) The physician terminates the pregnancy in order to preserve the life or
3 health of the unborn child or to remove a stillborn child.

4 (2) The physician terminates a pregnancy for the express purpose of saving
5 the life, preventing the permanent impairment of a life sustaining organ or
6 organs, or to prevent a substantial risk of death of the mother.

7 (3) ~~The physician terminates a pregnancy which is the result of rape as~~
8 ~~defined in either R.S. 14:42, R.S. 14:42.1, or R.S. 14:43 and in which all of the~~
9 ~~following requirements are met prior to the pregnancy termination:~~

10 (a) ~~The rape victim obtains a physical examination and/or treatment from a~~
11 ~~physician other than the physician who is to terminate the pregnancy within five days~~
12 ~~of the rape to determine whether she was pregnant prior to the rape and to prevent~~
13 ~~pregnancy and venereal disease, unless the rape victim is incapacitated to such a~~
14 ~~degree that she is unable to obtain this examination. If the victim is unable to obtain~~
15 ~~the examination due to such incapacity, then an examination shall be performed~~
16 ~~within five days after the incapacity is removed; and~~

17 (b) ~~The rape victim reports the rape to law enforcement officials within~~
18 ~~seven days of the rape unless the victim is incapacitated to such a degree that she is~~
19 ~~unable to report the rape. If the victim is unable to report the rape due to such~~
20 ~~incapacity, then a report shall be made within seven days after the incapacity is~~
21 ~~removed; and~~

22 (c) ~~The abortion is performed within thirteen weeks of conception:~~

23 The physician terminates a pregnancy by performing a medical
24 procedure necessary in reasonable medical judgment to prevent the death or
25 substantial risk of death due to a physical condition, or to prevent the serious,
26 permanent impairment of a life-sustaining organ of a pregnant woman.

27 (4) ~~The physician terminates a pregnancy which is the result of incest as~~
28 ~~defined in R.S. 14:78, provided the crime is reported to law enforcement officials~~
29 ~~and the abortion is performed within thirteen weeks of conception:~~

30 C.(1) ~~Prior to the performance of any abortion under Subsection (B)(3) or~~

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1 ~~(B)(4)~~ of this Section, the physician who is to perform the abortion shall obtain from
2 the victim a statement in writing verifying that she has obtained the physical
3 examination and shall obtain written verification by a law enforcement official that
4 the victim reported the rape to law enforcement officials as required under this
5 Section:

6 ~~(2)~~ Every physician who conducts a physical examination of a rape victim
7 within five days of the rape shall immediately, upon written request of either the
8 victim or the physician who is to perform the abortion on the victim, provide to the
9 victim or the requesting physician written verification of his examination:

10 ~~(3)~~ Every law enforcement official who receives a report of a rape victim
11 within seven days of the rape or receives a report of incest shall immediately, upon
12 written request of either the victim or the physician who is to perform the abortion,
13 provide to the victim or requesting physician written verification of the report which
14 was made to the official:

15 DC. As used in this Section, the following words and phrases are defined as
16 follows:

17 ~~(1)~~ "Law enforcement official or officer" means any peace officer or agency
18 empowered to enforce the law in criminal matters within his or its respective
19 jurisdiction, including but not limited to a state police officer, sheriff, constable,
20 local police officer, and district attorney:

21 ~~(2)~~(1) "Physician" means any person licensed to practice medicine in this
22 state.

23 ~~(3)~~(2) "Unborn child" means the unborn offspring of human beings from the
24 moment of ~~conception~~ fertilization until birth.

25 ~~(4)~~ "Conception" means the contact of spermatozoan with the ovum:

26 E.D.(1) Whoever commits the crime of abortion shall be imprisoned at hard
27 labor for not less than one nor more than ten years and shall be fined not less than ten
28 thousand dollars nor more than one hundred thousand dollars.

29 (2) This penalty shall not apply to the female who has an abortion.

30 Section 3. The provisions of this Act are severable. If any provision, item, sentence,

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1 or word of this Act, or application thereof, is held invalid, such invalidity shall not effect
2 other provisions, items, sentences, or words of this Act which are to be given effect without
3 the invalid provision, item, sentence, or word of the Act.

PRESIDENT OF THE SENATE

SPEAKER OF THE HOUSE OF REPRESENTATIVES

GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: _____

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Page 1

La. Attorney General Jeff Landry:

Those who want to fight abortion law in La.
"in for a rough fight"

June 24, 2022

Cajundome Convention Center

MAGNA 
LEGAL SERVICES

EXHIBIT

A-6

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1 MR. LANDRY: -- on the books. And so
2 the opportunity today is for other states to be
3 able to take Louisiana as a template in order to
4 protect the unborn. Right? So that is what the
5 court has said. The court has said, "Listen,
6 this is a decision that is best left for the
7 states." Which really means it's a decision that
8 is best left for the people in this state.

9 Now I know there are many questions out
10 there. We're getting tons of texts and requests
11 as to what exactly is going to happen next.
12 Here's what I'll tell you: We intend to enforce
13 the laws that are on the books. We also intend
14 to ensure that if there are any legal obstacles
15 in the way to enforcing those laws, that we will
16 be taking the legal action immediately, through
17 our Solicitor General Liz Merrill who has been
18 litigating this issue consistently for us. Her
19 and I spoke earlier this morning. They are
20 preparing now a filing -- if there are any
21 obstacles, such as, like, the admitting
22 privileges, right. The admitting privileges law
23 that we took to the Supreme Court, we will be
24 taking the necessary legal action to ensure that
25 there are no obstacles in protecting the unborn.

1 So again, I can't thank you enough. I mean
2 this just speaks volumes for where we are in
3 this country today. I really believe that it is
4 an unbelievably great and blessed day, and I'll
5 be happy to take any questions that you may
6 have. Thank you.

7 REPORTER 1: Hi. Yes. Can you -- I'm sort of
8 confused exactly what John Bel Edwards signed,
9 that Trigger Law, can you explain in more
10 detail? I'm not quite sure exactly what that
11 means. Can you explain that to me?

12 MR. LANDRY: Well the Trigger Laws, the Trigger
13 Laws were always designed to be able to allow
14 the laws that were in place prior, that may have
15 been struck down by the court because of Roe, to
16 then be enacted. And so that's where we're going
17 to be looking through to ensure that we can
18 enforce those particular laws.

19 REPORTER 2: In the case of like a couple, who
20 are going through IVF, and have like a leftover
21 embryo or anything like that, what are your
22 thoughts on that?

23 MR. LANDRY: Well, here's what we're going to be
24 doing. Here's what I think is important. I think
25 it's an opportunity for everybody to rejoice.

1 Right? It's a big rejoice. Instead of going
2 into the -- what we will be doing from the
3 Attorney General's Office is again, going
4 through the laws, and being able to put out a
5 self-explanation. We do it all the time, right.
6 We go out there, we post things on our website
7 so that our citizens in this state are informed
8 as to exactly what the law is.

9 So if you'll give us a little time,
10 we'll be more than happy to be able to get those
11 types of answers and some particulars out to the
12 public.

13 REPORTER 3: Is your position that the abortion
14 clinics should be shut down right now, or is
15 there sometime your office [unintelligible]

16 MR. LANDRY: Well, Tyler, it was always my
17 position that those clinics should be shut down.
18 [Cheers] If I had wanted them open, I wouldn't
19 be standing before you.

20 AUDIENCE MEMBER: Well, how do you shut them
21 down?

22 MR. LANDRY: Yeah! Well [stutters] exactly - how
23 mean look again I think that we will be -- we --
24 look: I think it takes time, I think it's in --
25 this is an important day, right? We should make

1 sure that we move -- look. We want everyone's
2 legal rights to be protected - everyone, because
3 that's how America is. It's how it's supposed to
4 be. And we're gonna make sure that we comb
5 through, and we enforce the laws that are on the
6 books based upon this decision. It's a big
7 decision! I mean not only because it's a great
8 decision, but it's 150 pages of decision as
9 well. So we'll be going through those and
10 putting some information out at that time. Yes,
11 ma'am?

12 REPORTER 4: It's only Day 1, but for those who
13 are speaking out saying that they plan to fight
14 this decision, [unintelligible]

15 MR. LANDRY Suit up. [Cheers] I would tell you
16 that if you're in Louisiana, you're in for a
17 rough fight. All right. Well, look I really
18 appreciate it. Thank you so very much. Thank
19 you.

20

21

22

23

24

25

1 CERTIFICATE OF REPORTER

2

3 STATE OF FLORIDA)
4) ss
5 COUNTY OF MIAMI-DADE)

6 I, JOCELAINE DUROSCA, Court
7 Reporter and Notary Public, duly qualified in
8 and for the State of Florida at Large do hereby
9 certify that the foregoing proceedings were
10 transcribed at the place therein designated; and
11 the foregoing pages 1 through 5 inclusive, are a
12 true and correct record of the proceedings.

13 I FURTHER CERTIFY that I am not a
14 relative or employee of any of the parties, nor
15 relative or employee of such attorney or
16 counsel, or financially interested in the
17 foregoing action.

18 WITNESS MY HAND AND SEAL this 26th day
19 of June, 2022, in the City of Miami, County of
20 Miami-Dade, State of Florida.

21

22

23

24 JOCELAINE DUROSCA
Jocelaine DuroscA
25 Jocelaine DuroscA
Notary Public
Commission No. GG 30850
State of Florida at Large



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EXHIBIT 7

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The erosion
of our
**reproductive
rights** is an
erosion of our
human rights.
We will not be
silent on this
issue.

Helen
Moreno
CITY COUNCIL MEMBER



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helenamorenola The erosion of our reproductive rights, is an erosion of our human rights. We will not sit silent on this issue.

Swipe left for the complete statement from myself and Councilmember Lesli Harris concerning today's United States Supreme Court ruling to overturn Roe v. Wade.

Edited · 1h



ziggythebard I'm heartbroken and scared. Just beyond devastated that I have less bodily autonomy than a corpse. And I know I can't afford tubal ligation (yay Catholic employer-sponsored health insurance).

1h · 1 like · Reply



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The ruling by the U.S. Supreme Court to overturn Roe v. Wade will have dire consequences throughout our country, but will particularly endanger the health and safety of people who are pregnant in trigger states like Louisiana. In our state, the law also criminalizes doctors. We will do everything we can to find solutions to protect women's health and support our doctors working tirelessly in our community. The erosion of our reproductive rights, is an erosion of our human rights.

We will not sit silent on this issue.

We believe there are open legal questions about the automatic-trigger provisions of Louisiana's anti-abortion laws, which, unlike virtually all other trigger states, do not contain any certification mechanism for determining whether the triggering event has occurred and when the bans take effect.



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helenamorenola The erosion of our reproductive rights, is an erosion of our human rights. We will not sit silent on this issue.

Swipe left for the complete statement from myself and Councilmember Lesli Harris concerning today's United States Supreme Court ruling to overturn Roe v. Wade.

Edited - (1)



ziggythebard I'm heartbroken and scared. Just beyond devastated that I have less bodily autonomy than a corpse. And I know I can't afford tubal ligation (yay Catholic employer-sponsored health insurance).

1h 1 like Reply



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Given that the Dobbs case has been remanded to the district court for further proceedings and has not been reduced to a final judgment, we question whether the abortion ban is even currently in effect. In view of these legal uncertainties, but predominantly due to the dangerous implications to women's health, we have urged our District Attorney Jason Williams to not prosecute patients or physicians and appreciate him emphatically agreeing to our request.

This is a sad day for our country.



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helenamorenola The erosion of our reproductive rights, is an erosion of our human rights. We will not sit silent on this issue.

Swipe left for the complete statement from myself and Councilmember Lesli Harris concerning today's United States Supreme Court ruling to overturn Roe v. Wade.

Edited · 1h



ziggythebard I'm heartbroken and scared. Just beyond devastated that I have less bodily autonomy than a corpse. And I know I can't afford tubal ligation (yay Catholic employer-sponsored health insurance).

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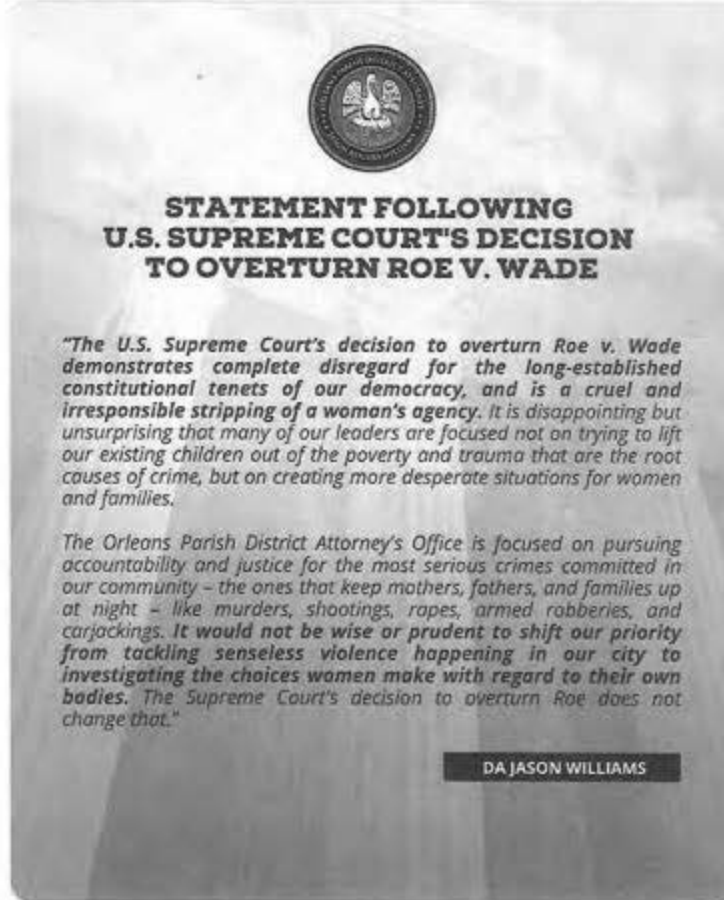
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DA Williams releases statement following U.S. Supreme Court's decision to overturn Roe v. Wade.



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EXHIBIT 9

RS 40:1061

CHAPTER 5. HEALTH PROVISIONS: ABORTION

§1061. Abortion; prohibition

A. The provisions of this Act shall become effective immediately upon, and to the extent permitted, by the occurrence of any of the following circumstances:

(1) Any decision of the United States Supreme Court which reverses, in whole or in part, Roe v. Wade, 410 U.S. 113, 93 S.Ct. 705, 35 L.Ed. 2d 147 (1973), thereby, restoring to the state of Louisiana the authority to prohibit abortion.

(2) Adoption of an amendment to the United States Constitution which, in whole or in part, restores to the state of Louisiana the authority to prohibit abortion.

B. The provisions of this Act shall be effective relative to the appropriation of Medicaid funds, to the extent consistent with any executive order by the President of the United States, federal statute, appropriation rider, or federal regulation that sets forth the limited circumstances in which states must fund abortion to remain eligible to receive federal Medicaid funds pursuant to 42 U.S.C. 1396 et. seq.

C. No person may knowingly administer to, prescribe for, or procure for, or sell to any pregnant woman any medicine, drug, or other substance with the specific intent of causing or abetting the termination of the life of an unborn human being. No person may knowingly use or employ any instrument or procedure upon a pregnant woman with the specific intent of causing or abetting the termination of the life of an unborn human being.

D. Any person in violation of this Section shall be prosecuted pursuant to the effective provisions of R.S. 14:87, and shall be subject to the penalties provided in R.S. 40:1061.29.

E. Nothing in this Section may be construed to prohibit the sale, use, prescription, or administration of a contraceptive measure, drug or chemical, if it is administered prior to the time when a pregnancy could be determined through conventional medical testing and if the contraceptive measure is sold, used, prescribed, or administered in accordance with manufacturer instructions.

F. It shall not be a violation of Subsection C of this Section for a licensed physician to perform a medical procedure necessary in reasonable medical judgment to prevent the death or substantial risk of death due to a physical condition, or to prevent the serious, permanent impairment of a life-sustaining organ of a pregnant woman. However, the physician shall make reasonable medical efforts under the circumstances to preserve both the life of the mother and the life of her unborn child in a manner consistent with reasonable medical practice.

G. Medical treatment provided to the mother by a licensed physician which results in the accidental or unintentional injury or death to the unborn child is not a violation of Subsection C of this Section.

H. Nothing in this Section may be construed to subject the pregnant mother upon whom any abortion is performed or attempted to any criminal conviction and penalty.

I. The following terms as used in this Section shall have the following meanings:

(1) "Fertilization" means that point in time when a male human sperm penetrates the zona pellucida of a female human ovum.

(2) "Pregnant" means the human female reproductive condition, of having a living unborn human being within her body throughout the entire embryonic and fetal stages of the unborn child from fertilization to full gestation and childbirth.

(3) "Unborn human being" means an individual living member of the species, homo sapiens, throughout the entire embryonic and fetal stages of the unborn child from fertilization to full gestation and childbirth.

J. This Section shall be known, and may be cited, as the Human Life Protection Act.

Acts 2006, No. 467, §1; Redesignated from R.S. 40:1299.30 by HCR 84 of 2015 R.S.; Acts 2018, No. 468, §2, eff. May 23, 2018.

NOTE: Former R.S. 40:1061 redesignated to R.S. 40:1121.1 by HCR 84 of 2015 R.S.

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RS 40:1061.23

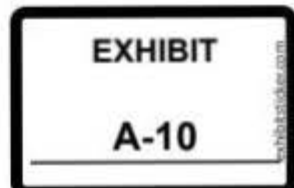
§1061.23. Emergency

The provisions of this Chapter shall not apply when a medical emergency compels the immediate performance of an abortion because the continuation of the pregnancy poses an immediate threat and grave risk to the life or permanent physical health of the pregnant woman. Within twenty-four hours, the attending physician shall certify to the emergency need for the abortion and shall enter such certification in the medical record of the pregnant woman.

Added by Acts 1978, No. 435, §1. Amended by Acts 1980, No. 418, §1; Acts 1999, No. 1232, §1, eff. July 9, 1999; Acts 2001, No. 1110, §1, eff. June 28, 2001; Acts 2014, No. 569, §2, special eff. date; Redesignated from R.S. 40:1299.35.12 by HCR 84 of 2015 R.S.

NOTE: See Acts 2014, No. 569, §3, regarding effectiveness.

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RS 40:1061.29

§1061.29. Penalties

A. Whoever violates the provisions of this Chapter shall be fined not more than one thousand dollars per incidence or occurrence, or imprisoned for not more than two years, or both.

B. Whoever violates the provisions of this Chapter shall be subject to a civil fine of one thousand dollars per incidence or occurrence. In addition to any other authority granted by the constitution and laws of this state, the attorney general shall have the authority to pursue the civil fines provided for in this Section.

C. In addition to whatever remedies are otherwise available under the law of this state, failure to comply with the provisions of this Chapter shall:

(1) Provide a basis for a civil malpractice action. Such an action may be brought by the woman upon whom the abortion was performed. Any intentional violation of this Chapter shall be admissible in a civil suit as prima facie evidence of a failure to comply with the requirements of this Chapter. When requested, the court shall allow a woman to proceed using solely her initials or a pseudonym and may close any proceedings in the case and enter other protective orders to preserve the privacy of the woman upon whom the abortion was performed.

(2) Provide a basis for professional disciplinary action, including but not limited to any action authorized under R.S. 37:1261 et seq.

(3) Provide a basis for recovery for the woman for the death of her unborn child under Civil Code Article 2315.2, whether or not the unborn child was viable at the time the abortion was performed, or was born alive.

(4) Provide a basis for the attorney general, the district attorney in whose jurisdiction the violation occurred, or the secretary of the department to obtain a writ of injunction, which shall not be subject to being released upon bond. The trial of the proceeding shall be summary and by the judge without a jury.

Added by Acts 1978, No. 435, §1; Acts 1981, No. 774, §1, eff. July 23, 1981; Redesignated from R.S. 40:1299.35.18 by Acts 2008, No. 220, §14; Acts 2011, No. 411, §1, eff. Aug. 15, 2011; Acts 2013, No. 259, §1, eff. June 10, 2013; Redesignated from R.S. 40:1299.35.19 by HCR 84 of 2015 R.S.; Acts 2019, No. 435, §1, eff. June 22, 2019.

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RS 40:1061.1.3

NOTE: §1061.1.3 eff. upon final decision of the U.S. Court of Appeals of the 5th Circuit upholding the Act that originated as SB 2116 of the 2019 R.S. of the Mississippi Legislature.

§1061.1.3. Abortion prohibited; detectable fetal heartbeat; ultrasound required

A. (1)(a) Prior to any abortion being performed, there shall first be performed an ultrasound, in accordance with the standards set forth in R.S. 40:1061.10(D), in order to determine whether or not a fetal heartbeat is present, and the results of the ultrasound shall be included in the pregnant woman's medical records.

(b) Except as provided in Paragraph (2), (3), or (4) of this Subsection, it shall be unlawful for any person to knowingly perform an abortion with the specific intent of causing or abetting the termination of the life of an unborn human being when a fetal heartbeat has been detected. Any person who acts based on the exceptions provided in Paragraph (2), (3), or (4) of this Subsection shall so note in the pregnant woman's medical records and shall specify in the pregnant woman's medical records which of the exceptions the person performing the abortion has invoked.

(2)(a) A person shall not be in violation of Paragraph (1) of this Subsection if the person performs a medical procedure designed to or intended, in that person's reasonable medical judgment, to prevent the death of a pregnant woman or to prevent a serious risk of the substantial and irreversible impairment of a major bodily function of the pregnant woman.

(b)(i) A person who performs a medical procedure as described in Subparagraph (a) of this Paragraph shall declare in writing, under penalty of perjury, that the medical procedure was necessary, to the best of that person's reasonable medical judgment, to prevent the death of the pregnant woman or to prevent a serious risk of the substantial and irreversible impairment of a major bodily function of the pregnant woman. The person shall also provide in that written statement the specific medical condition of the pregnant woman that the medical procedure was performed to address, and the medical rationale for the conclusion that the medical procedure was necessary to prevent the death of the pregnant woman or to prevent a serious risk of the substantial and irreversible impairment of a major bodily function of the pregnant woman.

(ii) The person who performs a medical procedure as described in Subparagraph (a) of this Paragraph shall place the written documentation required by this Subparagraph in the pregnant woman's medical records, and shall maintain a copy of the written documentation for not less than seven years.

(3) A person shall not be in violation of Paragraph (1) of this Subsection if the person has performed an examination for the presence of a fetal heartbeat in the unborn human individual using standard medical practice and that examination does not reveal a fetal heartbeat, or the person has been informed by a physician who has performed the examination for a fetal heartbeat that the examination did not reveal a fetal heartbeat.

(4) For purposes of this Section, "abortion" shall not include an abortion performed when the pregnancy is diagnosed as medically futile.

B. For purposes of this Section:

(1) "Fetal heartbeat" means cardiac activity or the steady and repetitive rhythmic contraction of the fetal heart within the gestational sac.

(2) "Medically futile" means that, in reasonable medical judgment, the unborn child has a profound and irremediable congenital or chromosomal anomaly that is incompatible with sustaining life after birth. This diagnosis shall be a medical judgment certified in the pregnant woman's medical record by a reasonably prudent physician who is knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved.

(3) "Physician" means an individual licensed by the Louisiana State Board of Medical Examiners.

(4) "Unborn human being" means an individual living member of the species *Homo sapiens* throughout the entire embryonic and fetal stages, from fertilization through full gestation and birth.

C. Whoever violates this Section shall be prosecuted pursuant to the effective provisions of R.S. 14:87 and shall be subject to the penalties provided in R.S. 40:1061.29.

D. In addition to any other grounds provided by law, it shall be grounds for the nonissuance, suspension, revocation, or restriction of a license, or the denial of reinstatement or renewal of a license, issued by the Louisiana State Board of Medical Examiners, that the applicant or licensee has performed an abortion in violation of this Section.

E. This Section shall not be construed to repeal any other provision of law that restricts or regulates the performance of an abortion by a particular method or during a particular stage of a pregnancy.

F. The provisions of this Section are hereby repealed in favor of the provisions of R.S. 40:1061 immediately upon and to the extent that either:

(1) A decision of the United States Supreme Court upholds the authority of each of the several states of the United States or of the state of Louisiana to prohibit elective abortions.

(2) An amendment to the Constitution of the United States of America is adopted that restores to each of the several states of the United States or to the state of Louisiana the authority to prohibit elective abortions.

Acts 2019, No. 31, §1, special eff. date.

EXHIBIT

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Exhibit “B”

19TH JUDICIAL DISTRICT COURT
PARISH OF EAST BATON ROUGE
STATE OF LOUISIANA

NO. C-720988

DIVISION B, SEC. 24

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF ITSELF
AND ITS MEMBERS, AND CLARISSA HOFF, M.D.

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

**AFFIDAVIT OF KATHALEEN PITTMAN IN SUPPORT OF
PLAINTIFFS' MOTION FOR A PRELIMINARY INJUNCTION**

I, Kathaleen Pittman, affirm under penalty of perjury that the following statements are true and correct:

1. I am the Administrator of June Medical Services LLC, which does business as Hope Medical Group for Women ("Hope") in Shreveport, Louisiana. Hope is a reproductive health clinic, licensed as a "licensed outpatient abortion facility" and inspected by the Louisiana Department of Health ("LDH"), that has been safely providing abortion care in its community since 1980. Hope is one of only three abortion clinics serving the nearly one-million women of reproductive age who live in Louisiana. Hope is the only reproductive healthcare clinic in the Northern region of the state. In addition to providing abortion care, Hope provides pregnancy testing and counseling, contraception, education, ultrasounds, as well as referrals for prenatal care, treatment of sexually transmitted infections, and adoption.

2. I have worked at Hope in various capacities since 1992, including as a patient counselor and assistant administrator. Since 2010, I have been Hope's Administrator. In that role, I manage the day-to-day operation of the clinic, including supervising personnel; overseeing

EXHIBIT

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patient care in conjunction with the physicians and nurses; purchasing our medications, equipment and supplies and contracting for services; creating policies and procedures in conjunction with our medical director; and ensuring that Hope complies with all laws and regulations. My responsibilities and duties at Hope include all interactions between Hope and Louisiana regulators and law enforcement agencies.

3. I am offering this affidavit in support of the Plaintiffs' Motion for Preliminary Injunction against Louisiana's several trigger bans—which by my last count, there are three trigger bans. I am aware that the Legislature passed their first trigger ban in 2006, and for over 15 years, the First Trigger Ban had no effect on Hope or our patients. The Legislature this year apparently passed two additional Trigger Bans. I have read these laws, but find them difficult to comprehend, even though, in my role, I have reviewed and complied with Louisiana abortion statutes for years. These laws are long, dense, and are not clear as to when they go into effect, what conduct is prohibited, or what penalties would apply if the statutes were to be violated. Some appear to amend or supersede other scenarios and pre-existing bans.

4. I am also aware that Louisiana, for years, has had other bans on abortion, including a 15-week abortion ban and a 6-week abortion ban, which are also confusingly keyed to actions that may or may not be taken by the Fifth Circuit Court of Appeals involving a different state's abortion bans. These bans on abortion co-existed with the Trigger Ban, but each are not laws that are in effect in the state. This year, with Act 545, the Legislature created a Second Trigger Ban and Third Trigger Ban. The Second Trigger Ban and Third Trigger Ban appear to me to be even longer and just as, if not more, complicated than their predecessors. They amend numerous statutes related to abortion, but also amend the First Trigger Ban in anticipation of the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization*. The Second Trigger Ban and Third Trigger Ban appear to add another scenario in addition to those described above, and another set

of requirements depending on a complicated set of potential outcomes from the Supreme Court's *Dobbs* case. These Trigger Bans have severe criminal and civil penalties, including up to 15 years in jail and a fine of up to two hundred thousand dollars. Yet, despite this harsh penalization, it remains unclear to me who will make the necessary determinations as to if and when the Trigger Bans are "triggered" or how some of these very confusing requirements under any of the Trigger Bans are met, or which provisions are currently operative.

5. Public officials have only made things more muddled. They have made conflicting statements on this topic, leaving me confused as to both the status and the content of the law.

6. Despite all this, recent actions taken by officials, including the LDH, appear to have attempted to trigger one or some or all of the Trigger Bans. Specifically, Hope received a letter from R.N. Tasheka Dukes from LDH on June 24, 2022 at 4:52pm, the afternoon of the *Dobbs* decision, which is attached hereto as **Exhibit 1** and states:

Through this letter you are hereby notified that today, the U.S. Supreme Court issued its ruling in *Dobbs v. Jackson Women's Health Organization* (597 U.S. ___ (2022)), which held that the U.S. Constitution does not confer a right to abortion, that *Roe* and *Casey* are overruled, and that the authority to regulate abortion is returned to the people and their elected representatives. Therefore, Louisiana Revised Statute 40:1061 is now in effect and enforceable. In addition, relevant provisions of Acts 2022, No. 545 of the 2022 Regular Legislative Session are also in effect today, June 24, 2022. The Louisiana Department of Health (LDH) expects your clinic to abide by the Louisiana laws on abortion.

7. The LDH Letter for the first time since the *Dobbs* decision, suggested that perhaps all three Trigger Bans were in effect in Louisiana. Notably, however, LDH stated that only "relevant provisions" of Act 545 were in effect, but there was no further information as to which provisions were relevant, or any other insight into what LDH was referring to. Without outlining which laws became "in effect," a government agency is demanding you abide by unidentified laws.

8. The Trigger Bans threaten Louisianans' access to essential, time-sensitive healthcare and prevent Hope from providing this care, despite its strongly held belief that provision of abortion care to patients in Louisiana is a medical and social necessity. Hope wishes to continue providing lawful abortions to patients in Louisiana, and, if enforcement of the Trigger Bans is enjoined or if the Trigger Bans are declared unconstitutional, Hope will continue providing abortion care in Louisiana.

Abortion Care at Hope

9. As a reproductive health clinic, Hope is licensed by the state of Louisiana to provide abortion care of all forms. Each year, Hope renews its annual license at the cost of \$600.00 to the State, in addition to the substantial costs associated with complying with regulations and staffing. There are currently twenty-three employees on Hope's payroll, including, but not limited to, physicians, nurses, medical assistants, lab assistants, and administrative assistants. Hope also pays annual fees to the State for its Controlled Dangerous Substance license.

10. Hope provides two types of abortion care: medication abortion, up to 9 weeks since a woman's last menstrual period ("LMP"), and in-clinic procedural abortions, up to 16 weeks, 6 days LMP. Hope also provides patients with other pregnancy-related health care, including pregnancy testing, pregnancy options counseling, adoption referral, contraception, and ultrasound services. In 2020 and 2021, Hope provided 3,653 and 3,538 abortion procedures, respectively.

11. Because Hope is a small medical facility, in my role as clinic Administrator, I interact with our healthcare staff on a daily basis, including nearly constant interaction with staff members and physicians, including ensuring that they are adequately provided with medicine and equipment, that they are staffed with nurses, that their orders are carried out, and that they have anything and everything they need to care for our patients.

12. I also interact with patients on a daily basis. I help them schedule their appointments and think through how they are going to manage childcare, transportation, and other issues during their visits to Hope. I counsel patients through their options and check in with them in the waiting areas when coming and going. The patients who come to Hope seeking abortion care do so for a variety of medical, family, economic, and personal reasons. The majority of them are low-income. Most of our patients are already parents. Some of our patients seek abortion care because they face serious health issues that make it dangerous to carry a pregnancy to term. Some of them are referred to Hope by their physicians so that they can get the care they need. Some of our patients have suffered trauma, such as sexual assault or domestic violence, and continuing their pregnancy may further exacerbate an already difficult situation. Hope has treated rape victims, incest survivors, and minors. However, there is no typical patient, as our patients come to Hope for a variety of medical needs.

13. Some of the patients we care for are seeking an abortion because of pregnancy complications or other medical concerns, including demise of the fetus and for maternal indications. For example, we recently cared for two patients who had deep vein thrombosis (DVT), which can be caused by pregnancy and be very dangerous. One of those patients came to us right before the *Dobbs* decision, and she had been released by her physician in her hospital into our care. The physician and Hope staff worked collaboratively to provide the medically-necessary abortion care that the patient needed. We have also provided abortion care to patients with uncontrolled blood pressure caused by their pregnancy; in such cases their doctors recommended termination and referred them to us. Additionally, we have provided pregnancy terminations for patients who had been diagnosed with cancer and their chemotherapy has been delayed due to pregnancy.

14. We also treat patients for incomplete miscarriages and futile pregnancies. Though some patients are treated for miscarriage management at hospitals, some hospitals have a policy

against this procedure, and so patients are either referred to Hope or find their own way to our facility. After a pregnancy loss, we have, for years, been able to provide this essential, patient-centered care for Louisianans.

15. What is common among our patients is that for them to access care, they need to face formidable obstacles in accessing an abortion—whether medically indicated or not. Even before the *Dobbs* decision, there are several restrictions on abortion in place in Louisiana already that patients must overcome, such as the state’s mandatory 72-hour delay period and biased counseling requirements. In addition, patients face logistical obstacles, including covering the costs of the procedure, taking (often unpaid) time off of work, arranging for transportation, and childcare. In addition to the burdens these unnecessary restrictions place on patients, these restrictions also create hurdles for the clinic and its ability to provide care. The confusion surrounding the Trigger Bans, and their potential interaction with other previously repealed or amended gestational bans, only further exacerbates these hurdles for Hope and its patients. When the injunction expired last week, there was even more chaos and confusion among patients—and we had to turn so many who needed care away until the injunction was restored.

16. In addition to patient care, Hope also trains *most* obstetrics and gynecology medical residents in Louisiana in procedural care. Specifically, Hope contracts with four out of Louisiana’s five OB/GYN residency programs, so that residents throughout the state can train and learn how to perform procedures in emergencies, miscarriage management, fetal demise situations, and other potentially harmful and life-threatening situations. In this way, Hope is an integral part of Louisiana’s post-graduate advanced medical education for physicians and residents.

17. The residents’ rotation at Hope is usually a two-week assignment, which assures that the OB/GYN’s residency program’s rotational goals and objectives are met, and each resident is provided robust teaching, supervision, and evaluation. For example, during their rotation at

Hope, residents learn, among other things, how to accurately date the gestational age of a pregnancy; to understand cervical preparation recommendations; place osmotic dilators; develop skills in transvaginal and abdominal ultrasounds; complete medication abortion; perform options counseling; understand indications and differences for all forms of abortion care; provide aftercare instruction; and identify and manage emergency situations and complications. In sum, during their time at Hope, each resident is able to obtain an immersive experience in the OB/GYN care, that includes procedures they may have to provide in their future clinical practice. The Trigger Bans put all of this instruction and learning of Louisiana's physicians at risk.

Impact of Louisiana's Trigger Bans

18. As clinic Administrator, I am responsible for ensuring compliance with all laws and regulations. As someone who has been reviewing abortion regulations and laws for several decades, I find the Trigger Bans especially convoluted and confusing, and has made it particularly difficult for the clinic to operate in recent months.

19. For instance, the prospect of the Trigger Bans under some unclear circumstance is creating staffing issues for the clinic. On the one hand, it is forcing long-time, dedicated clinic staff to consider quitting their jobs due to the lack of clarity and assurance that they will have a source of income in the short and long-term following any potential action by the State should they try and enact one or more abortion bans. This is creating significant anxiety since no one is able to offer clarification about what these Trigger Bans mean. At the same time, Hope has had trouble employing new staff, including physicians, due to the uncertainty that the Trigger Bans bring and whether certain scenarios may or may not materialize, and even then, whether certain circumstances will be met to ban abortion. Thus, this question of when, if ever, the Trigger Bans will ban abortion is already having negative consequences for the clinic and its ability to retain employees. If the Trigger Bans go into effect as the State desires then Hope would shut down its

doors and close. We would no longer employ any staff members, including our licensed physicians and healthcare providers, who would no longer be able to provide abortion care in Louisiana.

20. Additionally, the prospect of the Trigger Bans is already impacting Hope's budgetary and financial operations. The clinic generally sets aside funds to repair and replace necessary equipment, to order medications, and procure clinic supplies. The supply shortages during the pandemic have made it all the more imperative that I order supplies in bulk and in advance to ensure the clinic is able to meet the basic care needs of our patients. However, the lack of clarity surrounding if and when abortion will be banned, and, to what extent, makes it difficult to prioritize these expenses. Uncertainty about the clinic's future and our budget also makes me concerned that vendors will not want to work with us due to the prospect of the Trigger Bans prohibiting abortion. Hope enters into contracts with vendors for a number of services necessary to run the clinic. This includes contracts with our provider of linen service, with our waste disposal services, with our cleaning service, and with our pathology lab, among others. Some contracts are entered into years in advance and may extend for several years. Thus, we are faced with the possibility that vendors will refuse to enter into contracts with us, or we will be contractually obligated to pay vendors for potentially years' worth of services even if the clinic is forced to close its doors.

21. The prospect of the Trigger Bans has also led to increased levels of harassment and hostility by protesters emboldened by the Legislature's actions. Hope and its physicians have been subject to threats of economic and physical harm by anti-abortion groups, and we have protesters gathered outside of Hope almost every day. Recently, protesters have escalated their efforts, including by taking pictures and video recordings of patients' license plates and yelling at individuals walking into the clinic that it should close. I am concerned that this increased hostility will further harm the physical and emotional wellbeing of both our patients and staff.

22. I have also seen firsthand how even the prospect of Louisiana's Trigger Bans becoming law presents challenges to Hope's patients.

23. Patients have expressed that their need for abortion care is even more urgent because of the fears around Louisiana banning abortion. Patients who call the clinic have frequently expressed confusion, concern, and desperation about their abortion options, asking if abortions are still legal in Louisiana and if Hope still provides them. The number of phone calls we receive daily, particularly in the wake of recently enacted abortion bans in neighboring states like Texas and Oklahoma, has drastically increased, such that we now have an ever-growing patient waitlist to schedule appointments. The phones ring nonstop. These states' abortion bans have caused significant strain on Hope's daily operations as Texans and Oklahomans have sought abortion care in Louisiana. Now the threat of the Trigger Bans has only amplified these issues further.

24. As of June 24, 2022 (the date *Dobbs* was issued), Hope had nearly 400 patients awaiting their consultation appointment—the first of two required appointments—with appointments scheduled for weeks into the future. These patients depend on Hope to be able to provide abortion care services and are planning their lives and healthcare decisions in reliance on Hope's reproductive care services.

25. Even in the immediate aftermath of the *Dobbs* decision, the threat of the Trigger Ban going into effect had a devastating and immediate effect on our patients' ability to receive abortion care. Friday, June 24, 2022 and Saturday, June 25, 2022 were scheduled procedure days—and those scheduled patients were not able to receive care at Hope. I know some of those patients will have timed out of being able to receive care even if Hope resumes care this week.

26. The Trigger Bans have also created chaos at pharmacies. Pharmacies are refusing to fill prescriptions for medications prescribed for non-abortion purposes, including misoprostol,

which can be used for medication abortions and many other purposes, including to prevent stomach ulcers. We prescribe misoprostol to some patients for after-care from a procedural abortion. But as of this week, I am aware of at least one major pharmacy chain that is unwilling to fill a misoprostol prescription, despite it being prescribed for after-care to stop bleeding. This puts patients at unnecessary risk of complications. The way the Trigger Bans are written is confusing pharmacists, who are denying patients the standard of care for abortion but also a host of other care, including serious ulcer complications.

27. This is why an injunction is so necessary. As stated above, the bans and the confusion surrounding them have meant that there are patients too far along in their pregnancy for them to have an abortion at our clinic, which currently provides abortion care until 16 weeks, 6 days LMP. For patients fortunate enough to still be within the gestational age limit, assuming Hope can schedule them and the patients can return, they will still be further along in their pregnancy, making the complexity and cost of abortion increase for several of these patients. This is because, although abortion is safe at every gestational age, complication rates increase with gestational age, and because of the risks of remaining pregnant for a longer time, delays in obtaining an abortion are associated with increased risk of complications for the patient. This is also exacerbated by the growing number of physicians and hospitals in Louisiana that are scared of the legal ramifications of the Trigger Bans, and are refusing to provide care that resembles any form of medical abortion care or making decisions that negatively affect the patient that they never would consider making before.

28. In addition, there are hundreds of women on Hope's waitlist, who may attempt to travel to another state to seek an abortion. But many patients lack financial resources for the abortion care, let alone to travel across state lines or multiple state lines. They will have no choice but to carry a pregnancy to term against their will. Other patients may choose to self-manage their

abortion outside of the clinical setting, which may carry risks and lead patients to seek emergency care.

29. All said, if the Trigger Bans go into effect, these laws will force many people in Louisiana to carry pregnancies to term against their will and lead to devastating pregnancy outcomes.

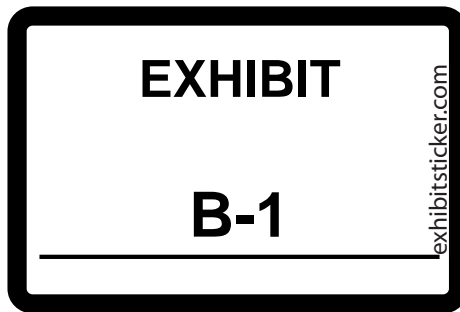
Before the undersigned, a duly commissioned officer of the laws of Louisiana, on the 14th of July, 2022, personally appeared in Shreveport, Louisiana, the undersigned, who having been first duly sworn, attests to the contents of this affidavits.


NOTARY PUBLIC #67321




KATHALEEN PITTMAN
Clinic Administrator

EXHIBIT 1



John Bel Edwards
GOVERNOR



Dr. Courtney N. Phillips
SECRETARY

State of Louisiana
Louisiana Department of Health
Health Standards Section

June 24, 2022

**SENT VIA EMAIL AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7015 3010 0001 9969 1521**

Hope Medical Group for Women
Attn: Kathaleen Pittman, Administrator
210 Kings Hwy
Shreveport, LA 71104
email: kathaleen@hopemedical.com

Re: Hope Medical Group for Women
License # 06
Notification of Laws Now in Effect

Dear Ms. Pittman:

Through this letter you are hereby notified that today, the U.S. Supreme Court issued its ruling in *Dobbs v. Jackson Women's Health Organization* (597 U.S. ____ (2022)), which held that the U.S. Constitution does not confer a right to abortion, that *Roe* and *Casey* are overruled and that the authority to regulate abortion is returned to the people and their elected representatives. Therefore, Louisiana Revised Statute 40:1061 is now in effect and enforceable. In addition, relevant provisions of Acts 2022, No. 545 of the 2022 Regular Legislative Session are also in effect today, June 24, 2022. The Louisiana Department of Health (LDH) expects your clinic to abide by the Louisiana laws on abortion.

Sincerely,

A handwritten signature in black ink that reads "Tasheka Dukes".

Tasheka Dukes, R.N.
Deputy Assistant Secretary Health Standards

cc: Medicaid Director

FILED
2022 JUN 27 PM 9:57
CIVIL
DISTRICT COURT

Exhibit “C”

19TH JUDICIAL DISTRICT COURT
PARISH OF EAST BATON ROUGE
STATE OF LOUISIANA

NO. C-720988

DIVISION

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF ITSELF
AND ITS MEMBERS, AND CLARISSA HOFF, M.D.

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

FILED: _____
DEPUTY CLERK

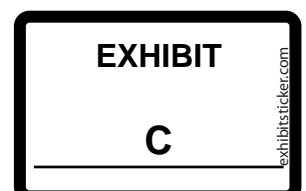
**AFFIDAVIT OF PAMELA MERRITT IN SUPPORT OF
PLAINTIFFS' MOTION FOR A
TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION**

I, PAMELA MERRITT hereby affirms under penalty of perjury that the following statements are true and correct:

1. I am the Executive Director of Medical Students for Choice ("MSFC"). MSFC is a 501(c)(3) non-profit organization whose mission is to create tomorrow's abortion providers and pro-choice physicians. Family planning, including abortion, is fundamental to public health and touches on every area of medicine. MSFC assists medical students and residents to maintain access to abortion and family planning training, including through curriculum reform, training in a clinic setting, and abortion training institutes. MSFC is devoted to expanding access to health services that allow patients to lead safe, healthy lives consistent with their own personal and cultural values, with respect to all aspects of sexual and reproductive health.

2. As Executive Director, I am responsible for the management and organization of MSFC and therefore am familiar with our operations. I have been working in the reproductive justice field since 2008, including advocacy and outreach at Planned Parenthood Advocates in Missouri, co-founding and serving as the co-director of Reproaction, a national organization that seeks to increase access to abortion, and serving on Pro-Choice Missouri's board of directors. I provide the following testimony based on my personal knowledge and review of MSFC.

MSFC's Abortion Training and Practice



3. MSFC was founded in 1993 after the murder of Dr. David Gunn and subsequent statements from an anti-choice organization threatening thousands of medical students with death for providing abortion care. The threat, designed to deter students from pursuing or receiving abortion education, had the opposite effect: students saw a need to organize to obtain abortion training and education.

4. We believe abortion and family planning training are essential foundations for future physicians. Patients deserve and depend on trusted medical providers who offer medically accurate information, regardless of specialty.

5. Abortion is extremely common. Fifty-one percent of the population can experience pregnancy from the age of 12-50. One in four women choose to have an abortion during the course of their childbearing years. Pregnancy is fundamental to a person's health and touches on every area of medicine. Further, the overall health of a patient is tied to their ability to time a pregnancy, so that it occurs when the patient is mentally and physically healthy to carry a pregnancy to term.

6. When we look at the overall health of our community, it is essential to understand that people who experience adverse pregnancy outcomes face lifelong, and sometimes life-threatening impacts to their health. In contrast, abortion is an extremely safe procedure. In fact, a pregnant person is fourteen times more likely to experience death as a result of giving birth.

7. MSFC has 185 chapters in 46 U.S. states, as well as in the District of Columbia and Puerto Rico, and another 81 chapters outside the U.S. As our website details, we are a "network of medical students and residents around the United States and internationally." We currently have over 13,000 members.

8. In Louisiana, we have chapters at: Louisiana State University Health New Orleans School of Medicine (New Orleans), Louisiana State University Health Shreveport (Shreveport), Tulane University School of Medicine (New Orleans), and University of Queensland Ochsner Clinical School (Jefferson). MSFC members enrolled in these Louisiana medical schools include medical students and residents, including those who train in the provision of abortion care, those who perform and assist in abortion care in the state including in New Orleans, and those who plan to do so in the foreseeable future but for laws like the Trigger Bans.

9. In the United States, we have three different abortion training programs that provide our members with financial and logistical support to receive clinical training. First, the Reproductive Health Externship Funding Program provides members with financial support to

receive clinical training in abortion care outside of their institution's standard curriculum by spending two to four weeks in a clinic of their choice. Second, the Clinical Abortion Observation program offers members the opportunity to spend anywhere from three to nine days in a clinical setting receiving training in abortion care. Third, the MSFC's Abortion Training Institute is an intensive two-day educational opportunity for members to learn about abortion and family planning in a small-group conference setting. We also support residents through the Training to Competence Externship funding program, which provides residents with financial and logistical support for receiving clinical abortion training outside of their program's standard curriculum.

10. MSFC members perform or assist in a range of tasks, including learning about patient counseling, the provision of medication abortion, and aspiration or procedural abortion procedures. In Louisiana, members from top medical schools throughout the state have trained with abortion providers in Louisiana, including MSFC members at Plaintiff Hope's clinic.

11. Additionally, MSFC members in Louisiana are trained to treat patients with compassion, care, and cultural literacy, especially for patients from underserved communities. This is particularly relevant in Louisiana, where minoritized groups are more likely to utilize abortion care. For instance, in 2021, 64.7% of people who received an abortion in Louisiana were Black, though Black people comprise only 32.8% of Louisianans. See Louisiana Department of Public Health, *Induced Termination of Pregnancy (ITOP) Data*, https://ldh.la.gov/assets/oph/Center-RS/vitalrec/leers/ITOP/ITOP_Reports/A21_Table21.pdf. Moreover, many of the patients our MSFC members care for are Medicaid recipients, work hourly wages and/or multiple jobs, and/or are non-English speaking.

12. Thus, when our students speak to pregnant patients about their options and refer them to an abortion clinic, they learn to center their patients' experiences and to view their role as a health care provider in a larger context. For example, our students take into account that transportation to a clinic is a large hurdle for many low-income patients because of transit deserts in the state. Our students at Tulane University School of Medicine are aware that the two abortion clinics outside of New Orleans—in Baton Rouge (a one-hour drive from New Orleans) and in Shreveport (a five-hour drive from New Orleans)—are largely unreachable for many patients, as there is no accessible or affordable public transportation.

13. Thus, by taking this holistic view of medicine, MSFC members become trained in treating the whole patient. MSFC members in Louisiana coordinate with local organizations on

the ground that logistically and financially support pregnant patients seeking an abortion, and with organizations that advocate for policy changes to improve the reproductive health of all Louisianans. For example, members at Tulane University School of Medicine collaborate and fundraise for New Orleans Abortion Fund, a group that provides funding for the cost of an abortion and associated costs for transportation and/or lodging for low-income patients; Lift Louisiana, whose mission is to educate and advocate for policy changes to improve the health and wellbeing of Louisiana's women, families, and communities; and the Planned Parenthood clinic in New Orleans.

**Impact of Louisiana's Trigger Bans on Medical Students,
Medical Schools, and Hospitals**

14. I understand that Louisiana has several different laws that purport to criminalize performing or aiding abortions, although there are apparently at least three Trigger Bans in the state. It is unclear to me how these Trigger Bans interact and which, if any, are in effect. If and when these Trigger Bans actually prohibit abortion in the state, they will most certainly affect MSFC's members, including medical students and residents, medical schools, and hospitals in Louisiana. There is already great anxiety and fear among our members in the state that being forced to discontinue performing and assisting in the provision of abortion care, despite their intention and desire to do so, will mean that they will be unable to receive the training needed to become fulsome reproductive healthcare providers.

15. If The Trigger Bans are indeed in effect, they will have devastating effects in ob/gyn care, healthcare providers, and hospitals in Louisiana, irreparably harming MSFC and the interests they represent.

*The Trigger Bans Will Adversely Impact Members' Ability to Provide Comprehensive,
Quality Care*

16. First, healthcare providers at medical schools, hospitals, and clinics may risk criminalization when trying to provide the full spectrum of reproductive care, which harm MSFC's members' ability to provide comprehensive, quality healthcare and in turn result in a denial of patient access to the best and most developed healthcare.

17. The way the Trigger Bans are written and interact has already confused MSFC members in Louisiana, as well as their teachers. It is my understanding that the Trigger Bans may attempt to outlaw nearly all abortions in the state, but it is unclear how the conditions for the Trigger Bans are met or how our students will be notified. The ambiguity concerning whether and

which of the Trigger Bans are in effect and if so, how they work, means that MSFC members in Louisiana and their teachers are unsure whether it constitutes a crime to perform or aid abortions. Accordingly, MSFC members are concerned that they will face criminal penalties if they continue to provide the full scope of reproductive healthcare services, and they face even more difficulty being trained in techniques for abortion care and miscarriage management.

18. Additionally, our members feel unclear about much of the language in the Trigger Bans; for instance, they do not know how the varying definitions of “abortion,” “unborn human being,” and “medically futile” contained within the varying laws should be reconciled, nor how those definitions work in practice, among other issues. When providing healthcare services to a pregnant woman, in an emergency situation where a healthcare provider has to make split-second healthcare decisions, he or she will not know whether the so-called “medically futile” exception applies under the operative law, let alone how to determine whether that exception applies in the unique set of circumstances at issue. Fear of criminal penalties can and will compromise medical judgment in that scenario.

19. I am concerned that, the Trigger Bans (and even the threat of them), our members including residents in training will feel obligated to stop providing any sort of assistance related to abortion care due to the severe criminal and civil penalties. Thus, even if the Trigger Bans do not go into effect, the ambiguous language in the Trigger Bans have already suspended abortion care in the state, thereby harming MSFC members, as well as the health and bodily autonomy of pregnant Louisianans.

The Trigger Bans Will Adversely Impact The Overall Quality of Care in Louisiana

20. Relatedly, if the Triggers Bans are in fact in effect, ob/gyn programs will struggle to recruit and retain residents and physicians if they must accept that a high-risk pregnancy may mean that their patients will die because their patient does not have access to rapid response care in Louisiana that they otherwise would have in another state. Medical students in Louisiana, for example, may opt to leave Louisiana for their residency training, as they otherwise would not be trained in the full spectrum of family planning, including comprehensive training in terminating a pregnancy.

21. When a hospital’s ob/gyn program suffers, or the ability to provide a certain standard of care is inhibited, a hospital quickly loses its competitive edge. This may then affect the overall number, and quality, of physicians in Louisiana, as potential residents seek residency

programs that include the full spectrum of family planning care elsewhere. Most residents end up providing care where they do their residency. Furthermore, hospitals rely heavily on residents, especially teaching hospitals, and a decrease in the number of residents will affect the ability of hospitals to provide care.

22. For instance, if Louisiana programs cannot meet the American College of Obstetricians and Gynecologists' ("ACOG") and the Society for Family Medicine's requirements for the standard of care, the programs will not be able to graduate students in obstetrics and gynecology ("ob/gyn") or family medicine. Every accreditation body for residency programs needs to meet the standards set by these professional organizations. For instance, ACOG has stated that abortion is part of the basic standard of care. If residency programs cannot provide abortion training, the program may lose total accreditation, and fewer residents will attend these programs.

23. Abortion bans that hinder residents' ability to train in this procedure will also make the residency program intrinsically less attractive for medical students. Each year, a graduating class of medical students ranks various hospitals for residency. We already have MSFC members who have ranked residency programs based on whether the programs are in states that have legislation to completely ban abortion. Either because a residency program loses total accreditation, or because there is a fear of a loss of accreditation, or only partial accreditation that rides on the whim of a state legislature, and thus students, residents, and other physicians will not want to attend or join those medical schools and hospital programs. Many residents will simply be unwilling to commit to eight years of study at an institution that may or may not be accredited by the time they graduate. I have already seen highly desirable graduates of prestigious medical schools completely eliminate states from their rank process for residency due to uncertainty about what the state of abortion access will be in a given state. Even world-renowned programs like the program at Tulane University School of Medicine, where MSFC currently has a chapter, will be at risk.

24. There are competing medical schools in other states that will seek to profit off the loss of accreditation for Louisiana schools. Indeed, the governors of California and Illinois have already indicated an intention to become hubs of public health, including comprehensive reproductive healthcare, which will bring enormous prosperity to those states. Whether Louisiana medical schools remain accredited will therefore have enormous economic impact, as in many cities in Louisiana, hospitals support a multi-level, thriving economy.

25. Residents and other physicians in Louisiana who are already training and practicing in ob/gyn will have to choose between providing the care they think is best for their patient and facing criminal liability or depriving their patient of medically necessary care.

26. The long-term implications for medical schools and hospitals in Louisiana—and in turn the overall economic health of the state—will be devastating and will cause Louisiana to permanently fall behind other states and be tainted by the uncertainty over the ongoing prestige and accreditation of their program.

27. Likewise, when a state criminalizes a medical practice and forces a healthcare facility to close, there are often permanent consequences. As other states like Texas have demonstrated, once an abortion facility is forced to shut down, even for only a few months, those facilities are often never able to recover and reopen. Because hospitals in Louisiana rely on outpatient facilities to provide residents with abortion training, the loss of a clinic in the state that provides training will be a loss for the entire medical community.

28. For all these reasons, allowing the Trigger Bans to go into effect would have devastating health-related, community, and economic consequences in Louisiana, particularly those who already experience disproportionate impacts in the state.

On this __ day of July, 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.


PAMELA MERRITT
Executive Director


NOTARY PUBLIC

Sworn to and subscribed before me
this 11 day of July, 2022.

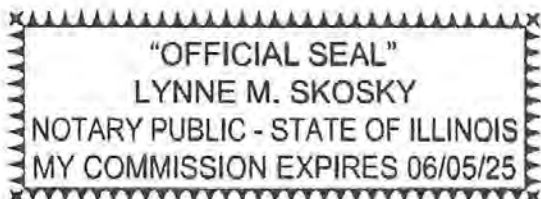


Exhibit “D”

19TH JUDICIAL DISTRICT COURT
PARISH OF EAST BATON ROUGE
STATE OF LOUISIANA

NO. C-720988

DIVISION

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF ITSELF
AND ITS MEMBERS, AND CLARISSA HOFF, M.D.

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

FILED: _____

AFFIDAVIT OF JANIFER TROPEZ-MARTIN, M.D., M.P.H.,
IN SUPPORT OF PLAINTIFFS' MOTION FOR
TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION

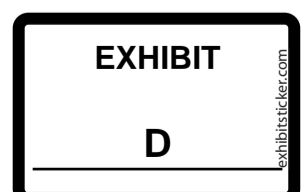
I, JANIFER TROPEZ-MARTIN, M.D., M.P.H, hereby affirm under penalty of perjury that
the following statements are true and correct:

I. Background and Expertise

1. I am a board-certified obstetrician and gynecologist ("OB/GYN") and a medical
doctor licensed in the State of Louisiana, Maryland, and Washington D.C. and in good standing
with the Louisiana State Board of Medical Examiners, the Maryland State Board of Physicians,
and the D.C. Board of Medicine. I am an active member of the American College of Obstetricians
and Gynecologists. My clinical practice includes both obstetrics and gynecology inpatient care.
My research focuses on maternal health disparities, particularly the Black maternal and infant
mortality and morbidity crisis.

2. In 1999, I obtained my undergraduate degree from the Xavier University of
Louisiana in New Orleans, Louisiana. In 2000, I obtained my Master of Public Health degree in
Health Systems Management from Tulane University's School of Public Health in New Orleans,
Louisiana. In 2004, I obtained my medical degree from Louisiana State University's Health
Science Center in New Orleans, Louisiana, and in 2008, I completed a residency in obstetrics and
gynecology at Washington Hospital Center.

3. After my residency, from 2008-2016, I was an assistant professor in the OB/GYN
department at Tulane University's School of Medicine, and from 2009-2013, I served as a



clerkship director there. Then, from 2013-2016, I served as a medical director at Louisiana Healthcare Connections/Centene Corporation in Baton Rouge, Louisiana.

4. During my time as a provider in Louisiana, I performed “non-elective” abortions and, even then, faced threats and hostility from anti-abortion protestors. I had provided comprehensive abortion care up to 23 weeks from the pregnant person’s last menstrual period for maternal or fetal indications in Louisiana.

5. In 2017, I decided to move from Louisiana to Maryland to serve as a Medical Director because, in part, it was increasingly difficult to provide the full spectrum of reproductive health care, including abortion care, in Louisiana.

6. Since leaving Louisiana, from 2017-2018, I served as a medical director at Maryland Physicians Care/Centene Corporation in Linthicum, Maryland. From 2016-2019, I was a Staff Physician at MedStar Washington Hospital, Women’s Wellness Center in Washington, D.C. Since 2018 and currently, I am the chair of academic affairs and research at Anne Arundel Medical Center in Annapolis, Maryland.

7. I am familiar with the standard of care for OB/GYN care, including prenatal care, labor and delivery, abortion, and other obstetric and gynecological care and other resources needed to provide such care safely. I also provide ectopic pregnancy treatment, miscarriage management care, and care for early pregnancy complications.

8. I provide the following opinions based on my education, training, personal knowledge and experience as an OB/GYN; my attendance at professional conferences; review of relevant medical literature; and conversations with other medical professionals. I have also testified in at least five cases as a medical expert in obstetrics and gynecology across the U.S., including in Louisiana courts in Jefferson and Orleans Parrish. My qualifications are described in detail in my curriculum vitae, a copy of which is attached as **Exhibit A**.

9. I submit this affidavit in support of Plaintiffs’ Motion for a Temporary Restraining Order and Preliminary Injunction, which seeks to enjoin enforcement of Louisiana’s trigger abortion bans—I understand there are at least three trigger bans that the State is trying to enforce and implement.

II. The Trigger Bans

10. I have reviewed the Trigger Bans and I understand them to criminalize the provision of virtually all abortion care with some narrow medical exceptions in Louisiana. The Trigger Bans

are confusing and it leaves doctors, like myself, with the untenable position of what is lawful conduct and what is not—and how we are supposed to figure out what we might be severely penalized and put in prison for. The Trigger Bans, among other things, fail to specify which conditions fall under the medical exceptions to the bans on the provision of abortion care.

11. For these reasons, I am deeply concerned that the provision of all abortion care in Louisiana will be rendered obsolete after the decision in *Dobbs v. Jackson Women's Health Organization* since providers will be unable to interpret the language of the Trigger Bans to ascertain whether they will go into effect, who might be making decisions to enforce them, what falls within its penalties, and thus, whether their medical license and liberties will be at stake for providing abortion care in Louisiana.

12. Rather than improving the safety of abortion procedures or promoting reproductive health, if the Trigger Bans go into effect, it is my opinion, based on my experience in providing comprehensive provision of reproductive healthcare in Louisiana, Maryland, and Washington D.C., that they will significantly put the health of pregnant people in Louisiana in jeopardy.

13. I very much wish to return to Louisiana and provide comprehensive reproductive healthcare and medical training there as it is where I was raised, have deep family ties, and consider my home. It is also where I completed most of my medical education and training and I would want nothing more than to serve the patient population in my home state. However, as the legal landscape of Louisiana becomes increasingly restrictive, as demonstrated by a 2006 Trigger Ban being supplemented by two more Trigger Bans, providing the full spectrum of reproductive healthcare is becoming impossible for medical providers and OB/GYNs like me in the state. As such, I am concerned about returning to Louisiana to practice as I would be unable to provide fulsome OBGYN training and care. In addition, I would like to provide telemedicine care for patients needing a medication abortion but for the threat of the draconian civil and criminal penalties set forth by the Trigger Bans and other Louisiana laws.

III. The Abortion and Birthing Landscape in Louisiana

14. Abortion is one of the most common medical procedures in the United States.¹ In the U.S., approximately one in four women will have an abortion in their life.²

¹ See Guttmacher Inst., *Abortion is a Common Experience for U.S. Women, Despite Dramatic Declines in Rates*, Oct. 19, 2017, <https://www.guttmacher.org/news-release/2017/abortion-common-experience-us-women-despite-dramatic-declines-rates>

² Jones RK, Jerman J., *Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008–2014*. *Am J Public Health*. 107(12):1904-1909 (2017).

15. In 2021 alone, 7,444 abortions were provided in Louisiana.³ That year, 64.7% of patients who received abortions in Louisiana were Black.⁴

16. There are generally two options for people who are pregnant—terminating the pregnancy or carrying to term. Medically, pregnancy carries major risks that are far greater than those associated with abortion. In fact, the risk of death from carrying a pregnancy to term is approximately 14 times higher than that from having abortion.⁵ Abortion is therefore safer than carrying a pregnancy to term, and thus an essential and time-sensitive component of comprehensive healthcare.

17. Pregnancy’s numerous risks of complications like preeclampsia—a condition that can lead to strokes, seizures, organ failure, and hemorrhage. Complications from preeclampsia can also lead to stroke and loss of the ability to walk, talk, or feed oneself. Preeclampsia is a condition that disproportionately impacts Black pregnant and birthing people.

18. In Louisiana, “the top causes of pregnancy-related deaths for birthing persons over age 30 were preeclampsia, eclampsia and amniotic fluid embolism.”⁶

19. Delivery itself poses enormous risks to life and health, including life threatening hemorrhage, infection, rupture of the uterus, and injuries to the pelvic floor and perineum.

20. Approximately 1.3% of all pregnant and birthing people will experience severe maternal morbidity during labor/delivery.⁷

21. Louisiana also ranks 40th in the country in infant deaths, and Black infants are twice as likely to die as white infants.⁸

³ La. Dept. Of Health, Induced Termination of Pregnancy (ITOP) Data, <https://ldh.la.gov/page/709> (last visited June 26, 2022).

⁴ La. Dept. Of Health, Induced Termination of Pregnancy by Weeks of Gestation, Race, Age, and Marital Status, Reported Occurring in Louisiana, 2021, https://ldh.la.gov/assets/oph/Center-RS/vitalrec/leers/ITOP/ITOP_Reports/A21_Table21.pdf.

⁵ Elizabeth G. Raymond & David A. Grimes, *The Comparative Safety of Legal Induced Abortion and Childbirth in the United States*, 119 *Obstetrics & Gynecology* 215, 216-17 (2012).

⁶ Louisiana Department of Health, Louisiana Pregnancy-Associated Mortality Review, 2018 Report, 12, https://www.partnersforfamilyhealth.org/wp-content/uploads/2021/09/2018_PAMR_Report_FINAL_MF.pdf.

⁷ Cynthia J. Berg et al., Overview of Maternal Morbidity During Hospitalization for Labor and Delivery in the United States, 113 *Obstetrics & Gynecology* 1075, 1077 (2009); William M. Callaghan et al., Severe Maternal Morbidity Among Delivery and Postpartum Hospitalizations in the United States, 120 *Obstetrics & Gynecology* 1029, 1034 (2012).

⁸ Siddiqui, N., et al., The HOPE Initiative: Appendix, National Collaborative For Health Equity, 13 (Jul. 2018), <http://www.nationalcollaborative.org/wpcontent/uploads/2018/07/HOPE-Appendix-Final-07.24.2018.pdf>.

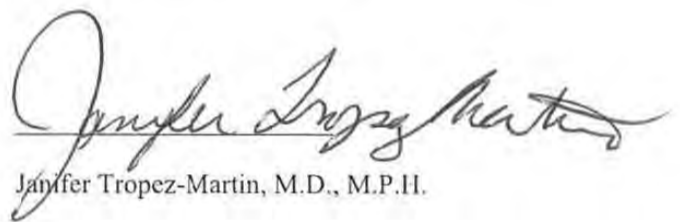
22. Louisiana ranks second to last, or 48th among states when it comes to the health of women and children.⁹ The state's maternal mortality is increasing at a rate that exceeds the national average.¹⁰ Since 2016, maternal mortality has increased to 28% in Louisiana.¹¹ This grim reality is disproportionately experienced by Black pregnant and birthing people.¹² In the U.S., Black individuals are 3.3 times more likely to experience maternal death than white individuals.¹³

23. I have provided comprehensive reproductive healthcare, including well-woman care, births, and abortion care over my decades of experience in the profession. In my opinion, the Trigger Bans will compound existing barriers to reproductive healthcare and worsen the maternal mortality crisis for people of reproductive age across the board in Louisiana. However, Black communities and low-income communities will be disproportionately harmed and devastated as they face larger systemic inequities in Louisiana.¹⁴

On this 12th day of July, 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.



Helen Hoskins
NOTARY PUBLIC
11-26-2023 exp.
Sworn to and subscribed before me
this 12th day of July, 2022
Helen Hoskins


Jennifer Tropez-Martin, M.D., M.P.H.

⁹ United Health Foundation, 2018 Health of Women and Children Report, Louisiana, <https://www.americashealthrankings.org/learn/reports/2018-health-of-women-and-children-report/state-summaries-louisiana>.

¹⁰ Louisiana Dept. of Health, Office of Public Health, Bureau of Family Health, Louisiana Maternal Mortality Review Report 2011 – 2016, 3 (Aug. 2018), http://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/maternal/2011-2016_MMR_Report_FINAL.pdf.

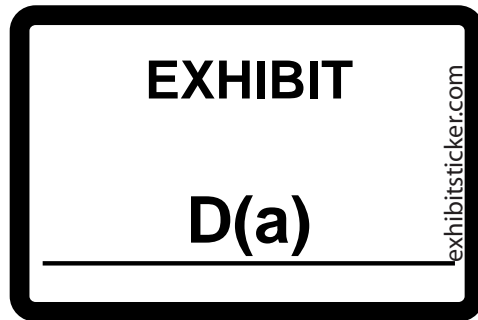
¹¹ United Health Foundation, 2018 Health of Women and Children Report, Louisiana, <https://www.americashealthrankings.org/learn/reports/2018-health-of-women-and-children-report/state-summaries-louisiana>.

¹² Louisiana Dept. of Health, Office of Public Health, Bureau of Family Health, Louisiana Maternal Mortality Review Report 2011-2016, 3, http://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/maternal/2011-2016_MMR_Report_FINAL.pdf (Aug. 2018).

¹³ Petersen EE. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *MMWR Morb Mortal Wkly Rep.* 2019;68. doi:10.15585/mmwr.mm6818e1; See also, Center for Disease Control and Prevention, Pregnancy Mortality Surveillance System, https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Freproductivehealth%2Fmaternalinfanthealth%2Fpregnancy-mortality-surveillance-system.htm (finding Black pregnancy and birthing people are 243 percent more likely to die from pregnancy or childbirth) (last updated June 22, 2022).

¹⁴ James J. Morong, et al., A Review of the Preventability of Maternal Mortality in One Hospital System in Louisiana, USA, 136 *Int'l J. of Gynecology and Obstetrics* (Dec. 9, 2016).


Exhibit A




Dr. Janifer Tropez-Martin

Physician-Obstetrician/Gynecologist

 Washington, DC, 20018

 (202) 288-1808

 jtropez@me.com

Seasoned Obstetrician/Gynecologist offering 14 years experience in educational leadership positions. Focused on building and enhancing relationships, meeting service needs and maintaining smooth administration of all department operations. Desire growth-oriented position in dynamic, and innovative environment.

Education



2004-07 - 2008-06

Graduate Medical Education Training: Obstetrics & Gynecology

Washington Hospital Center - Washington, DC

Internship and Residency in Obstetrics and Gynecology

2007 – 2008 Chief Resident of Education

2006 – 2007 Graduate Medical Education Committee

2006 – 2007 Vice President House Officer Association

2005 – 2008 Resident Education Committee

2000-08 - 2004-05

M.D.: Medicine

Louisiana State University Health Science Center - New Orleans Louisiana

1999-05 - 2000-08

Master of Public Health: Health Systems Management

Tulane University School of Public Health - New Orleans, Louisiana

1996-08 - 1999-05

Bachelor of Science: Biology, Chemistry

Xavier University of Louisiana - New Orleans, LA

Cum Laude

Honors in English, History, and Biology



Skills

Planning and Coordination	■ ■ ■ ■ ■	Very Good
Decision Making	■ ■ ■ ■ ■	Excellent
Interpersonal Communication	■ ■ ■ ■ ■	Excellent
Analytical and Critical Thinking	■ ■ ■ ■ ■	Excellent
Teamwork and Collaboration	■ ■ ■ ■ ■	Very Good
Curriculum Development	■ ■ ■ ■ ■	Excellent
Lecturing	■ ■ ■ ■ ■	Very Good



Work History

2018-11 - Current

Chair of Academic Affairs and Research

Anne Arundel Medical Center, Annapolis, MD

- Organize and oversee multiple activities of residency educational program in accordance with and as defined by program requirements of Residency Review Committee for Obstetrics and Gynecology (RRC) in order to ensure highest quality education, and to obtain and maintain continuing program accreditation by Accreditation Council for Graduate Medical Education (ACGME)
- Define for the program's sponsoring institution and department leadership necessary faculty, facilities, support services, equipment and educational resources to create a learning environment maximally conducive to achieving educational goals and objectives of the program and to maintain program accreditation
- Work effectively with sponsoring institution's Designated Institutional Official (DIO) to ensure program's compliance with all institutional accreditation expectations, to obtain necessary support and resource allocation for the program, and personally participate in institution's Graduate Medical Education Committee (GMEC) and in any other assigned educational administrative activities at the institutional level
- Create and provide an educational experience that will enable resident physicians to obtain knowledge, skills and attitudes necessary to practice

Obstetrics and Gynecology independently and competently in the provision of health care to women

- Create and implement departmental faculty and staff continuing medical education (CME) curriculum annually
- Chair of Women's and Children's Academic Affairs Committee which assists in the administration and development of all residency program elements
- Participate in selection and supervision of teaching staff and other program personnel at each outside institution or clinical site participating in the program
- Design a process, educationally and clinically appropriate, to credential residents to perform certain tasks or procedures independently in the care of patients
- Develop and conduct evaluation of residents, faculty, and program as outlined by the program requirements of the Residency Review Committee for Obstetrics and Gynecology (RRC)
- Start and lead an ambulatory practice to satisfy the ambulatory longitudinal care experience for residency completion
- Resident recruitment, selection, promotion and dismissal
- Provide direction and guidance for the research project requirement for all residents
- Resident clinical supervision on the inpatient, outpatient, and surgical environments
- Development of 3rd year medical student inpatient clerkship rotation for George Washington University School of Medicine
- Provide obstetrical and gynecological care within the inpatient and outpatient setting to include: history and physical exams, consultative services, daily rounding services, discharge planning, non-stress tests, ultrasonography, gynecologic surgery, delivery of newborns, high risk obstetrics, ambulatory gynecologic care
- Provides medical and surgical care that is of high quality as judged by medical peers
- Provides collaborative practice agreement to midwifery practice
- Participate in continuous improvement by generating suggestions, engaging in problem-solving activities to support teamwork

2016-06 - 2019-12

Staff Physician

MedStar Washington Hospital, Women's Wellness Center, Washington, DC

- Delivery of care to, low risk and high risk, obstetric patients including ambulatory and inpatient setting
- Provided comprehensive care for gynecology conditions across the lifespan of women
- Analyze patient records and test results to diagnose conditions

- Recommend and administer specific treatments, including medication, surgical procedures, therapy, and more
- Communicate with patients to explain treatments, diagnoses, and test results
- Teaching responsibilities may include clinical training and supervision of medical students and residents
- Teamed with other physicians, specialists and health care providers to provide well-rounded care for complex cases
- Administered high level of care to patients using active listening and open-ended questioning
- Provided medical care and treatment in Level-3 Maternity/Level 3 NICU/Level 1 Trauma center for patients presenting with, complex Obstetric and Gynecologic conditions, regularly performing neonatal deliveries and emergent gynecologic procedures

2017-10 - 2018-11

Medical Director

Maryland Physicians Care/Centene Corporation, Linthicum, MD

- Assisted Vice President of Clinical Programs to direct and coordinate the physician component of utilization management functions for the Medicare Organization Determination team that supports health plan business units
- Provided medical leadership for Medicare utilization management activities, Organizational Determinations, and medical review activities pertaining to utilization review, quality assurance, medical review of complex, and controversial or experimental medical services
- Performed case reviews and appeals for all health plans
- Facilitated rounds and case reviews with other clinicians and external treating providers
- Provided medical expertise in the operation of approved quality improvement and utilization management programs in accordance with regulatory, state, corporate, and accreditation requirements
- Identified clinical quality improvement studies to assist in reducing unwarranted variation in clinical practice in order to improve the quality and cost of care
- Reviewed claims involving complex, controversial, or unusual or new services in order to determine medical necessity and appropriate payment
- Improved provider compliance with HEDIS metrics in one year

2013-08 - 2016-06

Medical Director

Louisiana Healthcare Connections/Centene Corporation, Baton Rouge, LA

- Assisted the Vice President of Clinical Programs to direct and coordinate the physician component of utilization management functions for the Medicare Organization Determination team that supports health plan business units

- Provided medical leadership for Medicare utilization management activities, Organizational Determinations, and medical review activities pertaining to utilization review, quality assurance, medical review of complex, and controversial or experimental medical services
- Performed case reviews and appeals for Centene corporation
- Facilitated rounds and case reviews with other clinicians and external treating providers
- In collaboration with VP of Clinical Programs, developed clinical programs and approaches targeted to improve health outcomes for complex care and high acuity populations
- Assisted VP of Clinical Programs in planning, establishing goals and policies to improve quality and cost-effectiveness of care and service for members
- Provided medical expertise in the operation of approved quality improvement and utilization management programs in accordance with regulatory, state, corporate, and accreditation requirements
- Evaluated adverse trends in utilization of medical services, unusual provider practice patterns, and adequacy of benefit/payment components
- Reviewed claims involving complex, controversial, or unusual or new services in order to determine medical necessity and appropriate reimbursement

2008-10 - 2016-06

Assistant Professor

Tulane University School of Medicine, New Orleans, LA

- Supervised clinical education of medical student and residents, in the ambulatory and inpatient environment for department of obstetrics and gynecology
- Provided direct care to obstetric and gynecologic patients
- Prepared residents and faculty for their roles as teachers through teaching development sessions
- Provided academic counseling and career guidance to residents and medical students
- Delivered lectures on gynecologic conditions to residents and medical students
- Provided board preparation sessions for students and residents
- Member of Medical School Curriculum Committee

2009-01 - 2013-01

Assistant Professor/Clerkship Director-OBGYN

Tulane University School of Medicine, New Orleans, LA

- Supervised clinical education of over 200 third and fourth year medical students annually rotating in Obstetrics and Gynecology
- Designed and implemented clerkship curriculum and objectives
- Developed and instituted pelvic examination, cytology and specimen collection simulation course

- Created gynecologic standardize patient teaching curriculum and evaluation methods
- Coordinated distant learning education and provide oversight for affiliated and rural clerkship rotations to ensure comparability across sites
- Prepared residents and faculty for their roles as teachers through teaching development sessions
- Provided academic counseling and career guidance to medical students
- Delivered lectures on gynecologic conditions to residents and students
- Conducted research and precepted resident research projects
- Applied cost effective teaching methods to develop student procedural skills

2011-04 - Current

Medical Consultant

Self-employed, New Orleans, LA

- Organon - Perform provider training on the insertion and removal of Nexplanon contraceptive device
- Centene Corporation - External Medical Director, Conduct review of medical appeals and utilization review
- Bioceptives, LLC - Consulted with healthcare professionals on business decisions, including biomedical product research and development
- Legal expert - civil and criminal case review
- 106.7 FM Radio - Host for women's health and education series monthly during morning segment

Affiliations



2011 – Current: Diplomat, American Board of Obstetrics and Gynecology
 2008 – Current: Association of Professors of Gynecology and Obstetrics 2004 –
 Current: American College of Obstetrics & Gynecology
 2001 – 2020: National Medical Association

Licensure



2016 – Current: Washington, District of Columbia Full Medical Licensure # MD044164
 2008 – Current: State of Louisiana Full Medical Licensure #MD202024
 2008 – Current State of Maryland Full Medical Licensure #D0067832

Awards



June 2009 Martin L. Pernoll Outstanding & Dedicated Resident Teaching Award,
Tulane University School of Medicine



Presentations

- Tropez-Martin, J.**, Tillet, A., Thomas, C., Johnson, CT. March 10, 2022. "Resident Research in a New Residency Program: Overcoming Obstacles with a Novel Approach to Secondary Analysis." APGO/CREOG Annual Meeting
- Tropez-Martin, J.** May 18, 2021. "History of Black Maternal Morbidity & Mortality" A *Listening Circle on Black Maternal Health: A Call to Action*. Signify Health Black Employee Association for Leadership and Engagement (BEALE).
- Tropez-Martin, J.**, Tropez-Sims, S., Tropez-Arceneaux, L. March 31, 2021. "Integration of maternal and Infant Care: A Case Study." *Medical Grand Rounds*, Meharry Medical College Department of Obstetrics.
- Tropez-Martin, J.** July 2020. Moderator -"New Program Chat." CREOG Virtual Educational Retreat.
- Tropez-Martin, J.**, Tropez-Sims, S., Tropez-Arceneaux, L. August 1, 2019. "Establishing Screening Measures and Treatment Protocols for Young Adolescent Mothers with Postpartum Depression." National Medical Association Annual Convention and Scientific Assembly, Honolulu, HI, United States.
- Tropez-Martin, J.** May 2014. "Managed Care in Louisiana" *Managed Care Organizations Educational Symposium*. Tulane University School of Medicine and Louisiana Healthcare Connections New Orleans, LA
- Tropez-Martin, J.** March 2012. "Reproductive Health Racial and Ethnic Health Disparities" *Medical Grand Rounds*, Tulane University School of Medicine Department of Obstetrics & Gynecology New Orleans, LA
- Tropez-Martin, J.** November 2008. "Alternatives to Hysterectomy" Housing Authority of New Orleans Annual Women's Luncheon New Orleans, LA
- Tropez-Martin, J.** November 2007. "Obstetric Fistulas" *Medical Grand Rounds*, Washington Hospital Center Department of Obstetrics & Gynecology.



Publications & Posters

- Tropez-Martin, J.** Home Remedies for Breast Infection (Mastitis). Top10Home Remedies. www.top10homeremedies.com (June 21, 2019)
- Goldenberg, **J Tropez-Martin**, "Pelvic Simulation in Student Teaching." CREOG and APGO Annual Meeting (February, 2014)
- C Ross, **J Tropez-Martin**, "Medical Students' Attitudes and Knowledge of Emergency Contraception." American Congress of Obstetricians and Gynecologists Annual Scientific Meeting (May 2013)

J Tropez-Martin, C Iglesia, B Robinson-Walton. "Complications Associated with Surgical Mesh Kits: Utility of MAUDE Database." American Urogynecologic Society Scientific Meeting (September 2007).

J White (Tropez-Martin), L Fast. "In Vitro Cytolytic Response to Semi-Allogeneic Cells." Leadership Alliance Symposium, National Institute of Health Washington, DC; (July 1998).

MANUSCRIPTS IN PROCESS:

Hrubiak, S., Karpman, M., **Tropez-Martin, J.**, "Postpartum Hemorrhage and Other Peripartum Risks as a Result of COVID-19 Infection During Pregnancy". *Manuscript in preparation.*



Research

2019 – 2020 **Sub- Investigator**, "Doula supported labor to reduce disparities in NTSV C-section rates." CareFirst (\$100,000/year) Doula C.A.R.E (Compassion, Access, Respect, Education)

2013 – 2015 **Advisor**, *Tulane University School of Medicine*

Effects of Health Literacy on Reported Contraceptive Use and Knowledge

2012 – 2014 **Principal Investigator**, *Tulane University School of Medicine*

M 12-665: A Randomized, Double-Blind, Placebo-Controlled Study to evaluate the Safety and Efficacy of Elagolix in Subjects with Moderate to Severe Endometriosis-Associated Pain

2011 – 2013 **Sub-Investigator**, *Tulane University School of Medicine*

Medical students' knowledge and attitudes toward emergency contraception before and after completion of the OBGYN clerkship.

2010 – 2012 **Principal Investigator**, *Tulane University School of Medicine*

Conducting a retrospective evaluation of medical student pelvic examination skills after instituting pelvic examination simulation skills sessions during mid clerkship didactic sessions

2006 - 2008 **Principal Investigator**, *Washington Hospital Center*

Immediate Postpartum IUD Placement

Randomized controlled trial comparing expulsion rates of immediate postpartum IUD insertion versus traditional 6 week postpartum/interval IUD insertion

June-July 1998 Research Assistant, *Brown University*

Leadership Alliance Coalition

Conducted basic science research on the in vitro cytolytic response to semi-allogenic cells.

Mentor: Loren Fast, PhD- Brown University Director of Research, Division of Hematology

Exhibit “E”

19TH JUDICIAL DISTRICT COURT
PARISH OF EAST BATON ROUGE
STATE OF LOUISIANA

NO. C-720988

DIVISION

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF ITSELF
AND ITS MEMBERS, AND CLARISSA HOFF, M.D.

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

**AFFIDAVIT OF JENNIFER L. AVEGNO, M.D., DIRECTOR OF THE HEALTH
DEPARTMENT FOR THE CITY OF NEW ORLEANS, IN SUPPORT OF
PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION**

I, JENNIFER L. AVEGNO, M.D., hereby affirm under penalty of perjury that the following statements are true and correct:

1. I am a board-certified emergency medicine physician and a medical doctor licensed in Louisiana and in good standing with the Louisiana State Board of Medical Examiners.
2. I am the Director of the Health Department for the City of New Orleans, where I have served since 2018.
3. I received my undergraduate degree from the University of Notre Dame, a Master of Arts in Sociology from Tulane University, and medical degree from LSU School of Medicine, where I graduated in 2001. I completed my residency in emergency medicine at LSU/Charity Hospital, after which I joined the faculty at both LSU and Tulane, where I served as Associate Residency Director and Director of Undergraduate Emergency Medicine Education for both LSU and Tulane's medical schools.
4. In my clinical emergency room medicine practice, including at University Medical Center, I have treated thousands of Louisiana patients over the years. I have provided emergency room care to many pregnant patients, including ones experiencing miscarriage and pregnancy-related health complications. I am very aware that as an emergency room physician, you have to make quick decisions about critical patients in need of care.
5. My clinical and research interests include the role of social determinants of health, particularly access and barriers to care; health equity; violence intervention and prevention; sexual assault and domestic violence; maternal-child health; infectious disease outbreaks; and

homelessness. Through the Health Department for the City of New Orleans, I have worked to address these issues and to further health policies that promote, protect, and improve the health of our community and throughout the region.

6. My qualifications are described in detail in my curriculum vitae, a copy of which is attached as Exhibit 1.

7. I submit this affidavit in support of Plaintiffs' Motion for Preliminary Injunction, which seeks to enjoin enforcement or implementation of Louisiana's abortion trigger bans.

8. As a medical provider and the chief medical officer in the City of New Orleans, I am extremely anxious about what will happen if the Trigger Bans go into effect. It is my understanding that these laws criminalize abortion care with very narrow exceptions, and that anyone who is charged and convicted of violating these criminal statutes can be subjected to severe penalties, including years of imprisonment and hundreds of thousands of dollars in fines.

9. Much of the language in the Trigger Bans is confusing, at times contradictory, and unclear from a medical perspective. That is especially true for the exceptions. The exceptions are supposed to define and set the parameters for when abortion would be legal and other reproductive health care would be allowed, but there is a lack of clarity on the ground about how these Trigger Bans would function and which reproductive health care would be legal or illegal.

10. My greatest concern about the lack of clarity is how these laws would affect real life situations that physicians and patients face every day. From my experience practicing emergency medicine, I know there are many circumstances in which physicians have to make decisions for what treatment is best for patients, including with life-threatening pregnancy complications and for miscarriage management, and those decisions often have to be made quickly, and in real time. Delay or confusion is the absolute worst thing for patient care in those situations.

11. Any perceived lack of access, or confusion over medical care allowable under law, by patients or providers creates barriers for patients to seek out and receive care. When patients delay or forgo treatment for medical conditions, they often present later in the course of a disease process with more severe or life-threatening complications. This significantly raises their risk of severe and permanent morbidity, and death.

12. The fact that physicians and staff could face extensive jail time and hundreds of thousands of dollars in fines if they make the wrong decision or are later deemed to have

interpreted the law incorrectly will inevitably lead to delay or patients being turned away for care that they desperately need. It will also have a chilling effect on the desire and ability of physicians to practice medicine in Louisiana, which already has one-third of its parishes without an OB provider. With fewer physicians and other qualified providers in Louisiana, health outcomes will suffer.

13. Some of my concerns include the lack of clarity that the Trigger Bans provide for a pregnancy that is medically futile, the uncertainty around how to interpret the exceptions related to miscarriage management, and what the exception to save the life or health of the mother means. That is especially true because the Trigger Bans use different terminology at various times to describe the exception to save the life or health of the mother. In my opinion, that would create a very dangerous situation. Anything that creates confusion is detrimental not only to the physician faced with making these decisions but also to the health and life of the patient.

14. Louisiana already has one of the highest maternal mortality rates in the country. I am concerned that maternal mortality rates will only get worse if the Trigger Bans go into effect. That is especially true for patients in rural areas who have pregnancy complications where there are already few health care providers. One of the main reasons pregnant women are more likely to die in Louisiana is because they are forced to travel long distances for care in many areas of the State due to the lack of health care providers. Any confusion, and any resulting decrease in access to care, will mean that more women are likely to die.

15. As the Director of the Health Department for the City of New Orleans, part of my job is to facilitate access to health care across the city and the region and to address public health concerns. In doing so, I communicate with physicians, hospital administrators, and other public health leaders. In my recent conversations with health care providers, it is clear to me that there are extensive concerns and questions surrounding what the Trigger Bans mean, and what care would be legal or illegal if the laws go into effect. Simply put, physicians and other health care providers are scared about what the Trigger Bans would mean for themselves and their patients.

16. Physicians and administrators have expressed significant concerns and questions around what procedures can be used for miscarriage management and when, what procedures can be used to remove a stillborn fetus and when, and how they are supposed to interpret and determine whether a patient qualifies for the life and health of the mother exception. There is a complete lack of clarity and confusion among the medical community on the ground. Oncologists do not

even know whether, or when, they would be able to treat pregnant patients with chemotherapy when it would result in terminating the pregnancy, or whether they should, instead, withhold potentially life-saving chemotherapy treatments when treating pregnant patients for fear they could be criminally charged.

17. Hospital administrators have also expressed their concerns about staffing shortages, particularly among nurses and other staff, who may refuse to participate in treating certain patients out of fear that they, too, could be criminalized for the treatment decisions of physicians and others.

18. From a public health perspective, I am concerned about the decrease in access to quality reproductive health care that the Trigger Bans would cause. I am concerned that the lack of clarity in the laws will lead to physicians and others withholding care or making treatment decisions they otherwise would not make, based on fear and confusion rather than what would otherwise be in the patient's best interest.

19. We have already seen this confusion play out on the ground. Last week, some pharmacies, including one national pharmacy chain, began refusing to dispense and denying access to misoprostol, a standard medication used to treat miscarriages, because misoprostol is also the second medication used in the FDA-approved protocol for a medication abortion. This occurred because the pharmacies did not know whether the Trigger Bans had gone into effect, and did not know that if they had gone into effect, what legal liability or criminal penalties they might face for dispensing this standard medication. Even large corporations do not understand what is and is not permitted under the Trigger Bans, and if they are allowed to go into effect, Louisiana patients will suffer.

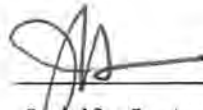
20. There has also already been confusion about reporting requirements. Pursuant to La R. S. § 40:1061.21(B), physicians are required to complete the "Individual Complication Report for Post-Abortion Care" if they treat a woman seeking care for an abortion complication; this report was created by and is sent to the Louisiana Department Health (LDH). The language of the reporting requirements—including which "facility" the abortion was performed in—demonstrates that the report was created with abortions done at a health care facility in mind. Emergency medicine physicians, however, are now concerned that they will begin seeing patients having complications from self-managed abortions done at their home. Physicians at one local hospital system have been told that there is no reporting requirement for treating complications of a

suspected self-managed abortions—yet physicians at another local hospital system have been told that they *do* need to fill out the form in that scenario. Because of this lack of clarity, I’ve been receiving questions from many doctors about what the correct requirement is.

21. Moreover, physicians are concerned that, if they do need to report complications of a self-managed abortion, it will be a stark violation of patient privacy. The reporting form sent to LDH includes a “patient identification number,” and if physicians are required to report the “facility” where the abortion was performed, that would likely be the woman’s home in the case of a self-managed abortion. Many physicians, including myself, are very fearful of the idea that these LDH records could be turned over to the Attorney General or district attorneys to aid in prosecution, either of the patient herself or of the person or service who provided her the tools for the self-managed abortion.

22. In my opinion, the confusion that these laws will cause would result in grave and devastating harm to pregnant patients and others seeking reproductive health care throughout the State, and to the health care providers who would be forced to navigate this uncertainty.

On this 12 day of July, 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.



Jennifer L. Avegno, M.D.

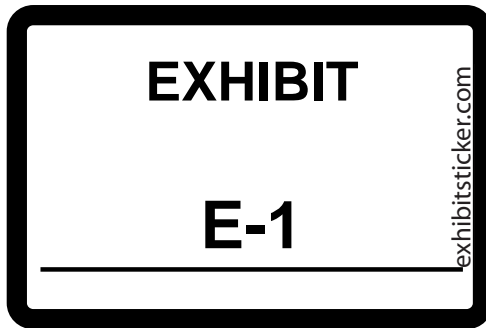


NOTARY PUBLIC

Sworn to and subscribed before me
this 12 day of July, 2022

Thomas M. McEachin
Notary Public
Notary No. 60549
STATE OF LOUISIANA
MY COMMISSION IS FOR LIFE

EXHIBIT 1



Jennifer L. Avegno, MD

CURRICULUM VITAE

JENNIFER L. AVEGNO, MD

EDUCATION

- 2022 *Loyola University New Orleans*
Honorary Doctorate of Letters
- 2001-2005 *Louisiana State University School of Medicine* New Orleans LA
Emergency Medicine Residency Program
- 1997-2001 *Louisiana State University School of Medicine* New Orleans LA
Doctor of Medicine
- 1993-1995 *Tulane University* New Orleans LA
Master of Arts, Sociology
- 1989-1993 *University of Notre Dame* South Bend IN
Bachelor of Arts, Sociology

PROFESSIONAL EXPERIENCE

- 2020- Incident Commander, City of New Orleans COVID Pandemic Response
- 2018-present Director, New Orleans Health Department
- 2017-present Director, Division of Community Health Relations & Engagement, LSU
Emergency Medicine
- 2016-present Associate Professor of Public Health, LSUHSC – New Orleans
- 2016-present Clinical Associate Professor of Medicine, LSUHSC – New Orleans
- 2009-2015 Clinical Assistant Professor of Medicine, LSUHSC – New Orleans
- 2008-2018 Medical Director, UMCNO Sexual Assault Forensic Program
- 2008-2018 Emergency Medicine Clerkship Director, Tulane University School of Medicine

EXHIBIT

E-1

exhibitsticker.com

Jennifer L. Avegno, MD

- 2007-2018 Associate Residency Program Director, LSUHSC – New Orleans Emergency Medicine
- 2006-2007 Assistant Residency Program Director, LSUHSC – New Orleans Emergency Medicine
- 2005-present Assistant Professor, Tulane School of Medicine
Staff Physician, LSUHSC – New Orleans
- 2001-2005 Resident, Section of Emergency Medicine, LSUHSC New Orleans
- 1996-1997 Research Associate, LSUHSC Department of Pathology, Section of Epidemiology
Research Assistant, LSUHSC Department of Neuroscience
- 1994-1995 Managing Editor, *Social Science Research*
- 1993-1995 Research Assistant, Department of Sociology, Tulane University

ACADEMIC AND PROFESSIONAL SERVICE

National

- 2021-current National Association of County and City Health Organizations Conference Committee
- 2019-2020 MIT SOLVE Healthy Cities Leadership Group
- 2017-current Social Emergency Medicine Advisory Committee, American College of Emergency Physicians
- 2016-2018 Council of Residency Directors (Emergency Medicine) Student Advising Task Force
- 2011 Medical Education Research Certificate (Delegate)
- 2011-2013 National Executive Board Member, Clerkship Directors in Emergency Medicine
- 2009-2018 Instructor, the Difficult Airway Course

State/Regional

- 2019-current State of Louisiana Perinatal Quality Committee Advisory Task Force
- 2018-current State of Louisiana Maternal Mortality Review Committee

Local/Institutional

- 2017-2020 Propeller/REI Health Equity Task Force
- 2017-2020 Faculty Advisor, TU/UMC Hospital Homeless Liaison Program
- 2017-current LSU Faculty Advisor, Students for a National Health Program
- 2016-2018 LSUHSC Clinical Promotions Committee
- 2015-2019 Faculty Advisor, New Orleans Street Medicine
- 2014-current LSUHSC Community & Minority Outreach Committee
- 2014-2018 LSU Emergency Medicine Clinical Competency Committee
- 2014-2019 Faculty Advisor, NOLA Hotspotters
- 2013-2020 Ceasefire/Cure Violence New Orleans Medical Liaison
- 2012-current LSU Emergency Medicine Diversity Committee
- 2012-2018 Health Guardians Emergency Department Physician Liaison

Jennifer L. Avegno, MD

2011-2013 LSUHSC Faculty Assembly Delegate
2008-2013 LSUHSC Curriculum Oversight Committee
2009-2010 LSUHSC Faculty Development Committee
2006-2009 LSUHSC Faculty Evaluation Committee
2006-2009 LSUHSC Quality Assurance Committee
2005-2017 Medical Student Science & Practice of Medicine/Clinical Science Investigation Faculty Instructor, LSU School of Medicine
2005-2018 LSU Emergency Medicine Residency Airway Lab Instructor
2004-2005 Chief Resident and Emergency Department Scheduler, Charity Hospital
2002-2006 ATLS instructor
2001-2015 Medical Student Procedure Lab Instructor

ACLS, ATLS, and PALS certification

HONORS

2022-present Pi Alpha Alpha Honor Society for Public Affairs & Administration
2022 Queen, Krewe du Vieux Carnival Parade
2022 Women in STEM Award, American Heart Association
2021 New Orleans 500 – Biz New Orleans Magazine
2021 Medical Association of Southeast Louisiana Public Health Leadership Award
2021 Role Model, Young Leadership Council
2021 Alumna of the Year, LSU School of Medicine
2020-present Delta Omega Honorary Society in Public Health
2020 Urban League of Louisiana Person of the Year
2020 Girl Scouts Louisiana Southeast Outstanding Woman of the Year
2020 Essence Festival Essential Hero Amazing Grace Award
2020 New Orleans Magazine Top Doctor
2019 Alumna of the Year, St. Mary's Dominican High School
2019 LSU School of Medicine Faculty Community Service Award

Jennifer L. Avegno, MD

- 2018 CityBusiness New Orleans Healthcare Hero Award
- 2017 Invited Participant, ACEP Inventing Social Emergency Medicine Consensus Conference
Sponsored by Robert Wood Johnson Foundation
- 2016 New Orleans Regional Leadership Institute
Regional Leadership Award
- 2013 Emergency Medicine Attending of the Year
Tulane Medical School Owl Club
- 2013 Visiting Professor Spring 2013
Harvard Department of Emergency Medicine
- 2012 Faculty of the Year
LSU Emergency Medicine Residency Program
- 2012 Excellence in Teaching Award
LSU School of Medicine Aesculapian Society
- 2012 Emergency Medicine Attending of the Year
Tulane Medical School Owl Club
- 2011 Emergency Medicine Attending of the Year
Tulane Medical School Owl Club
- 2010 Excellence in Teaching Award
LSU School of Medicine Aesculapian Society
- 2009 New Orleans "Forty Under Forty"
Gambit Magazine Young Professional Award
- 2008 Excellence in Teaching Award
LSU Emergency Medicine Residency Program
- 2006 Clinical Faculty of the Year Award
LSU Emergency Medicine Residency Program
- 2005 Ochsner Foundation Resident Award
- 2005 LSU Emergency Department Resident Research Award
- 2003 LA ACEP Resident Research Award

Jennifer L. Avegno, MD

- 2003 LSU Research Day, Second Place (Oral Presentations)
- 2002 Intern of the Year Award, LSUHSC – New Orleans
- 2001 Critical Care Award, LSUHSC – New Orleans
- 2001 Maimonides Ethics Award, LSUHSC – New Orleans
- 2000-present Alpha Omega Alpha Medical Honor Society
- 1994-95 LEQSF/Board of Regents Fellowship

GRANTS AWARDED

- 2021 Department of Justice 2021 BJA FY 21 Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program \$900,000 (New Orleans Health Department)
- 2021 Department of Justice OVW Fiscal Year 2021 Grants to Prevent and Respond to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Against Children and Youth Program \$500,000 (New Orleans Health Department)
- 2021 Office of Minority Health/US Health & Human Services Agency, \$3,900,000 (New Orleans Health Department)
- 2020 Everytown for Gun Safety Grant to Cure Violence New Orleans, \$100,000 (New Orleans Health Department)
- 2019 Department of Justice Comprehensive Opioid Site-Based Program Grant, \$735,270 (New Orleans Health Department)
- 2018 Junior League New Orleans Community Assistance Fund Grant to UMC Forensics Program, \$10,000
- 2018 Louisiana Emergency Response Network Grant for Stop the Bleed, \$6,000
- 2017 Spirit of Charity Foundation Stop the Bleed Grant, \$14,490
- 2014 AAMC Hotspotting Medical Education Grant, \$700 + \$1400 matching funds
- 2008-2018 Annual Recurring Educational Grant from Tulane University, \$25,000
- 2006 Storz Airway Supplies Program Grant (value \$22,000)
- 2006 Louisiana State Medical Society Relief Grant, \$17,500
- 2006 Gulf Coast Healthcare Leadership Grant submitted to Robert Wood Johnson Foundation
- 2004 Career Development Grant submitted to Emergency Medicine Foundation

COMMUNITY SERVICE AND EXTRACURRICULAR ACTIVITIES

- 2022-present Board Member, The Blood Center of Southeast Louisiana
- 2018-present Board Member, 504HealthNet

Jennifer L. Avegno, MD

2018-present Board Member, Louisiana Public Health Institute
2018-present Board Member, Orleans Parish Communications District
2018-present Board Member and Vice-Chair, New Orleans East Hospital
2017-present Racial Equity Institute Campaign for Equity Health Cluster member/leader
2017 Griot Wall Project, Board Member
2017-present Posse Foundation Writing Coach/Advisor
2016 New Orleans Regional Leadership Institute Program Graduate
2014-2017 Low-Barrier Outdoor Shelter Community Working Group Member
2014-2017 NOPD Crisis Intervention Planning Committee Member
2014-2020 Advisory Board Member, Dominican Peace Center
2012-2018 Education Committee and Executive Board Member, St. George's Episcopal School
2009-2013 Board Member, The Red Thread Promise
2008-2018 Volunteer Physician, St. Joseph's Rebuild Center Clinic
2006-2008 Alumnae Board Member, St. Mary's Dominican High School
2000-2001 Assistant Instructor, First-Year Introduction to Clinical Medicine Small Group Sessions
and Medical Ethics Course Small Group Student Facilitator
1999-2000 LSUHSC Student Government Association Vice-President

INVITED LECTURES & PANEL DISCUSSIONS

2022 State and Local Emergency Preparedness and Public Health Panel
Committee on Progress Towards Human Health and Community Resilience in the Gulf
of Mexico Region
National Academies of Science, Engineering & Medicine

2022 Short & Long-Term Impact of COVID-19 on Health Disparities: How New Orleans
Fought COVID on its Own Terms
Cobb Institute Health Disparities Symposium

2021 Leadership in Crisis
Women's Leadership Academy – Loyola New Orleans

2021 Wonder Women of LSU Health
Panel Moderator

2021 Communication Strategies for Vaccine Confidence Panel
CDC National Forum on COVID-19 (virtual)

2020 Building Trust & Confidence in Reopening Schools Panel
Reopening America's K-12 Schools – A Conversation with Leaders in Education and
Public Health (virtual)

COVID Vaccine Dissemination

Jennifer L. Avegno, MD

ResCon International Summit (virtual)

Paying the Price: Inside EM's Fight to End COVID 19's Health Disparities Panel
American College of Emergency Physicians (virtual Annual Conference)

COVID-19 Response & Crisis Communications
American Society of Civil Engineers, LA Annual Meeting (Virtual)

Women's Leadership Forum
Junior League of New Orleans (virtual)

Diagnostics & Testing Panel
Disease Prevention & Control Summit – America (virtual)

- 2019 The State of Health in New Orleans
Bryan Bell Metropolitan Leadership Forum. New Orleans, LA
- Women's Equality Forum: Healthcare Panel
New Orleans Regional Leadership Council. New Orleans, LA
- "Social Determinants of Health" Panel
MedCity INVEST Population Health Summit. New Orleans, LA
- 2018 "Stop the Bleed NOLA: Healthcare & Community Engagement in the Response to Mortality from Trauma" Louisiana Public Health Association Annual Conference. New Orleans, LA.
- Students for a National Health Plan National Conference Panel. New Orleans, LA.
- 2017 "Forensics: A Case Study in Healthcare Services Delivery." UNO
College of Business Master's in Healthcare Management Program.
- 2017 "Forensics: The Public Health Approach." LSU School of Public Health.
- 2014 Grand Rounds: "Designing an Emergency Medicine Curriculum." University of Texas-Austin Department of Emergency Medicine.
- 2013 "Violence Prevention in the Emergency Department." Harvard University
Department of Emergency Medicine.
- 2013 "Violence Intervention in the Emergency Department." LSU Department of Medicine
Grand Rounds.

PROFESSIONAL CERTIFICATIONS

Jennifer L. Avegno, MD

American Board of Emergency Medicine
Board Certification in Emergency Medicine
Louisiana State Medical License #25601

PROFESSIONAL ORGANIZATIONS

American College of Emergency Physicians
Society for Academic Emergency Medicine
Clerkship Directors in Emergency Medicine
Council of Residency Directors in Emergency Medicine

RESEARCH ARTICLES AND PUBLISHED ABSTRACTS

Hernandez J, Karletsos D, **Avegno J** and Reed C. Is Covid-19 community level testing effective in reaching at-risk populations? Evidence from spatial analysis of New Orleans patient data at walk up sites. *BMC Public Health*. 2021 April; 21:632.

Anderson E and **Avegno J**. Education and Employment. In Alter H et al, eds: *Social Emergency Medicine: Principles and Practice*. 1st ed. Springer International Publishing, 2021.

Davis S, Billoux A, **Avegno J**, Netters T, Davis G, DeSalvo K. Fifteen Years After Katrina: Paving the Way for Health Care Transformation. *Am J Public Health*. Published online ahead of print August 20, 2020: e1–e4. doi:10.2105/AJPH.2020.305843

Gill F, Appley M, Nix L, Green G, Gribbon M, Divagaran A, Huo S, **Avegno J**, Jones C. The Homeless Hospital Liaison Program: An Interprofessional Care Coordination Program to Improve Students' Skill at Facilitating Transitions of Care for Patients Experiencing Homelessness. *Acad Med*. 2020 Mar;95(3):378-381

Schroll R, Smith A, Zeoli T, Hoof M, Greiffenstein P, Moore M, Duchesne J, **Avegno J**. Efficacy of Medical Students as Stop the Bleed[®] Participants and Instructors. *J Surg Edu*. 2019; 76(4):975-981.

Schroll R, Smith A, Martin M, Zeoli T, Hoof M, McGinness C, Duchesne J, Guidry C, McGrew P, Stuke L, Greiffenstein P, Moore M, Elder J, Marr A, **Avegno J**. Stop the Bleed Training: A Critical Assessment of Medical and Lay Rescuers' Skills, Knowledge, and Attitude of Hemorrhage Control Techniques. *J Amer Coll Surg*. 2018; 227(4):S215.

Avegno J, Zhang QC, Oral E, Boisvert M, Haber D. Risk Assessment Scoring of Emergency Department Frequent Utilizing Patients for Identification and Early Intervention. *Ann Emerg Med*. 2018; 72(4):S107.

Jennifer L. Avegno, MD

- Reardon R and **Avegno J**. Oxygen and CO2 monitoring. In Walls & Murphy, eds: *Manual of Emergency Airway Management*. 5th ed. Philadelphia, PA. Wolters Klower, 2016.
- Murphy M and **Avegno J**. Laryngeal Mask Airways. In Walls & Murphy, eds: *Manual of Emergency Airway Management*. 5th ed. Philadelphia, PA. Wolters Klower, 2016.
- Avegno J** and Carlisle M. Evaluating the patient with right upper quadrant pain. *Emerg Med Clin N Am*. 2016 May;34(2):211-28.
- Avegno J**, Leuthauser A, Martinez J, Marinelli M, Osgood G, Satonik R, Ander D. Medical student education in Emergency Medicine: do students meet the national standards for clinical encounters of selected core conditions? *J Emerg Med*. 2014;47(3).
- Love JN, Smith J, Weizberg M, Doty C, Garra G, **Avegno J**, Howell JM. The Council of Emergency Medicine Residency Directors Standardized Letter of Recommendation: Program Directors Perspective. *Academic Emergency Medicine*. 2014;21(6):680-687.
- McVey E, Duchesne J, Sarlati S, O'Neal M, Johnson K, **Avegno J**. Operation CeaseFire New Orleans: An infectious disease model for addressing community recidivism from penetrating trauma. *J Trauma Acute Care Surg* 2014 Jul;77(1)123-8.
- Avegno J**, Engle JF, Myers L, Moreno-Walton L. "Evaluation of a Difficult Airway Educational Intervention on Residents' Performance of Endotracheal Intubation in the Emergency Department." *Br J Med & Med Res* 2013 3(4):2132-2140.
- Beran D and **Avegno J**. "Experience with the core curricular elements for International Emergency Medicine fellowships." *Int J EM* 2013 6:10.
- Avegno J**. "Critical Concepts: A Multi-Disciplinary, Multi-Modality Approach to Undergraduate Education in the Care of the Acutely Ill Patient." Abstract scheduled for publication in *Ann Emerg Med*, November 2012.
- Avegno J**, Murphy-Lavoie H, Lofaso DP, Moreno-Walton L. "Medical Students' Perceptions of an Emergency Medicine Clerkship: An Analysis Of Self-Assessment Surveys." *Int J Emerg Med* 2012, 5:25.
- Sudhir A and **Avegno J**. "Teaching Procedures in Emergency Medicine." In: Roberts & Hedges, eds. *Emergency Medicine Procedures*. Scheduled for publication 2012.
- Murphy M and **Avegno J**. "Laryngeal Mask Airways." In: Walls & Murphy, eds. *Manual of Emergency Airway Management*. 4th ed. Philadelphia, PA. Wolters Klower, 2012.
- Ronan-Bentle S, **Avegno J**, Hegarty CB, Manthey DE. "Dealing with the Difficult Student in Emergency Medicine." *Int J Emerg Med* 2011. 4:39.

Jennifer L. Avegno, MD

Avegno J, Moreno-Walton L, Murphy-Lavoie H. "Medical Students' Perceptions of an Emergency Medicine Clerkship: An Analysis of Self-Assessment Surveys." (Abstract) *Academic Emergency Medicine* 2010. 17(10):7.

Avegno J. "Shock." Published in the Clerkship Directors of Emergency Medicine *Self-Study Modules* online at <http://www.cdemcurriculum.org/>

Avegno J. "Dealing with the Difficult Learner." In: Rogers & Moyedi, eds., *Medical Student Educators Guidebook* 2010.

Avegno J and DeBlieux P. "Characteristics of Great Teachers." *Rogers: Emergency Medicine Teaching. Eds. 1 & 2* 2010 & 2012.

Porche, B and **Avegno J**. "ENT Infections." *Urgent Care Medicine* March 2009.

Avegno J, Mills T, Mills L. "Sexual Assault Victims in the Emergency Department: Multi-Year Analysis by Demographic, Temporal, and Event Characteristics." *Journal of Emergency Medicine* 2009. 37(3):328-34.

Mills L. and **Avegno J**. Natural Disasters. In Tintinalli JE, Kelen GD, and Stapczynski JS, eds. *Emergency Medicine: A Comprehensive Study Guide 7th edition*. New York, NY. McGrawHill, 2008.

Avegno, J. "Emergency Medical Services and Disaster Medicine." In: Adams, Barton, Collings, DeBlieux, Gisoni, Nadel, eds. *Emergency Medicine*. Elsevier, 2008.

Mills T, **Avegno J**, Haydel M. "Screening for Male Victims of Intimate Partner Violence: Prevalence Rates and Accuracy of Two Short Questionnaires." *Journal of Emergency Medicine* 2006. 31(4): 447-52.

Avegno J, Tilton AH, Lacassie Y. "A Provisional New Autosomal Recessive Syndrome Due to Amazing Consanguinity." *American Journal of Medical Genetics* 2001. 102(4):324-6.

Avegno, J. "There's No Place Like Home: Residential Satisfaction in Public Housing." Unpublished Master's Thesis, 1995.

CONFERENCE PRESENTATIONS AND ABSTRACTS

Lacourrege K, **Avegno J**, Sherwood B. Identifying and Characterizing Super-Utilizers of the UMC Behavioral Health Emergency Room. American Public Health Association Annual Meeting and Expo, Denver CO, October 2021.

Smith A, **Avegno J**, Slaughter K, Nguyen V, Zeoli T, Tagerman D, Friedman J, McGrew P, Schroll R,

Jennifer L. Avegno, MD

Duchesne J. A Five-Year Study of Gunshot Injury Patterns at a Level One Trauma Center. American College of Surgeons Clinical Congress, San Antonio TX, October 2019.

Gill F, Green G, Divaragan A, Nix L, Kwan C, Kanter J, **Avegno J**, Jones C. Implementing an Interdisciplinary, Student-Run Consult Service for Patients Experiencing Homelessness: The Critical Role of Community Partnerships. VITAL2019: America's Essential Hospitals Conference, Miami FL, June 2019.

Bollman EB, Hammack A, DeWulf A, **Avegno J**. Recidivism Among Young Gunshot Victims: Analysis of Early Outcomes from Ceasefire New Orleans. American College of Emergency Physicians Scientific Assembly, San Diego CA, October 2018.

Zhang C, **Avegno J**, Oral E, Boisvert M, Haber D, Niculescu A. Risk Assessment Scoring of Emergency Department Frequent Utilizing Patients for Identification and Early Intervention. American College of Emergency Physicians Scientific Assembly, San Diego CA, October 2018.

Kwan WC, Campbell B, Appley M, Huo S, Zhang C, Jones C, **Avegno J**, Bradley A. Changing the Curriculum: Medical Resident and Student-Run Homeless Referral Services and Care Linkage Model. International Street Medicine Society Meeting, Rotterdam, the Netherlands, October 2018.

Avegno J and Schroll R. Stop the Bleed NOLA: Twin Missions of Education and Service. VITAL2018: America's Essential Hospitals National Conference, San Francisco CA, June 2018.

Powell J, Moreno L, Juakali E, Pasternack J, **Avegno J**, Kata V. A Survey Investigation of the Impact of Insurance Requirements on the Influx of Patients in an Urban Emergency Department. Society for Academic Emergency Medicine Academic Assembly, Orlando FL, May 2017.

Avegno J, Sudhir A, Druck J, Jackson J. High-Risk Advising: 560 Panel. Council of Residency Directors Academic Assembly, Fort Lauderdale LA, April 2017.

Avegno J, Kanter J, Rigamer E. Health Guardians: A Multidisciplinary, Novel Partnership Between Emergency Providers and Community Agencies to Care for High-Utilizing Patients. Community-Campus Partnerships for Health International Conference, New Orleans, LA, May 2016.

King K, Sudhir A, **Avegno J**, Druck J, Ayala S. Advising Students in Special Circumstances. Council of Residency Directors Academic Assembly, Nashville TN, March 2016.

Sudhir A, **Avegno J**. Medical Student Advising in Special Situations. Council of Residency Directors Academic Assembly, Phoenix AZ, March 2015.

Lofaso D, DiCarlo R, English R, **Avegno J**. Integration of Simulation Training Throughout Undergraduate Medical Education. Society for Simulation in Healthcare Conference, New Orleans, LA, January 2015.

Jennifer L. Avegno, MD

Moreno-Walton L, D'Andrea S, McFarlin A, **Avegno J**. The Impact of Hurricane Katrina on Penetrating Trauma in New Orleans. INDUS-EM 2014: Indo-US Emergency Medicine Summit. Lucknow, India, October 2014.

McVey E, **Avegno J**, Sarlati S, O'Neal M, Johnson K, Duchesne J. Operation Ceasefire – New Orleans: An Infectious Disease Model for Addressing Community Recidivism from Penetrating Trauma. Eastern Association for the Surgery of Trauma Scientific Assembly, Naples FL, Jan 17, 2014.

Pitre C (presenter), Palmer M, Turner J, Pfennig C, **Avegno J**, Jones J, Hobgood C. Are emergency medicine clerkship objectives congruent with Milestones expectations? Society for Academic Emergency Medicine Great Plains Regional Meeting, Springfield, IL. Sept 28, 2013.

Avegno J, Moreno-Walton L, Engle J, Roberts L, Myers L. Evaluation of a Difficult Airway Educational Intervention on Resident Intubation Performance. Presented at EuSEM, September 2012 and ACEP, October 2012, Denver CO.

Moreno-Walton L, D'Andrea S, McFarlin A, Plyer A, **Avegno J**. The Impact of Hurricane Katrina on Penetrating Trauma (PT) in New Orleans. Pan Pacific Emergency Medicine Congress, Seoul, Korea; October 2012.

Avegno J, Espinal I, Myers L, Lee B, Moreno-Walton L. The Effect of Hurricane Katrina on Violence Against Women in Orleans Parish. Presented at EuSEM, September 2012 and ACEP, October 2012, Denver CO.

Avegno J, Leuthauser A, Martinez J, Marinelli M, Osgood G, Satonik R, Ander D. Medical Student Education in Emergency Medicine: do students meet the national standards for clinical encounters of selected core conditions? Presented at MERC at CORD scholar program, Council of Residency Directors Academic Assembly, April 2012, Atlanta GA.

Williamson A, Landry M, Fujita M, **Avegno J**, Dennar P. "The X Factor in Transitional Care: What is Needed for Patients to Establish Their Medical Home." Society of General Internal Medicine Conference, February 2012, New Orleans LA.

Avegno J, English R, Detiege P. "Critical Concepts: A Unique Approach to Undergraduate Education in the Care of the Acutely Ill Patient." Council of Residency Directors Academic Assembly, April 2012, Atlanta, GA and Southern Regional Meeting, February 2012, New Orleans LA.

Avegno J. "Navigating Your Third Year Towards a Future in Emergency Medicine." Society of Academic Emergency Medicine Student Symposium, June 2011, Boston MA.

Avegno J, Hegarty C, Ronan-Bentle S. "Recognizing, Counseling & Remediating the Difficult Student." Council of Residency Directors (CORD) Emergency Medicine Annual Meeting, March 2010. *Selected as a "Best of CDEM" presentation.*

Jennifer L. Avegno, MD

- Avegno J**, Moreno-Walton L, Murphy-Lavoie H. "Medical Students' Perceptions of an Emergency Medicine Clerkship: An Analysis of Self-Assessment Surveys." *CORD Annual Meeting*, March 2010 and *European Society of Emergency Medicine Annual Congress*, October 2010.
- Larose M and **Avegno J**. "It's Not All in Your Head - A Case of New-Onset Seizures." *LSU Research Day*, January 2010.
- Edler R, Sibley D, Duffy T, **Avegno J**, Dunbar L. "Undergraduate Medical Education as Affected by Hurricane Katrina." *ACEP Annual Meeting*, October 2008.
- DeWulf A, Mills LD, Levitan R, Afonso N, Macht M, **Avegno J**, Mills T. "Prevalence of Posttraumatic Stress Disorder Following Hurricane Katrina." *SAEM Annual Meeting*, May 2007.
- Afonso N, Mills LD, DeWulf A, Levitan R, Macht M, **Avegno J**, Mills TJ. "Patient Perceptions of the Interim Healthcare System After Hurricane Katrina." *SAEM Annual Meeting*, May 2007.
- Levitan R, Mills LD, DeWulf A, Afonso N, Macht M, **Avegno J**, Mills TJ. "Healthcare Satisfaction and PTSD Following a Major Natural Disaster." *Tulane Research Days*, March 2007.
- Avegno J**, Zickerman E, Herbert K, Tatford S, Moises J. "A Novel Civilian-Military Partnership in Emergency Medical Services During a Prolonged Disaster: Patient Characteristics, Resource Utilization, and Future Recommendations." *ACEP National Meeting*, October 2006.
- Mills LD, Mills TJ, **Avegno J**, D'Souza B. "Novel Medicine and Law Collaborative Teaching Course." *European Society of Emergency Medicine Congress*, September 2005.
- Avegno J**, Mills TJ, Mills L, Haydel M. "Characteristics of Sexual Assault Victims Presenting to the Emergency Department: Analysis by Race, Age, Timing of Event and Relationship to Perpetrator." *ACEP National Meeting*, October 2004 and *LSU Research Day*, January 2004.
- Harrison N, Mills T, **Avegno J**, Harrison S. "Validation of Screening Tools for Detection of Male Victims of Intimate Partner Violence in the Emergency Department." *ACEP National Meeting*, October 2004 and *SAEM Southeastern Meeting*, March 2004.
- Mills T, **Avegno J**, Mills L, Haydel M. "Screening for Male Victims of Intimate Partner Violence: Prevalence Rates and Accuracy of Two Short Questionnaires." *ACEP National Meeting*, October 2003 and *LSU Research Day*, January 2003.
- Avegno J**. "Resident Satisfaction in Public Housing." *Southern Sociological Society meeting*, April 1995.
- Avegno J**. "The Feminization of Poverty." *Midwest Student Sociology Society meeting*, April 1992.

Jennifer L. Avegno, MD

LECTURES AND PRESENTATIONS

"Social Emergency Medicine"

"Developing an Emergency Medicine Student Clerkship and Curriculum"

"The High-Tech Airway: What Do I Need and When?"

"Violence Intervention in the ED"

"Cooling the Code: Therapeutic Hypothermia in the ED"

"Neuropathies and Neuromuscular Disorders in the ED"

"Neck Injuries"

"Burn Injuries"

"Basic Pediatric Airway Management"

"Vascular Catastrophes"

"Renal and Genitourinary Infections"

"Ear, Nose & Throat Infections"

"The Difficult Patient Interaction"

Exhibit “F”

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO. 2022-05633

DIVISION N

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, AND MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF
ITSELF AND ITS MEMBERS

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

**AFFIDAVIT OF REBECCA U. PERRET, M.D. FACOG, IN SUPPORT OF
PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION**

I, REBECCA U. PERRET, M.D., F.A.C.O.G., hereby affirm under penalty of perjury
that the following statements are true and correct:

I. Background and Expertise

1. I am a board-certified obstetrician and gynecologist ("OB/GYN") and a medical
doctor licensed in the State of Louisiana and in good standing with the Louisiana State Board of
Medical Examiners.

2. I have specialized in Obstetrics and Gynecology since 2002, providing
compassionate comprehensive primary and reproductive healthcare to patients. I have delivered
thousands of babies during my career. I'm a board-certified fellow with the American College of
OB/GYN and a Diplomat with the American Board of OB/GYN.

3. In 1998, I obtained my medical degree from Louisiana State University's ("LSU")
School of Medicine, and in 2002, I completed my residency in obstetrics and gynecology at LSU's
School of Medicine too. There, I was trained to provide primary & specialty care for the
reproductive system in two converging fields of medicine: obstetrics & gynecology. At LSU

Health Science Center I was trained to provide primary and specialty care for women as an Obstetrician/ Gynecologist.

4. I currently practice as an OB/GYN in Orleans Parish. In my clinical practice, I have also provided pregnant patients with miscarriage management and abortion care for lethal fetal anomalies up to 22 weeks from their last menstrual period.

5. My qualifications are described in detail in my curriculum vitae, a copy of which is attached as Exhibit 1.

6. I submit this affidavit in support of Plaintiffs' Motion for Preliminary Injunction, which seeks to enjoin enforcement of Louisiana's abortion trigger bans. I understand that if I am charged and convicted of violating these criminal statutes, I can be subject to severe penalties, including potentially years of imprisonment and hundreds of thousands of dollars in fines.

7. As a practicing physician I am concerned about the Trigger Bans going into effect. I understand the Trigger Bans criminalize the provision of abortion care with some narrow medical exceptions. They fail to provide who is tasked with evaluating its language and who is meant to enforce them.

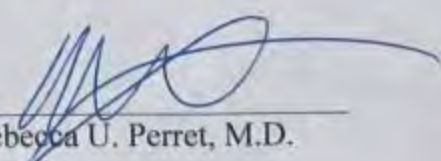
8. There is a total lack of clarity of how these laws will affect real life situations that physicians, like myself, face all the time. There are so many circumstances where physicians have to make medically-necessary decisions in treating a patient, including in life-threatening pregnancies and miscarriages. Doctors should not have to weigh whether or not the care they provided throughout their whole careers should change because of severe legal threats, especially at risk to patients.

9. The Trigger Bans WILL cause harm to my patients. Physicians will be unable to do their work for fear of criminal penalties and create chaos in trying to find answers that have more to do with what is legal than what is medically indicated for their patients.

10. Critical for my practice, I understand the Third Trigger Ban provides an exception for any pregnancy that is “medically futile;” however, the law fails to indicate which fetal conditions fall under this exception. I am concerned that I can potentially be prosecuted for providing the provision of abortion care for lethal fetal anomalies because the Trigger Bans deputizes the Louisiana Department of Health (“LDH”) to establish the list of conditions that fall into an exception, and LDH has not done so. I am concerned this vacuum will leave unfettered discretion to prosecute doctors in the state for exercising their professional judgment and expertise to provide safe and compassionate care for women. This is deeply concerning as providers like myself are left with absolutely no direction on how to resume their practice or what, if any of their actions may subject them to prison time and enormous fines.


11. Instead of promoting reproductive healthcare, the Trigger Bans will chill it. In my opinion, these laws will cause grave and devastating harm to pregnant patients throughout the state. I know the Trigger Bans leave me, and other physicians like me, confused, threatened, and worried for just doing our jobs.

On this 4th day of July, 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.


 Rebecca U. Perret, M.D.


 NOTARY PUBLIC

Sworn to and subscribed before me
 this 4th day of July, 2022

 ANDREA J. WILKES
 Notary Public
 State of Louisiana
 Orleans Parish
 Notary ID # 26305
 My Commission is for Life



FILED

2022 JUL 05 A 09:58

CIVIL

DISTRICT COURT

EXHIBIT 1

CV: Rebecca U. Perret, MD, FACOG

Hospital Affiliations:

6/2002- Present	Touro Infirmary 1401 Foucher Street NO, La. 70115
7/1998- 6/2002 (training only)	Medical Center of La. University and Charity Campus 1532 Tulane Ave. NO, La. 70112
7/1998- 6/2002 (training only)	University Medical Center Lafayette, La.
7/1998- 6/2002 (training only)	Earl K. Long Hospital Baton Rouge, La.

Professional Organizations

7/2000- 6/2002	Louisiana Section of the American College of OB/GYN Junior Vice Chair 2000-2001 Junior Chair 2001-2002
8/1998- 11/2003	American College of OB/GYN Junior Fellow
8/1996-12/1998	Louisiana State Health Science Center Council on Professional Conduct and Ethics, Co- Chairperson
2001-2002	Chief Administrative Resident LSU Ob/Gyn
11/2003- Present	Fellow American College of OB/GYN (Board Certified) Diplomate American Board of OBGYN
2014	Renewed/Passed Recertification
2016-present	Touro Medical Executive Committee , Elected Member-at-large

Honors/Awards

6/2000	Outstanding Resident House Officer II
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EXHIBIT

F-1

eScriber.com

LSU Dept of OBGYN

6/2000

Outstanding Teaching Award House Officer II

5/1998

Outstanding Graduate OBGYN, LSU School of Medicine

2016

Touro Kaplan Award

2001-present

Multiple New Orleans magazine recognitions for outstanding physician/ " Top Doctor" including New Orleans City Business, Nola Baby, and New Orleans Magazine

Exhibit “G”

19TH JUDICIAL DISTRICT COURT
PARISH OF EAST BATON ROUGE
STATE OF LOUISIANA

NO. C-720988

DIVISION B, SEC. 24

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF ITSELF
AND ITS MEMBERS, AND CLARISSA HOFF, M.D.

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

**AFFIDAVIT OF VALERIE WILLIAMS, M.D., IN SUPPORT OF PLAINTIFFS'
MOTION FOR PRELIMINARY INJUNCTION**

I, VALERIE WILLIAMS, M.D., hereby affirm under penalty of perjury that the following statements are true and correct:

1. I am a board-certified obstetrician and gynecologist ("OB/GYN") and a medical doctor licensed in the State of Louisiana and in good standing with the Louisiana State Board of Medical Examiners.

2. In 2007, I obtained my undergraduate bachelor's degree from The University of Texas at Austin and my medical degree from The University of Texas Southwestern School of Medicine. In 2011, I completed my residency in obstetrics and gynecology at the University of Colorado School of Medicine. I have been a fellow with the American College of Obstetricians and Gynecologists since 2012.

3. Since completing my residency, I have trained medical students and residents in obstetrics and gynecology at a variety of locations, including the University of Rochester, LSU Health Sciences Center, and Tulane University School of Medicine. I currently work as an OB/GYN hospitalist in Orleans Parish. My qualifications are described in detail in my curriculum vitae, a copy of which is attached as Exhibit 1.

4. From September 2012 to May 2022, I served as the director of the Ryan Program at LSU Health Sciences Center in New Orleans. The Ryan Program works directly with OB/GYN residency programs to help them meet the Accreditation Council for Graduate Medical Education (ACGME) mandate for routine abortion training in obstetrics and gynecology (ob-gyn) training programs. The program integrates training in abortion and contraception care (family planning) as a required rotation. Before the Ryan Program at LSU Health began, residents traveled out of state,

to as far away as New York, at their own expense to be trained in abortion care and OB/GYN adverse outcomes. Now, residents at LSU train in Louisiana—but this will not be possible if the trigger bans go into effect.

5. Based on my experience as director of the Ryan Program, I am concerned about the effect that the trigger bans will have on Louisiana residency programs. Though not all OB/GYN residents trained in abortion care will perform elective abortions as part of their future practice, the Ryan Program is incredibly valuable for training them in how to deal with pregnancy complications. For example, the same procedures for abortion are used to manage life-threatening miscarriages, and it is essential that OB/GYNs know how to provide this care. If the trigger bans go into effect, it will be very hard for Louisiana residents to get this necessary training. Finally ACGME requires every OB/GYN program to provide abortion training. If this trigger law goes into effect LSU will have no in-state options for residency training in abortion care. This could potentially threaten the accreditation status for all OB/GYN residency programs in Louisiana.

6. Moreover, I fear that the number and quality of medical students applying to Louisiana residency programs will decline if the trigger bans go into effect. Ever since the Ryan Program started at LSU Health, the quality of medical students applying to the LSU OB/GYN residency program has skyrocketed. Students from all over the country are attracted to LSU in part because due to the quality of abortion training. Thus, if this training is no longer provided, the residency program will suffer. And because physicians tend to practice where they do their residency, this will, in the long term, negatively affect the quality of OB/GYNs in Louisiana overall.

7. Beyond residents, I have already experienced the trigger bans causing a highly qualified job candidate to no longer consider moving to Louisiana. When helping find a replacement for my former position, an amazing candidate applied who was very motivated to practice in Louisiana. Once she heard that Louisiana had trigger bans with severe penalties for physicians, however, she backed out. She said that she could not practice in a state where she could not provide patients with the full spectrum of care.

8. I am also deeply concerned about the potential impact of the trigger bans on my patients. Ever since the decision in *Dobbs v. Jackson Women's Health Organization* was released, patients have been very confused about the scope and language of the trigger bans. For example, patients have been scared that, if they miscarry, treating their miscarriage will be illegal. Others

have been afraid that doctors will not feel safe treating an ectopic pregnancy due to the threat of prosecution.

9. Even when the trigger bans were enjoined, they were impacting patient care. The weekend after *Dobbs* was released, I had a patient who became pregnant despite being on birth control. She told me that she hoped the pregnancy was ectopic so she could get in treated in Louisiana, rather than having to leave the state. It is horrific that patients are *hoping* to have a life-threatening health complication so that they can get appropriate care.

10. When the trigger bans went into effect over the weekend, I experienced firsthand, and got brief insight into, how these laws would harm Louisiana patients and cause unnecessary trauma and pain. After the TRO was lifted on July 8th, I saw a patient whose water broke at 16 weeks, which is far before viability. There was no way for the pregnancy to continue without putting the patient's health at risk, as the fetus was already starting to deliver. I originally offered to perform a medical procedure called a D&E (or dilation and evacuation) to quickly and safely end the pregnancy. A D&E would have lasted approximately 15 minutes. After our consultation, the patient expressed that this was her preferred option, since she was already traumatized from her experience and felt that an induction, which would require labor and delivery of the fetus, would be too much for her. Once I left the room, however, I heard from my hospital's lawyer that I could no longer perform the requested procedure because the trigger bans had gone into effect. Going back into that hospital room and telling the patient that she would have to be induced and push out the fetus was one of the hardest conversations I've ever had.

11. The trigger bans have turned a hospital room and medical procedure into a legal consultation, all while patients' health and safety are at risk. As a result of the trigger bans being in effect for just a few hours, this particular patient was forced to go through a painful, hours-long labor to deliver a nonviable fetus, despite her wishes and best medical advice. She was screaming—not from pain, but from the emotional trauma she was experiencing. Then after all of that, it was taking hours for the placenta to deliver, and she began hemorrhaging. She lost close to a liter of blood before I was able to stop the bleeding. There is absolutely no medical basis for my patient, or any other patient in this state, to experience anything like this. This was the first time in my 15-year career that I could not give a patient the care they needed. This is a travesty.

12. As the above demonstrates, the trigger bans will make treating pregnant women who are already suffering from complications even harder. The decision for how to move forward

in situations like these must be made quickly, and that decision should be made between the patient and her physician, rather than being delayed by confusing laws.

13. For these reasons, I believe Louisiana's trigger bans would have dangerous consequences. There is an overwhelming amount of confusion about the bans, among patients and physicians alike, which can only lead to bad outcomes. The bans should therefore be enjoined to protect patients and their providers.

On this ___ day of July, 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.


Valerie Williams (Jul 13, 2022 15:42 EDT)

Valerie Williams, M.D.

NOTARY PUBLIC

Sworn to and subscribed before me
this _____ day of July, 2022

Signature: Dawn Chiasson
Dawn Chiasson (Jul 13, 2022 14:49 CDT)
Email: dawn@toulatitle.com



Signature: Dawn Chiasson
Dawn Chiasson (Jul 14, 2022 10:54 CDT)
Email: dawn@toulatitle.com

EXHIBIT 1



Valerie Williams MD

Education

University of Texas at Austin
Bachelor of Science, Molecular Biology
August 1999- June 2003

University of Texas Southwestern School of Medicine
Doctor of Medicine
July 2003- June 2007

University of Colorado School of Medicine
Residency Obstetrics and Gynecology
June 2007- June 2011

Certification

American Board of Obstetrics and Gynecology
January 17, 2015- present

Professional Experience

Clinical Instructor
University of Rochester
Department of Obstetrics and Gynecology
Rochester, New York
August 2011- January 2012

Medical staff
General Champion Regional Medical Center
Alamogordo, New Mexico
March 2012- July 2013

Assistant Professor
Ryan Program Director
LSU Health Sciences Center
Department of Obstetrics and Gynecology
New Orleans, Louisiana
September 2012- May 2022

Adjunct Clinical Instructor
Tulane University SOM
Department of Obstetrics and Gynecology
New Orleans Louisiana
September 2017- April 2020

Reproductive Health Program Medical Director
LDH Bureau Family Health
July 2021- May 2022

Medical staff
Crescent City Physicians Inc
June 2022 - present

Membership in Professional Organizations

Fellow, American College of Obstetricians and Gynecologists
January 1, 2012- present

Former member, ACOG Simulation Working Group
January 2013 – January 2015

Former member, Society of Family Planning
December 2015- August 2020

Associate fellow, Teaching Academy
September 2016- present

EXHIBIT

G-1

exhibitsticker.com

Grants and Contracts

David and Lucille Packard Family Planning Faculty Development Program
Principal Investigator, funded 2016- 2019

Kenneth J. Ryan Residency Training Program in Family Planning
Principal Investigator, funded 2015- 2020

Louisiana Study of Women's Access to Comprehensive Health Care
Co-Investigator, funded 2015- 2017

Nuvaring as a Contraceptive Choice and Influence on HIV Transmission
Principal Investigator, funded 2017-2018

Scholarships

Physicians for Reproductive Health Leadership Training Academy
September 2017

Awards and Honors

Senior Student Award for Outstanding Clinical and Academic Achievement
Dallas Fort Worth Southwest Gynecologic Assembly, December 2006

Excellence in Teaching
University of Colorado Denver SOM, May 2009

Apple Award for Excellence in Resident Education
University of Colorado Denver SOM, November 2010

Faculty Teaching Award
LSUHSC New Orleans, June 2013

APGO Excellence in Medical Education Teaching Award
LSUHSC New Orleans, June 2014

Kenneth J. Ryan Memorial Award
ACOG, 2016

Aesculapian Excellence in Teaching nominee
LSUHSC New Orleans, 2016

Best Social Sciences Poster
National Abortion Federation, 2018

SASGOG Faculty Award
LSUHSC New Orleans, 2018

Publications

Refereed

Roberts SCM, Fuentes L, **Williams V**, Upadhyay UD. "Implications for women of Louisiana's law requiring abortion providers to have hospital admitting privileges." *Contraception*. May 2015; 91(5): 368-72.

Berglas NF, **Williams V**, Mark K, Roberts SCM. "Should prenatal care providers offer pregnancy options counseling?" *BMC Pregnancy and Childbirth*. September 2018; 18:384.

Roberts SCM, Kimport K, Kira R, Holl J, Mark K, **Williams V**. "Consideration of and Reasons for not obtaining abortion among women entering prenatal care in southern Louisiana and Baltimore, Maryland." *Sexuality Research and Social Policy*. October 2018

Yano J, Sobel J, Nyirjesy P, Sobel R, **Williams V**, Yu Q, Noverr M, Fidel PL. "Current patient perspectives of vulvovaginal candidiasis: incidence, symptoms, management and post-treatment outcomes." *BMC Women's Health*. March 2019; 19:48.

Berglas NF, Kimport K, **Williams V**, Mark K, Roberts JCM. "The health and social service needs of pregnant women who consider but do not have abortions." *Women's Health Issues*. August 2019; 29(5): 364-9.

Review

Peacock LM, Thomasee ME, **Williams VL**, Young AE. "Transition to Office-based Obstetric and Gynecologic Procedures: Safety, Technical, and Financial Considerations." *Clin Obstet Gynecol*. June 2015; 58(2): 418-33.

Book Chapters

Williams V, Young AE. "A woman with first-trimester vaginal bleeding." In: Chelmow D, Isaacs CR, Carroll A, editors. *Acute Care and Emergency Gynecology: A case-based approach*. (London: Cambridge University Press, 2015), p. 109-112.

Scientific Presentations

Iwamoto T, Thomas A, Holman S, Polite F, Heard A, **Williams V**. "Cesarean Section BOX Simulator-Utilizing CREOG Resources to Develop Surgical Skills." Presented at APGO/CREOG Annual Meeting, March 2016.

Poster Presentations

Roberts S, Johns N, **Williams V**, Upadhyay. "How many women do not get abortions when Medicaid does not cover abortion?" Presented at NAF Annual Meeting, April 2018.

Gwen A, Mittal S, Chapple A, **Williams V**, Alleyn J. "Impact of Medical Students' Sociopolitical Leanings on Their Perceptions of Abortion Education in Louisiana." Presented at American Medical Association, Dec 2022.

Invited Presentations and Seminars

Religious Perspectives in Providing Abortion Care
Partnership for Abortion Provider Safety
Panel discussant
New Orleans, LA, October 2018

Managing Challenging Interactions in Family Planning
Panel discussant
Society of Family Planning
Los Angeles, CA, October 2019

Resident Advocacy in Family Planning
Ryan Family Planning Conference
Panel discussant
Los Angeles, CA, October 2019

Service Activities

Internal Review Board
LSU Health Sciences Center
Member
November 2014 – May 2022

Clinical Practice Leadership Group
LSU Health Care Network
Chair elect
February 2013 – 2019

Executive Committee
LSU Health Care Network
Member
January 2017 - 2020

Community Service

Physicians for Reproductive Health
Board Member
April 2018- November 2021

Luke's House Clinic
Volunteer clinician
May 2021- present

Exhibit “H”

19TH JUDICIAL DISTRICT COURT
PARISH OF EAST BATON ROUGE
STATE OF LOUISIANA

NO. C-720988

DIVISION

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF ITSELF
AND ITS MEMBERS, AND CLARISSA HOFF, M.D.

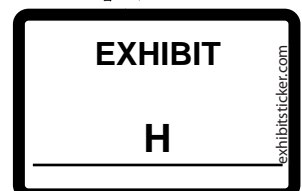
VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

**AFFIDAVIT OF CLARISSA JO BEUTLER HOFF, M.D., M.P.H., F.A.C.P.M. IN
SUPPORT OF PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION**

I, CLARISSA JO BEUTLER HOFF, M.D., M.P.H. F.A.C.P.M., hereby affirm under
penalty of perjury that the following statements are true and correct:

1. I am a board-certified family medicine physician and a medical doctor licensed in the State of Louisiana and in good standing with the Louisiana State Board of Medical Examiners.
2. I have specialized in Family Medicine and Preventative Medicine since 2013. In that role, I treat patients who routinely require treatment of conditions with medication(s) that are unsafe for pregnancy. I'm part of several local and national professional organizations, including the American College of Preventative Medicine, where I am a fellow, and I am a diplomat at the Louisiana Academy of Family Physicians and the American Academy of Family Physicians.
3. I obtained my undergraduate bachelor's degree from Iowa State University. In 2007, I obtained my medical degree from Creighton University School of Medicine. I then interned in OB/GYN at the Loma Linda University Medical Center. After that I was a Preventative Medicine resident at Tulane University Medical Center and a Family Medicine resident at Baton Rouge General Hospital.
4. I currently practice as a family medicine physician and assistant professor at Tulane University School of Medicine. In my clinical practice, I provide care for high medical need patients including transplant, dialysis, and cancer patients.
5. My qualifications are described in detail in my curriculum vitae, a copy of which is attached as Exhibit 1.
6. I submit this affidavit in support of Plaintiffs' Motion for Preliminary Injunction, which seeks to enjoin enforcement of Louisiana's Trigger Bans. As a family medicine physician,



I treat patients who require treatments involving medications, many of which are unsafe for pregnancy. These include teratogenic medications and medications that are at high risk of causing miscarriage or physical or functional defects in the human embryo or fetus. For example, I routinely treat patients who live with diabetes, high blood pressure, depression and anxiety, migraines, seizure disorders, lupus and rheumatoid arthritis, all of which are conditions that can require medication that is unsafe to take during a pregnancy.

7. Another example, Methotrexate is sometimes prescribed for lupus and rheumatoid arthritis patients, Depakote for treatment of depression and bipolar disorder, and Topamax for severe migraines and seizures. These medications can unintentionally cause a patient to have pregnancy complications and even miscarriage. Many of these patients cannot be prescribed hormonal birth control alongside these medications because they have underlying conditions like chronic migraines and/or a cancer history; for many patients, hormonal birth control is not an option because its side effects can cause bleeding disorders.

8. It is unclear whether treatment of these conditions in light of the Trigger Bans puts providers' liberties at stake because of their confusing language. I am scared that I may be charged and convicted of violating these criminal statutes for treating my patients with medications that can end up being unsafe for pregnancy or leading to termination. I fear facing severe penalties, including years of imprisonment.

9. Hence, the provision of care will not just be chilled for the obvious—the physicians that specialize in Obstetrics and Gynecology. But also for family medicine providers, endocrinologists, cardiologists, psychiatrists, neurologists, and rheumatologists, all of whom prescribe medications that can cause pregnancy complications and miscarriage.

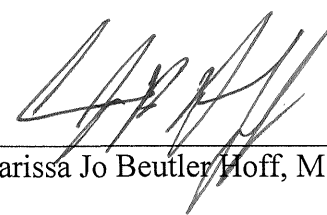
10. As such, the Trigger Bans run the risk of chilling the provision of nearly all medical care for women, pregnant and birthing people in Louisiana. It is already created a lot of anxiety and confusion among healthcare providers.

On this 12 day of July, 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.



NOTARY PUBLIC

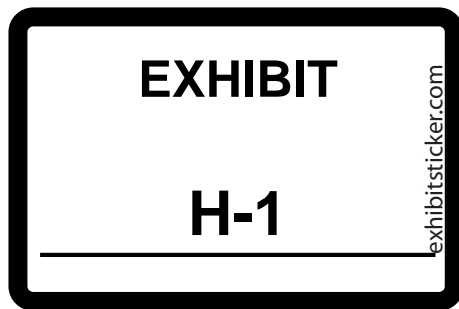
Sworn to and subscribed before me
this 12 day of July, 2022



Clarissa Jo Beutler Hoff, M.D., M.P.H.

BENJAMIN O. FLAXENBURG
NOTARY PUBLIC
BAR # 37682
STATE OF LOUISIANA
COMMISSION FOR LIFE

EXHIBIT 1



CLARISSA JO BEUTLER HOFF MD, MPH, FACPM

BOARD CERTIFICATION

Family Medicine

September 1, 2013 – August 31, 2023

Certificate Number: 1064628955

Preventive Medicine

January 1, 2013-January 31, 2023

Certification Number: 053263

EDUCATION

Baton Rouge General Hospital: Baton Rouge, Louisiana

Family Medicine Residency, July 2011-August 2013

Tulane University Medical Center: New Orleans, Louisiana

Preventive Medicine Residency, January 2009-February 2011

Chief Resident, January 2010-February 2011

Master of Public Health, January 2009-December 2010

Dual Emphasis in International Health and Epidemiology

Loma Linda University Medical Center: Loma Linda, California

Internship in Obstetrics and Gynecology, June 2007-June 2008

Creighton University School of Medicine: Omaha, Nebraska

Doctor of Medicine, August 2003-May 2007

Iowa State University: Ames, Iowa

Bachelor of Science in Animal Ecology, August 1999-May 2003

PROFESSIONAL ACTIVITIES

Grants:

2021-2026	Primary Care Training And Enhancement-Community Prevention And Maternal Health, HRSA 21-014\$1,478,951 over 5 years
Role: PI	
2015-2018	Preventive Medicine Residency with Integrative Health Care Training Program, Health Resources and Services Administration, HRSA-15-143 \$914, 275 over 3 years
Role: PI	
2015-2016	COR Research Fellowship, Tulane University, New Orleans, Louisiana, \$10,000 for 1 year
Role: PI	
2015	TUHSC Auxiliary Endowment for Excellence in Research by a Young

EXHIBIT

H-1

exhibitsicker.com

Career Professor at the School of Medicine; Tulane University, New Orleans, Louisiana
Salary Support for one year

Research Activity:

- 2020-Present Tulane Clinical Site's Principal Investigator: Research project "Fostering Shared Decision-making about Prostate Cancer Screening among Clinicians and African American men." Grant awarded to Xavier University of Louisiana by NIH/NIMHD
- 2015- Present Southern Area Patient Oriented Research Organization (SAPORO)-Director
SAPORO is a practice based research of in the Gulf South of family medicine clinics and residency programs that focuses on boots on the ground research and quality improvement. Over 10 clinics and 100 physicians are involved with multiple publications and presentations.

Professional Presentations and Papers:

Echeverri M, Felder K, Anderson D, Leung P, Apantaku E, **Hoff C**, Dennar P. *Factors affecting decisions about prostate cancer*. 2022 RCMI Annual Conference, Abstract #C51197 March 16-18, 2022, Virtual
https://www.youtube.com/watch?v=9my1hGXH_zI

Hoff, C (June 2021) *Improving Diversity, Equity, Inclusion Efforts within Preventive Medicine Residency Programs Breakout Sessions*, ACPM Annual Program Directors Workshop, Workshop Coordinator

Hoff, C, Gunnar, W, Levy, S (May 2021) *Patient Safety and Quality in the Time of A Pandemic*, American College of Preventive Medicine Annual Conference 2021, Oral Presentation

Echeverri M, KJ Felder, P Leung, **Hoff C**, Dennar P (March 2021) *Advancing A Behavioral Clinical Trial in a Global Pandemic*, Research Centers in Minority Institutions Consortium 2021 National Conference
https://www.youtube.com/watch?v=lqdgawrmd_M

Hoff C, Caleon L, Lee G, Quan M. *Utilizing Practice-Based Research Networks to Teach and Implement Quality Improvement in Academic Medicine*. *Fam Med*. 2020 Oct;52(9):642-646. doi: 10.22454/FamMed.2020.411271. PMID: 33030720.

Hoff C (December 2019) *Utilizing Practice-Based Research Network to Teach and Implement Quality Improvement*, Academic Family Medicine, Society for Teachers of Family Medicine 2019 Conference on Practice & Quality Improvement, Poster Work In Progress.

McGonigle K, Carley T, **Hoff C**. *Assessing Racial Disparities in HCV Infection and Care Outcomes in a Southern Urban Population*. *J Racial Ethn Health Disparities*. 2018 Oct;5(5):1052-1058. doi: 10.1007/s40615-017-0453-y. Epub 2017 Dec 29. PMID: 29288470.

Hoff C (May 2018) *Emergency Preparedness and Disaster Response Curriculum*, American College of Preventive Medicine 2018 Annual Conference, Residency Director Workshop, Chicago, IL.

Hoff C, Sheikh M. *Is female-to-male transgender status a barrier to adequate cervical cancer*

screening with Pap smear? Evidence-Based Practice. September 2017 Sept;20(9): 11-12. doi: 10.1097/01.EBP.0000541819.24814.8e

Hoff CJ. *Help Desk: Is an intestinal biopsy necessary when the blood work suggests celiac disease?* J Fam Pract. 2016 Dec;65(12):936-937. PMID: 28149977.

Hoff, C. *Just in Time Learning and Problem Based Learning: Does changing lecture format make a difference?* Society of Teachers in Family Medicine Medical 2015 Annual Student Education Conference, Atlanta, Georgia. Topic Leader

Hoff CJ. *Are diuretics effective for idiopathic lymphedema?*, Evidence-Based Practice. 2014 Dec;17(12): 9. doi: 10.1097/01.EBP.0000540858.92830.33

Hoff C, Seeliger N Primary Care in the Andes: A Medical Mission to Cusco Peru 11,200 Feet Above Sea Level, January 2015 Greater New Orleans Area Family Medicine Grand Rounds.

Hoff CJ, Ratard R. *Louisiana death certificate accuracy: a concern for the public's health.* J La State Med Soc. 2010 Nov-Dec;162(6):350, 352-3. PMID: 21294493.

Hoff C. *Neonatal Sepsis Louisiana, 2002-2005.* Louisiana Morbidity and Mortality Report. 2010 Jan-Feb;21(1): 3-4.

Hoff C, Pigman H. Improving Veterans Urgent Care Center Flow and Patient Safety: Queueing Theory Applied. Poster presented at the 2010 Tulane Health & Science Research Days 2010, New Orleans, Louisiana. Poster Presenter
Recognition: Dean of the School of Public Health and Tropical Medicine Award for Excellence in Research and Presentation by a Public Health Masters Student

Hoff C, Toprani A (2010, February) *Non-Gynecological HPV*, American College of Preventive Medicine 2010 Annual Meeting, Crystal City, VA. Poster Presenter,

Ratard R, Hoff N, **Hoff C**, *The Louisiana Antibiogram In Vitro Antibiotic Sensitivity Patterns 2007-2008*, LA. Department of Infectious Disease Epidemiology, Annual Report, Metairie, LA, 2009.

Hoff C *Project CURE: A Service Project in Chimbote, Peru, Bridging Health Divides*, 2005, September Midwest Global Health Conference, Poster Presenter, Omaha, NE.

Hoff C *Project CURE: A Service Project in Chimbote, Peru*, 2005, March Global Health Educational Consortium Global Health Conference, Poster Presenter, San Francisco, CA.

Scientific Ad-hoc Reviewer:

Annals of Family Medicine 2014-present
Louisiana State Medical Society Journal 2013-2018
Family Practice Inquiry Network 2013-present
American Journal of Preventive Medicine 2016-present

Committee Leadership

American College of Preventive Medicine: Subcommittee for the Public Health and General Preventive Medicine Examination 2016-present

Comprehensive Medical Mentoring Program (CMMP) – Partnership Co-Chair July 2021-present

CMMP is a national mentoring program designed to assist underrepresented minorities to obtain advanced degrees in the medical field. <https://www.cmmmpmed.org/>

Professional Organizations:

American College of Preventive Medicine, 2009-Present
Fellow of ACPM
Louisiana Academy of Family Physicians, 2011-Present
American Academy of Family Medicine 2011-Present
North American Primary Care Research Group 2013-2015
Louisiana State Medical Society, 2009-2015
Resident Representative to the Board of Governors, 2012-2013
Capital Area Medical Society Resident Delegate to the House of Delegates, February 2012
Alternate Resident Representative to Board of Governor Representative 2009-2010
Alternate Resident Delegate to the House of Delegates, February, 2010

ACADEMIC HONORS AND AWARDS

Tulane University:

Dean's Schlesinger Scholarship, 2009-2010
Dean of the School of Public Health and Tropical Medicine Award for Excellence in Research and Presentation by a Public Health Student, 2010

Creighton University School of Medicine:

Aesculapian Award, 2007
Full Honors Renal Medicine, 2007
Full Honors Gross Anatomy, 2007
Full Honors in Obstetrics and Gynecology Elective in Peru, 2007
Full Honors in Gynecological Oncology, 2006
Full Honors in Narratives in Illness, 2006
Clinical Honors in General Surgery, 2006
NBME Shelf Honors in Pediatrics, 2005
Full Honors in Obstetrics and Gynecology, 2005
NBME Shelf Honors in Psychiatry, 2005
Best New Club Award, 2005

Iowa State University:

Magna Cum Laude, 2003
Dean's List, 1999-2003
Honor's Program, 2000-2003
Iowa State Academic Recognition Scholarship, 1999-2003
Dennis Healy Memorial Scholarship, 2002
Laura Pratt Erick & Eli John Erick Presidential Scholarship, 2002
Nathaniel Howard Scholarship, 2001

WORK EXPERIENCE

Family and Community Medicine - Tulane University School of Medicine: New Orleans, Louisiana
Assistant Professor, July 2019- Present
Clinical duties as a family physician at hospital base clinic that serviced high medical need patients including transplant, dialysis, and cancer patients. Preventive Medicine Residency Director.

Director of Practice Base Research Network. Continued to teach medical students. Organized and started a community medicine rotation elective for 3rd and 4th year medical students interested in community medicine and public health.

Clinical Assistant Professor, July 2015 – June 2019

Preventive Medicine Residency Director with oversight of a \$914,275 HRSA grant to support Preventive Medicine Residency Training. Increased active residents from one to four starting July 2016. Co-Director of Practice Base Research Network SAPORO. Teaching preventive medicine to medical students. Student Health Family Medicine Physician, Faculty Advisor to Hepatitis C testing and counseling clinic run by Tulane Medical Students. Organizing and teaching Preventive Medicine, Accudetox, and Vaccines lecture series to 3rd year medical students as part of their family medicine rotation. Clinical duties at Tulane University Student Health June 2016-June 2019.

Assistant Professor, October 2013 – July 2015

Faculty Physician – staffed hospital based outpatient clinic. Administrative duties to department. Precepting and teaching medical students in Family Medicine Clerkship and other courses. Founding Director of Practice Based Research Network Director for Southern Area Patient Oriented Research Organizations (SAPORO). Volunteer faculty for a medical mission trip of family medicine residents and medical students for Healing Peru, Andahuaylillas, Peru, May 2014, Faculty volunteer at medical student run woman's health clinic located at Grace House (an inpatient drug recovery program), Organized and presented Preventive Medicine teaching series to 3rd year medical students as part of their family medicine rotation

Louisiana Puerto Rico EMAC Deployment Team - San Juan, Puerto Rico

Medical Director of Mission for Response System Incorporated, November 2017

Supervised physicians, nurses, paramedics, pharmacists, and other essential medical staff of a medical special needs shelter of 15-32 patients in austere medical conditions. Provided compassionate and competent medical care for patients. Coordinated care and discharge with multiple stakeholders including the patient, the patients family, the hosting hospital, community medical resources, and other government agencies.

The Urgent Care: New Orleans, Louisiana

Urgent Care Physician, September 2014-Present

Working as an urgent care physician with patients of all ages. Supervising and collaborating with nursing staff, medical assistants, radiology technicians, and front desk staff during shift. Efficiently using EMR documentation for accurate and complete medical records.

Program For All Inclusive Care for the Elderly (PACE): New Orleans, Louisiana

Primary Care Physician, July 2015-February 2016

Primary Care Physician for frail elderly adults who are nursing home eligible in a patient centered medical home. Managed a multidisciplinary team with the goal of keep elderly adults in the home and active in their communities.

Lake After Hours: Baton Rouge, Louisiana

Part Time Urgent Care Physician, February 2012-2013

Worked as an urgent care physician seeing up to 35 patients in a shift. Supervised and collaborated with nursing, medical assistants, radiology technicians, and front desk staff during shift. Efficiently used EMR documentation for accurate and complete medical records.

Correct Care Inc.: Covington, Louisiana

Independently Contracted Physician July 2009-June 2011

Worked as an urgent care and emergency room physician seeing up to 35 patients in an 8 hour shift. Supervised nursing staff, medical assistants, radiology technicians, and front desk staff during shift. Successfully used EMR documentation for accurate and complete medical records.

VOLUNTEER EXPERIENCE

New Orleans Medical Reserve Corp, New Orleans, Louisiana, August 2017-Present

Physician Volunteer

Provided medical care and support in Louisiana Medical Special Needs Shelters in various locations in response to hurricanes, flooding and other disasters. Worked with multidisciplinary team to coordinate medical care, supplies, and staff to ensure shelters were safe. Provided public health support in preventing spread of communicable diseases.

Healing Peru, Anduyahillas, Peru 2014-2020

Physician Volunteer

Acted as site team lead for clinics in remote area settings to provide basic healthcare, medication, and health education to rural Peru in the Andes Mountains. Worked in extreme altitude with a multidisciplinary team from healthcare students, nurses, public health professionals and physicians. Provided preventive healthcare and health education on prevention of altitude related sicknesses to medical staff volunteers. Coordinated with local healthcare resources and government.

Maasai American Organization, Losho, Kenya, January 2010-July 2010

Resident Physician Volunteer

Engaged in sustainable human development focusing on a small Maasai Community. Planned, structured and ran a community health clinic with focus on preventive health. Created and taught health education for elementary school children. Participated in community wide efforts such as deworming, health care worker training, tuberculosis control, and outreach health education. Organized a community health day that served 170 people with HIV testing, deworming, prenatal care, vitamin A supplementation, vaccinations and reproductive health. All activities were done in conjunction with the local Losho Health Committees.

Project CURE Member, Chimbote, Peru 2003-2007

Medical Student Volunteer

Participated in fundraising activities, local community service, and spent 4 weeks in Chimbote, Peru working with street youth and violence prevention through a local parish. In 2007, continued the experience by organizing and working with Creighton faculty members to create a 4 week, fully credited elective in Obstetrics and Gynecology through the same parish in Chimbote.

Tenwek Mission Hospital, Bomet, Kenya, Summer 2006

Medical Student Volunteer

Tenwek Hospital is a mission hospital in Bomet, Kenya. Volunteered as a medical student in obstetrics, gynecology and medicine. Worked in community outreach to promote vaccination, prenatal care, and early childhood development. Initiated with Creighton University to make Tenwek a fully accredited elective in the area of Family Practice for 4th year students.

Creighton University School Of Medicine Magis Clinic, Omaha, NE 2004-2007

Director, May 2006-April 2007

Clinic Manager, May 2005-April 2006

Student Physician Volunteer, May 2004-April 2005

Engaged in all aspects of a free weekly student-run acute care medical clinic opened in September of 2005 and located in the Siena/Francis House Homeless Shelter in Omaha, NE. Assessed community needs to expand services to a monthly diabetic education class, yearly pediatric school physical and vaccination clinics, influenza vaccinations clinic, bimonthly STD clinics, and bimonthly psychiatric clinics. Collaborated with other agencies in the area as part of the Metro Area Continuity of Care for the Homeless.

Recognition: Best New Club Award.

OTHER EXPERIENCE

Leadership Experience: Secretary of Tulane Resident and Fellow Congress, 2010-2011; American Medical Association Louisiana Alternate Resident Delegate, 2010-2011; Tulane Resident and Fellow Congress Preventive Medicine Rep, 2009-2011; Midwest Global Health Conference Liaison, 2005; Note-service Class Officer, 2004-2005; M-1 and M-2 Buddy Program, 2004; Creighton Medical School Interview Host, 2003-2004

Community Service: Louisiana Volunteers in Action New Orleans Medical Response Corp Emergency Response Physician, 2015-present; Physicians for Human Rights Asylum Network Volunteer Physician, 2010-present; Tulane Student Run Clinic Physician Faculty Volunteer for Women's Health Clinic 2013-2015; Kid's Café Volunteer, 2005; Habitat For Humanity Volunteer, 2005; Siena/Francis Clinic Student Physician, 2004; Make A Wish Fundraiser Volunteer, 2004; Boys And Girls Club Volunteer, 2003-2004; Christ Child Care Volunteer, 2003

Teaching Experience:

Preventive Medicine and Vaccine Lecture Series for Family Medicine Residencies, 2015-present
Preventive Medicine and Vaccine Lecture Series for Tulane Family Medicine Rotation, 2013- present
Webinar Non-Gynecological HPV, LA Department of Health and Hospitals, June 2009
Webinar Group B Streptococcus in Pregnancy, LA Department of Health and Hospitals, March 2009
English Tutor, Sudanese refugee woman in basic reading and writing skills, 2003-2004

CERTIFICATION

Basic Cardiac Life Support, current and unrestricted
Advanced Cardiac Life Support, current and unrestricted

LICENSING

Louisiana State Board of Medical Examiners, Certificate Number MD202813
Expires: November 30, 2021 Status: Active, No disciplinary action, and unrestricted

Drug Enforcement Agency Number and Louisiana Controlled and Dangerous Substance License: Upon request
Status: Active, Current, & No Restrictions

Exhibit “I”

19TH JUDICIAL DISTRICT COURT
PARISH OF EAST BATON ROUGE
STATE OF LOUISIANA

NO. C-720988

DIVISION

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF ITSELF
AND ITS MEMBERS, AND CLARISSA HOFF, M.D.

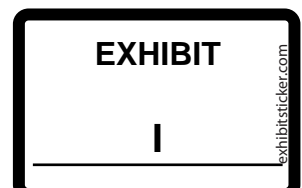
VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

**AFFIDAVIT OF EMILY DIAMENT IN SUPPORT OF
PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION**

I, EMILY DIAMENT, hereby affirm under penalty of perjury that the following
statements are true and correct:

1. I reside in New Orleans, Louisiana with my husband and daughter. I am originally from Baton Rouge, LA, where I lived until May of 2011.
2. I am a public relations specialist, working with clients in food, music, and entertainment in the New Orleans area. My PR firm services include media relations, community relations, strategic partnership development, social media consulting, and event planning.
3. I recently experienced a miscarriage that has left me and my husband emotionally devastated, but also compelled to share our story and submit this affidavit. I am confused and believe that there are many grey areas not currently addressed by our state's trigger laws. I feel strongly that people do not have a clear understanding of what is taking place in our state's healthcare system, the current medical options offered for women, and how trigger laws affect medical care



and medical care decisions. Louisiana law, in its current state, is dangerous for women and families, their healthcare and their ability to make decisions.

4. Our first child, a beautiful baby girl born on September 18, 2020, gave us the joy that comes with parenthood. After longing for a sibling for our sweet girl, we were thrilled to become pregnant again in February of 2022 with another baby girl due November 2022.

5. I had an extremely healthy pregnancy with no complications.

6. On June 29, 2022, I had my 20-week full body anatomy scan, an ultrasound to check for the health of the baby. We received the devastating news that our daughter no longer had a heartbeat. A second medical opinion confirmed this, leaving my husband and I in a complete state of shock, sadness, and disbelief.

7. After receiving the news of our daughter's passing, our emotional state moved from devastation to complete confusion. How would the change in the law affect our ability to make appropriate healthcare decisions? We were uncertain of what was legally permitted and what was prohibited in Louisiana for a woman who had miscarried. I was extremely concerned about having the ability to make medical decisions that were best for me, decisions between myself and my doctor. I would not wish this fearful and devastating experience upon anyone.

8. My OB/GYN called shortly after to discuss treatment options with us. My options were to either have a D&E (dilation and evacuation procedure) or a riskier, vaginal birth. After consultation with my OB/GYN, we determined that a D&E would be the best and safest option for us. The D&E is a common procedure available to women who miscarry in the second trimester; it is safer, quicker and less risky than a traditional vaginal birth at this state in my lost pregnancy when a vaginal birth carries increased risk for bleeding, infection, etc., and can be more dangerous for the mother. I was emotionally devastated at the time, and the thought of

having a vaginal birth, with contractions and pushing the baby out was too much for me to bear psychologically during this devastating time.

9. My first thought was fear. After doing my research and discussing my medical condition with my doctor, I discovered that a D&E is at times considered an abortion because of the similar process/medications (i.e., Miscarriage vs abortion). My child had died, and I was not having an abortion; the D&E was the medical procedure to safely remove my unborn child that had passed away in utero. I repeatedly discussed my fears and concerns with my medical care providers about the availability and legality of the D&E procedure, not only for me, but for all women in the state of Louisiana. My OB/GYN assured me that the D&E procedure was currently available to me because our daughter had died. However, the grey areas in the trigger law will prohibit many Louisiana women from receiving this appropriate medical procedure and medical care in the future.

10. I began the dilation process at Ochsner the following day, on Thursday, June 30. This involves placing multiple laminaria into the woman's cervix to expedite dilation before the procedure. On Friday, July 1 [two (2) days after we received the devastating news], I underwent the D&E procedure and my medical care progressed without incident.

11. I was very relieved that I was able to make the best medical decisions in unison with my medical caregivers and that the D&E procedure went smoothly but saddened at the same time knowing that many women in slightly different circumstances will not have the freedom or ability to choose this option. I can't imagine going through this experience without having the option of a D&E. Forcing a patient to go through a riskier vaginal childbirth to deliver a stillborn while still grieving the loss of a child would be completely devastating.

12. During my stay at the hospital, I spoke with multiple medical providers about this issue. If my situation had been slightly different, or if the timing had been different with the status of the trigger laws, I could have fallen in a gray area of the law – leaving me with no choices but the riskier vaginal delivery. It breaks my heart that Louisiana women will fall into this grey area in the future, and will be prevented from making the medical decision to have a D&E. The very real concern to my husband and I is that our next pregnancy could come with complications. What if the baby has a heartbeat but no ability to survive outside of the womb? The grey areas of the law would prevent me from making the best medical decision for myself and my family because such a procedure would be considered an abortion.

13. I am convinced that the trigger laws will not allow women to make the best medical decisions in these dire circumstances. If a mother's water broke very early, leaving the child with no chance of surviving outside the womb, it appears that a D&E would be unavailable as a medical care option because the child has a heartbeat. If a child develops a serious medical condition that prevents the child from surviving outside of the womb, a D&E would not be a medical care option. If an unfortunate circumstance during (or before) labor COULD cause harm to the woman, but may not necessary be life-threatening, this could be a grey area where a D&E may not be considered an option because the woman is not at 100% risk of dying. Women in all these situations would be forced to naturally birth their babies – a devastating, dangerous and risky process that no mother should be forced to endure. A woman's life and health should not be put at risk because of the option to no longer have the ability to choose.

14. Miscarriage affects one in four women. Not every miscarriage is like mine, discovering from an ultrasound that your baby no longer has a heartbeat. Miscarriages happen during emergency surgery, where a quick decision must be made to protect the mother. Not all

cases involve a baby that has already passed, but all cases involve a horrific situation for a parent with a decision that is not easy. These already impossible decisions between a mother and caregiver should not have to be shared with a legal team discussing available (and unavailable) medical options. This is a medical issue involving one woman and needs to remain between that ONE woman and her medical care provider.

15. I was told that only a few doctors at Ochsner were trained to perform a D&E, a common medical procedure for second trimester miscarriages. When revisiting the conversations of Louisiana's trigger law with the doctor and resident who performed my D&E after my procedure, I discussed with them fears I had for women in the future, along with fears I had for doctors who may be put in unfortunate situations. Once the trigger law goes into effect, fewer doctors may choose to be trained to perform a D&E because of the possible legal consequences if the procedure is performed on a patient. Doctors could be imprisoned for providing the best medical care by performing a D&E; this is something that a doctor should never have to fear when providing healthcare for a woman and her family. After my devastating experience, it was very scary to have my fears confirmed. The D&E is a necessary medical procedure that should be available when any woman and their doctor decides it is needed. Louisiana law is in a dangerous place when a safe and compassionate way of terminating a nonviable pregnancy is prohibited because an unclear law goes into effect making the medical care out of reach. No doctor should be confused about the medical care they can provide or what is best for their patient. Doctors will be mandated to choose worse options for their patients because of concerns about legal penalties for providing safer medical care.

16. I was fortunate to have the ability to choose the medical procedure that was right for me in consultation with my husband and my physician in an unbelievably emotional and

devastating situation. All patients should have that same choice. It is unconscionable to put doctors in situations with ambiguous laws that make the decision process difficult to determine what's legal and what's not legal, coupled with potentially facing jail time. Doctors protect their patients and their families during these difficult times and should be allowed to provide the best possible medical options for care. Major healthcare decisions should not be regulated by the state government in an arbitrary manner.

17. Because these trigger laws were not in effect when my medical care was necessary, I did not have to experience the full potential of what it might be like for other women in my shoes. Had my nightmare taken place outside the trigger law's 10-day temporary stay, I would have had a vastly different and more damaging experience. Having a second trimester miscarriage just days away from when the trigger laws go into effect truly hit home and made me realize how serious and real this situation really is. This has been a terrible time for me and my family to experience this loss, but to have healthcare choices taken away from Louisiana women in situations like me and foreclosing the doctors who we trust to provide the care we need, is heartbreaking. Only terrible outcomes can come of it at times when people need the most compassion and care if the trigger law is not repaired.

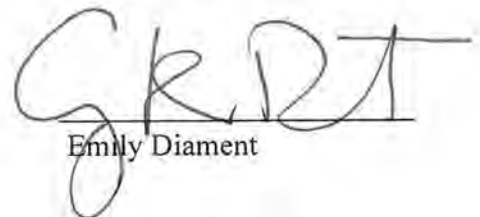
On this 12 day of July, 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.



NOTARY PUBLIC

Sworn to and subscribed before me

this 12 day of July, 2022



Emily Diament

BENJAMIN O. FLAXENBURG
NOTARY PUBLIC
BAR # 37682
STATE OF LOUISIANA
COMMISSION FOR LIFE

Exhibit “J”

19TH JUDICIAL DISTRICT COURT
PARISH OF EAST BATON ROUGE
STATE OF LOUISIANA

NO.C-720988

DIVISION

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF ITSELF
AND ITS MEMBERS, AND CLARISSA HOFF, M.D.

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

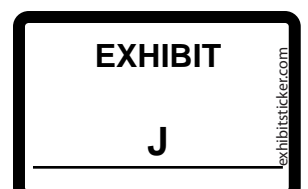
AFFIDAVIT OF ERIC T. SIEGEL, M.D.,
IN SUPPORT OF PLAINTIFFS' MOTION FOR
TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION

I, ERIC T. SIEGEL, M.D., hereby affirm under penalty of perjury that the following statements are true and correct:

1. I am a board-certified obstetrician and gynecologist ("OB/GYN") and a medical doctor licensed in the State of Louisiana and in good standing with the Louisiana State Board of Medical Examiners. I have worked as an OB/GYN since 2018, and I currently work as an OB/GYN hospitalist in New Orleans, LA in Orleans Parish.

2. I completed an undergraduate bachelor's degree and Master of Science in Neuroscience. Afterwards, I obtained a medical degree, and in 2017 completed a residency in obstetrics and gynecology.

My qualifications are presented in more detail in my curriculum vitae, a copy of which is attached as Exhibit 1.



3. My practice includes routine obstetric care, as well as care for patients who present with pregnancy complications in the emergency room. My patients are frequently low-income Black and Hispanic women.

4. In the course of my duties on the labor unit and in the emergency room, I frequently see patients with ectopic pregnancies, miscarriages, fetal anomalies, and other serious complications, including placental abruption.

5. I have diagnosed and counseled pregnant women with fetal anomalies or other conditions that do not necessarily require termination, but that make termination strongly advisable due to the risks to the patient's health and the likelihood that the fetus is non-viable or would have a severely diminished quality of life if carried to term. I advise patients about these risks and treat them accordingly.

6. I am concerned that Louisiana's Trigger Bans, if allowed to go into effect, could significantly delay care for pregnant women—making what is already a bad situation even worse. My priority has always been to provide my patients the standard of care and evidence-based medicine. But now, I'm worried that fears about uncertain legal consequences will be added into the equation. Decisions in emergency situations may need to be made in the moment—including the middle of the night and weekends, when legal counsel may not be available—and hesitating due to fear of prosecution is not safe for our patients.

7. I am uncertain, for example, about the requirement for two physicians to sign off that a pregnancy is medically futile before an abortion can be performed. There is no clarification in the law about what type of physician is adequate. Does it have to be another OB/GYN? Can an anesthesiologist be the one to agree? What about a resident, who is an M.D. but performing under my supervision and not yet board-certified? I worry that the ambiguity in language like this—and

the severe civil and criminal penalties—will frighten providers and therefore slow down provision of care, only worsening an emergency.

8. I have similar concerns about the language of the health exceptions. The bans allow performing an abortion to remove a “medically futile” fetus, as well as to save the life of the mother or prevent the mother from sustaining permanent organ damage. How “futile” does the fetus’s condition have to be, and how high does the risk to the mother have to be? For example, I have seen pregnant patients come to the emergency room after their water broke very early in the pregnancy. If a mother’s water breaks at 17 weeks, for instance, there is a high chance the fetus will not survive, and if it does, that its quality of life outside the womb would be remarkably poor. At the same time, the mother is at risk of developing infections that could require emergent procedures, blood transfusions, and prolonged hospitalizations. But, there is still technically a chance that the fetus is viable and that the mother would stay healthy. Because of the vague language of the trigger bans, this is a scenario that doctors “in good faith medical judgment” may disagree on, particularly when facing such severe penalties.

9. In my opinion, the ambiguity of the Trigger Bans makes them dangerous for Louisiana patients and physicians. They create too much uncertainty and fear for health care providers who are simply trying to take the best care of our patients as possible. The bans should continue to be enjoined to prevent tragic outcomes.

On this 13 day of July, 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.



Eric T. Siegel, M.D.


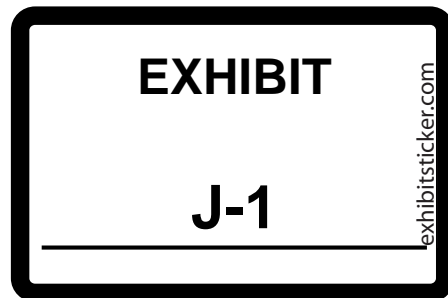

#153829
NOTARY PUBLIC
Sworn to and subscribed before me
this 13th day of July, 2022



EXHIBIT 1



Eric Siegel, M.D.

WORK EXPERIENCE

June 2020 - present

Touro Infirmary
New Orleans, LA
OB/GYN Hospitalist

January 2018 - May 2020

Highland Community Hospital
Picayune, MS
OB/GYN in private practice

INTERNSHIP/RESIDENCY

June 2012 - June 2013

University of Colorado-Denver
Department of Surgery
Denver, CO

June 2013 - June 2017

Louisiana State University
Department of Obstetrics and Gynecology
New Orleans, LA

EDUCATION

August 2002 - June 2007

Tulane University
New Orleans, LA
Degrees: Bachelor of Science in Neuroscience (May 2006)
Master of Science in Neuroscience (June 2007)

August 2008 - May 2012

Medical College of Georgia
Augusta, GA
Degree: Doctor of Medicine

TEACHING EXPERIENCE

January 2019 - May 2020

William Carey College of Osteopathic Medicine
Adjunct Clinical Professor
Preceptor for osteopathic medicine (DO) students

August 2019 - May 2020

University of Southern Mississippi College of Nursing
Preceptor for nurse practitioner (NP) students

LICENSURE

March 2017

December 2018

January 2022

Louisiana Physician #305004
Mississippi Physician #25483
Board certified - American Board of Obstetrics and Gynecology

EXHIBIT

J-1

exhibitsticker.com

Exhibit “K”

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS
STATE OF LOUISIANA

CIVIL
DISTRICT COURT

NO. 2022-05633

DIVISION N

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, AND MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF
ITSELF AND ITS MEMBERS

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

**AFFIDAVIT OF ELISA M. ARRILLAGA, M.D., IN SUPPORT OF
PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION**

I, ELISA M. ARRILLAGA, M.D., hereby affirm under penalty of perjury that the
following statements are true and correct:

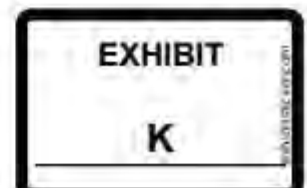
1. I am a board-certified emergency medicine physician and a medical doctor
licensed in the State of Louisiana and in good standing with the Louisiana State Board of Medical
Examiners.

2. In 1989, I obtained my undergraduate bachelor's degree from the University of
Notre Dame. In 1997, I obtained my medical degree from San Juan Bautista School of Medicine.
I have specialized in Emergency Medicine since my residency ended in 2003, and since I have
worked at Emergency Departments in medical centers and hospitals throughout Louisiana.

3. I currently work at Touro Infirmary Hospital's Emergency Department, where I
have been since 2007, and where I was the Medical Director of the department. In my clinical
practice, I routinely treat pregnant patients facing complications, and have provided pregnant
patients with miscarriage management and abortion care.

4. My qualifications are described in detail in my curriculum vitae, a copy of which
is attached as Exhibit 1.

5. As an emergency medicine physician that routinely treats patients with pregnancy
complications, I am very concerned about the Trigger Bans going into effect. They make a crime
nearly all abortion care. While I understand there are narrow medical exceptions, there are so many
different ways a situation may show up for an individual patient, I am extremely worried that
doctors are left with no guidance or clarity as to what may or may not be legally allowed in any
number of situations.



6. Some providers are even nervous about reporting requirements in light of the Trigger Bans, including a diagnostic code, for example, that goes into patient's chart entitled "spontaneous abortion." Spontaneous abortion is a medical term designated for when a patient is having a miscarriage. Providers are worried that putting the term "abortion" into any patient's record puts their practice and their liberty in jeopardy because of the nebulous and confusing language of the Trigger Bans as to what kind of care falls under a medical exception.

7. In addition, there are so many circumstances where emergency medicine physicians have to make critical, fast-paced decisions about how to treat patients with life-threatening pregnancies and miscarriages. My colleagues and I routinely see patients who are miscarrying but retains products of conception that require care. We also see pregnant patients who experience preeclampsia, postpartum cardiomyopathy, trauma from motor vehicle crashes, decreased fetal heart tones or abruptions, and ectopic pregnancies. It is unclear whether our treatment of these conditions in light of these Trigger Bans puts our own liberties at stake.

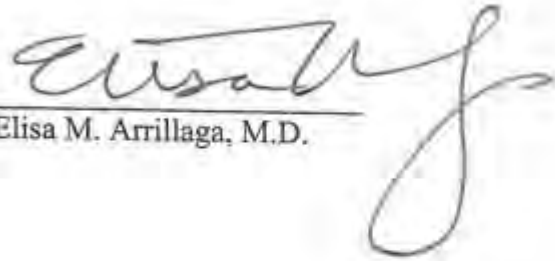
8. I am worried that if the Trigger Bans go into effect, delay of care is inevitable and patients facing pregnancy complications and miscarriages will be at risk for severe maternal morbidity or mortality because providers will stop providing care because they will fear prosecution and potential imprisonment.

9. For example, I am afraid pregnant patients will experience uterine infections and face death from hemorrhaging because delays in receiving care will cause patients to require harrowing and avoidable emergent care.

10. Providers took the Hippocratic oath to provide care but many of my colleagues are fearful of the repercussions that will come with the provision of care if these Trigger Bans go into effect.

11. I do not understand how dire a pregnant patient's health needs to be in order to provide the provision of abortion care in Louisiana if the Trigger Bans go into effect. The Trigger Bans leave me, and my colleagues, at a loss for how to do our job.

On this 5th day of July, 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.


Elisa M. Arrillaga, M.D.


NOTARY PUBLIC

Sworn to and subscribed before me
this 5th day of July, 2022

Eleanor Schilling
Notary Public
Notary No. 138882
STATE OF LOUISIANA
MY COMMISSION IS FOR LIFE

FILED

2022 JUL 05 A 09:58

CIVIL

DISTRICT COURT

EXHIBIT 1

ELISA M. ARRILLAGA MD

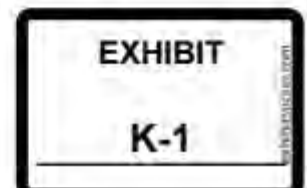
BOARD CERTIFIED EMERGENCY MEDICINE PHYSICIAN

EMPLOYMENT

TOURO INFIRMARY HOSPITAL EMERGENCY DEPARTMENT	November 2007-present
New Orleans, La	
Medical Director of ED	2008-2012
ST. TAMMANY PARISH HOSPITAL EMERGENCY DEPARTMENT	September 2003-2008
Covington, La	
Asst. Medical Director of ED	2004-2008
TERREBONNE GENERAL MEDICAL CENTER EMERGENCY DEPARTMENT	July 2005-2012
Houma, La	
MEADOWCREST HOSPITAL EMERGENCY DEPARTMENT	December 2004-2005
HOSPITAL UNIVERSITY OF PUERTO RICO	July 2000-June 2003
University of Puerto Rico	
Emergency Medicine Residency	
Carolina, Puerto Rico	
Chief Resident 2002-2003	
HUMACAO REGIONAL HOSPITAL ROTATIONAL INTERNSHIP	July 1997-June 1998
Puerto Rico Department of Health	
Humacao, PR	

PROFESSIONAL AFFILIATIONS AND CERTIFICATIONS

FELLOW OF AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
BOARD CERTIFIED AMERICAN BOARD OF EMERGENCY MEDICINE 2004-PRESENT
ATLS/ACLS/PALS



PROFESSIONAL COMMITTEES:**MEDICAL EXECUTIVE COMMITTEE (ELECTED) 2018-PRESENT****EDUCATION**

SAN JUAN BAUTISTA SCHOOL OF MEDICINE**MEDICAL DOCTOR****CUM LAUDE GRADUATE**

Caguas, Puerto Rico

August 1993-May 1997

UNIVERSITY OF NOTRE DAME

Bachelor of Arts Anthropology/Administrative Studies

Southbend, Indiana

August 1985-May 1989

LOUISIANA STATE UNIVERSITY

Premedical studies 1989-1992

HONORS

CHIEF RESIDENT EMERGENCY MEDICINE RESIDENCY PROGRAM

July 2002-June 2003

University of Puerto Rico, Carolina, Puerto Rico

Dr. Jaime Soler Zapata Surgery Award

1997

PRESENTATIONS AND PUBLICATIONS

*A Cornual interstitial Pregnancy, Case Report and Review of literature, Second Emergency Symposium, San Juan, PR May 2003**A Forgotten Ectopic Pregnancy, Case Report, ACEP PUERTO RICO CHAPTER ANNUAL CONVENTION, Fajardo, PR June 2003**A Cornual Interstitial Pregnancy, Case Report and Poster presentation, Second International Congress in Emergency Medicine, San Juan, PR May 2003**Poisonous Snake in Puerto Rico? Aesopis Portorricensis: Case report, Poster presentation, Second International Congress in Emergency Medicine, Sept 2003 Barcelona, Spain**Portuguese Man of War, care report, Second International Congress in Emergency Medicine, Sept 2003, Barcelona, Spain***LANGUAGES ENGLISH AND SPANISH****REFERENCE AVAILABLE UPON REQUEST**

Exhibit “L”

19TH JUDICIAL DISTRICT COURT
PARISH OF EAST BATON ROUGE
STATE OF LOUISIANA

NO. C-720988

DIVISION

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF ITSELF
AND ITS MEMBERS, AND CLARISSA HOFF, M.D.

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

**AFFIDAVIT OF MAUREEN ELIZABETH GROSS PAITZ, M.D., IN SUPPORT OF
PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION**

I, MAUREEN ELIZABETH GROSS PAITZ, M.D., hereby affirm under penalty of
perjury that the following statements are true and correct:

1. I submit this affidavit in support of Plaintiffs' Motion for Preliminary Injunction,
which seeks to enjoin the state's Trigger Bans.
2. I am a board-certified emergency medicine physician and a medical doctor
licensed in the State of Louisiana and in good standing with the Louisiana State Board of Medical
Examiners.
3. In 2007, I obtained my undergraduate bachelor's degree from Creighton
University. In 2011, I obtained my medical degree from Creighton University School of Medicine,
and in 2015, I completed my residency in emergency medicine at Washington University School
of Medicine. I have specialized in Emergency Medicine since 2016, and in that role, I treat patients
facing pregnancy complications routinely.
4. I am currently an ER doctor in Touro Infirmary Hospital's Emergency
Department. My qualifications are described in detail in my curriculum vitae, a copy of which is
attached as Exhibit 1.
5. In my clinical practice, I provide care in all emergency situations, but also
regularly see patients facing pregnancy complications. Its important to note that medical
emergencies do occur in pregnancy, and when they do, time is always of the essence, but especially
in the emergency room. Immediate evaluation and medically appropriate decisions need to be
made in obstetric emergencies.

6. With all the complexities of pregnancy, there are many complications that can arise in patients. I have had ER patients exhibits symptoms from bleeding, to passing tissue or liquids from the vagina, to severe abdominal pain, to fever and chills, to severe nausea, ruptured membranes, and so on. When you couple these situations with the individual patients own circumstances, for example, if they have preeclampsia, are obese, are diabetic, or any other number of conditions, the possibility for endless questions involving these Trigger Bans come about.

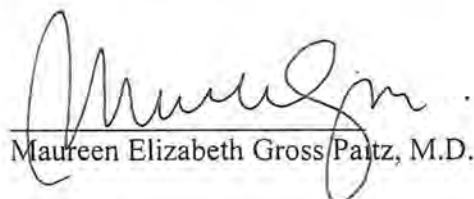
7. As an emergency medicine physician, I am very concerned that physicians like myself, who are reacting to any number of situations ranging in severity, will be under threat of prosecution for making critical, lifesaving decisions about how to treat patients with dangerous pregnancies and miscarriages. My colleagues and I do not understand how dire a pregnant patient's health needs to be in order to treat them without fear of prosecution under the Trigger Bans.

8. I have reviewed the affidavit dated July 4, 2022, authored by my colleague, Elisa M. Arrillaga, M.D. I agree with her statements and share her deep concern about the chilling effect the Trigger Bans will have on the provision of reproductive healthcare. I share her concerns fully. Dangerous delay of care is inevitable if these laws go into effect. Louisiana patients facing pregnancy complications and miscarriages will needlessly end up at risk for grave harm.

On this 11 day of July, 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.



NOTARY PUBLIC



Maureen Elizabeth Gross Paltz, M.D.

Sworn to and subscribed before me
this 11 day of July, 2022

BENJAMIN O. FLAXENBURG
NOTARY PUBLIC
BAR #37682
STATE OF LOUISIANA
COMMISSION FOR LIFE

EXHIBIT 1



CURRICULUM VITAE
Maureen Elizabeth Gross Paitz, MD

Present Position

Touro Infirmary
Emergency Medicine Physician

Ochsner Baptist
Emergency Medicine Physician

University Medical Center
Associate Faculty, Emergency Medicine Physician

Education

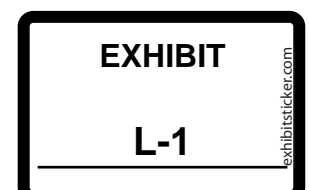
Undergraduate
August 2003- May 2007
Creighton University, Omaha, NE
B.A. Cum Laude in Biology

Graduate
August 2007-June 2011
M.D., Creighton University School of Medicine, Omaha, NE

Postgraduate
June 2011-June 2015
Emergency Medicine Residency Program, Washington University School
of Medicine, St. Louis, MO

August 2015-July 2016
Sports Medicine Fellowship Program, Department of Orthopedic Surgery
Washington University School of Medicine, St. Louis, MO

Clinical Instructor, Division of Emergency Medicine Washington University School of
Medicine, St. Louis, MO



University and Hospital Appointments and Committees

Hospital appointments:

January 2018	University Medical Center
October 2017	Touro Infirmary Hospital
November 2017	Ochsner Medical Center
July 2011-2016	Barnes-Jewish Hospital
July 2011-2015	St. Louis Children's Hospital
July 2013-2015	Barnes St. Peters Hospital
July 2014-2016	Missouri Baptist Medical Center
July 2015-2016	Barnes Jewish West County Hospital

Committees:

July 2011-2015	Sports Medicine/Wilderness Medicine Scholar Track
July 2012-2015	Emergency Medicine Resident Evaluations Committee
July 2014-2015	Diversity Committee

Medical Licensure and Board Certification:

2016-2022	Advanced Trauma Life Support
2014-2022	Pediatric Advanced Life Support
2010-2022	Advanced Cardiac Life Support
2011-2013	Basic Life Support
2013	Disaster Management Course
2014-2017	State of Missouri Medical License
2016-current	State of Louisiana Medical License

Honors and Awards:

2012-2015	Recognized Resident Teacher, St. Louis, MO Recognized by the third and fourth year Washington University medical students as a resident in the Emergency Department who exhibited excellence in teaching.
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Professional Societies and Organizations:

2010-2011	Society of Academic Emergency Medicine
2010-2015	American College of Emergency Physicians
2010-2016	Emergency Medicine Residents Association
2010-2016	Missouri College of Emergency Physicians
2015-2016	American Society of Sports Medicine

Invited Lectureships and Teaching Activities:

2011	Washington University in Saint Louis, <i>EMS Scholar Conference</i> Gross, M. "Sports Medicine: Cold Injuries"
2011	Washington University in Saint Louis, <i>Journal Club</i> Gross, M. "Cardiac Arrest: 2010 ACLS Guideline Review"
2012	Washington University in Saint Louis, <i>Follow Up Conference</i> Gross, M. "Triage: How well are we doing at Barnes?"

2013	Washington University in Saint Louis, <i>Sports Medicine Conference</i> Gross, M. “Knee Pain”
2013	Washington University in Saint Louis, <i>Sports Medicine Conference</i> Gross, M. “All Things Paleo”
2013	Washington University in Saint Louis, <i>Clinical Pathologic Case Conference</i> , Gross, M. “CPC: Pediatric Rashes”
2014	Washington University in Saint Louis, <i>Journal Club</i> Gross, M. “Treatment of DKA with Short Acting Subcutaneous Insulin”
2014	Washington University in Saint Louis, <i>Sports Medicine Conference</i> Gross, M. “Running Injuries”
2014	Washington University in Saint Louis, <i>Pediatric Case Series</i> Gross, M. “Pediatric Head Injuries ”
2014	Washington University in Saint Louis, <i>Medical Student Lectures</i> Gross, M. “Sedation Medication”
2014	Washington University in Saint Louis, <i>Toxicology Conference</i> Gross, M. “Serotonin Syndrome”
2014	Washington University in St Louis, <i>Medical Student Lectures</i> Gross, M. “Differential Diagnosis of Headaches”
2014	Washington University in Saint Louis, <i>Grand Rounds</i> Gross, M. “Trauma to the Head”
2015	Sports Medicine Case Conference Series Gross, M. “Trauma to the Head”
2016	St. Louis Golf Exposition Gross, M. “Save your Back! Golfer’s Guide to Injury Prevention”
2016	Washington University in Saint Louis PM&R Resident Lectures Gross, M. “Lower Extremity Sports Injuries”
2016	Washington University in Saint Louis PM&R Resident Lectures Gross, M. “Upper Extremity Sports Injuries”

Volunteer Activities:

May 2012	Teen Science Café Exposed St. Louis youth to the field of Medicine by leading discussions on careers in Medicine as well as demonstrating basic Emergency Medicine skills such as intubating and CPR, alongside some basic anatomy & physiology.
July 2014	Washington University Undergraduate Pre-Medical Interest Group Panelist and mentor to undergraduate pre-medical and medical students interested in careers in medicine, as well as specifics of Emergency Medicine.
August-October 2015	Washington University Undergraduate Athletic Coverage Men and Women’s college soccer home games
August-October 2015	Highschool Football Game coverage: Francis Howell Highschool
2016	Missouri SWAT

Professional Experiences:

- 2013 *Society of Academic Emergency Medicine Annual Meeting, Lightning Abstract Rounds Presentation Atlanta, GA*
Gross, M. “The Use of Teachback Discharge Instructions in the Emergency Department Does Not Improve Patient Satisfaction Scores.”
- 2013 *Society of Academic Emergency Medicine Annual Meeting, Lightning Abstract Rounds Presentation Atlanta, GA*
Gross, M. “Teach back Discharge Instructions and Objective Comprehension Scores in the Emergency Department”

National Conferences

- May 2012** Society of American Emergency Medicine, Chicago, IL
May 2014 Society of American Emergency Medicine, Atlanta GA
Oct 2015 Washington University Physical Therapy: Lower Quadrant
Jan 2016 Washington University Physical Therapy: Upper Quadrant
April 2016 iiCME Musculoskeletal Ultrasound Course: San Diego, CA
May 2016 Society of American Emergency Medicine: New Orleans, LA

Medical International Travel:

- June 2008
Project CURA: Pisco & Lima, Peru
 Established Creighton affiliated clinical training summer elective. Worked in a rural clinic alongside Haitian physicians as well as lecturing local Peruvian school kids on healthy lifestyles.
- October 2010 **ILAC: Operation Hernia Repair;** Dominican Republic
 Worked clinically as fourth year medical student in the operating rooms for both pediatric and adults undergoing hernia repairs in rural Dominican Republic.

Publication:

Gross, M. Teachback Discharge Instructions and Objective Comprehension Scores in the Emergency Department. Abstract presented at the Society of Academic Emergency Medicine in Atlanta, GA, May 14-18, 2013.

Exhibit “M”

19TH JUDICIAL DISTRICT COURT
PARISH OF EAST BATON ROUGE
STATE OF LOUISIANA

NO. C-720988

DIVISION

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF ITSELF
AND ITS MEMBERS, AND CLARISSA HOFF, M.D.

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

AFFIDAVIT OF NINA J. BREAKSTONE, M.D.,
IN SUPPORT OF PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION

I, NINA J. BREAKSTONE, M.D., hereby affirm under penalty of perjury that the following statements are true and correct:

1. I am a board-certified emergency medicine physician and medical doctor licensed in Louisiana and am in good standing with the Louisiana State Board of Medical Examiners.

2. I have specialized in Emergency Medicine since 2009. I have been board-certified with the American Board of Emergency Medicine since 2014.

3. I obtained my undergraduate bachelor's degree from the University of Chicago in 2004. I obtained my medical degree from Drexel University College of Medicine in 2009. I was a resident of emergency medicine at LSU Health Sciences Center in New Orleans from 2009 to 2013, when I graduated from the program.

4. I currently practice as a physician of emergency medicine for Ochsner Health; I primarily practice at Ochsner West Bank, in Terrytown, Louisiana.

5. My qualifications are described in my CV, which I have attached.

6. I am submitting this affidavit supporting Plaintiffs' Motion for Preliminary Injunction for several reasons. As a practicing medical provider, I am extremely worried about the effect of the Trigger Bans on my profession and my patients. The law is imprecise and could lead to prosecution of physicians who provide appropriate care to patients with a variety of medical conditions.

7. "Abortion" is regularly used in a medical context to mean both spontaneous loss of pregnancy, commonly called miscarriage (this term encompasses inevitable abortion, incomplete

abortion, complete abortion, and spontaneous abortion) and induced or elective abortion. A law banning “abortion” can be thought of as banning normal pregnancy.

8. The reality is pregnancy is not usually nine months of smooth sailing. Complications from pregnancy not only exist, but are common; we in the emergency department are often the first medical professionals to treat pregnancy-related complications. In our emergency department, for example, I care for patients experiencing first-trimester bleeding quite often. Approximately 1/4 of pregnant women will experience first-trimester bleeding. About 1/5 of pregnancies end in miscarriage.

9. There are many different clinical scenarios in which a patient might require an abortion. Someone who develops an infection inside the uterus would require an abortion to save her life. More frequently, a patient might be experiencing an incomplete abortion (a type of miscarriage), where pregnancy tissue (and sometimes the fetus) remains in the uterus. This person is at high risk of sepsis and excessive bleeding, and in the past would receive misoprostol and/or a D&C – but if there is fetal cardiac activity, is this treatment permitted by this trigger ban? Managing this patient appropriately requires a physician to exercise clinical judgment developed over specialized training and the course of a career. Now, acting in best clinical judgment might put a physician at risk of criminal prosecution.

10. I fear that I, and other physicians, will have to call for legal advice in some emergent cases, wasting valuable time and putting the patient at risk, instead of doing what we know is best for the patient.

11. Frankly, I am worried that I could go to prison just for handling a miscarriage as I always have.

12. Since the *Dobbs* decision, I know of doctors in other states who have delayed treatment for patients experiencing pregnancy-related medical emergencies, for fear of being accused of attempting to induce abortion. In addition, here in Louisiana, I know of one case where a woman attempting to fill a misoprostol script – for management of IUD insertion – was denied the medication by the pharmacy.

13. A delay in care for some medical emergencies – as common as first trimester bleeding or incomplete abortion, a type of miscarriage – can cause irreparable harm, e.g., through the development of Rh incompatibility (where a patient can never carry a future pregnancy to term), hemorrhage, sepsis, or other adverse outcomes, and even death of the patient.

14. Through fear of prosecution and the heavy penalties involved, the Trigger Bans will also discourage medical students from seeking residency training in Louisiana, contributing to our physician shortage and “brain drain” in the state.

15. In a state with such poor maternal outcomes, I fear the Trigger Bans will only further damage reproductive healthcare, and women in this state will be left to suffer.

On this 12 day of July, 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.



NOTARY PUBLIC



Nina J. Breakstone, M.D.

Sworn to and subscribed before me
this 12 day of July, 2022

BENJAMIN O. FLAXENBURG
NOTARY PUBLIC
BAR # 37682
STATE OF LOUISIANA
COMMISSION FOR LIFE

EXHIBIT 1



Nina J Breakstone, MD

Employment

November 2015 – present: attending physician, Ochsner West Bank, Gretna, LA, Emergency Department (Dr. Brent Allen, medical director, brent.allen@ochsner.org); previously also at St Charles Parish Hospital, Luling, LA, Emergency Department
June 2014 – September 2015: clinical and teaching attending physician, Brookdale Hospital, Brooklyn, NY, Emergency Department
July 2013 – May 2014: clinical and teaching attending physician, Maimonides Medical Center, Brooklyn, NY, Emergency Department
April 2013 – June 2013: per diem physician, Lallie Kemp Medical Center, Independence, LA, Emergency Department
February 2011 – June 2013: per diem physician, Ochsner Medical Center, Jefferson, LA, Emergency Department

Education and Training

July 2009 – June 2013: LSUHSC New Orleans Emergency Medicine Residency (four-year academic “Charity” program)
June 2005 – July 2009: Drexel University College of Medicine – MD
September 2000 – June 2004: University of Chicago – AB, classics, with honors

Licensure & Certification

American Board of Emergency Medicine, board-certified (written boards passed November 2013 / oral boards passed September 2014)
Louisiana State Board of Medical Examiners Physician License, July 2009 – present

Teaching Experience

Board review lectures (monthly/bimonthly) for residents, ACLS and PALS for medical students and nurses

Expertise

Trauma, bedside ultrasound, on-line medical control, disaster management, EMR (EPIC, Cerner, Allscripts)

Other Professional Activities

Visiting professor, May-June 2014, Partners in Health / Zanmi LaSante, Mirebalais, Haiti

Other References (in addition to those listed above)

Dr. Gregory Shamitko, attending physician, Ochsner West Bank, Gretna, LA, gregory.shamitko@ochsner.org
Dr. Michelle Haydel, attending physician, Ochsner West Bank, Gretna, LA, micelle.haydel@ochsner.org
Dr. John Marshall, Chairman of Emergency Medicine, Maimonides, JMarshall@maimonidesmed.org



Exhibit “N”

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO. 2022-05633

DIVISION N

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, AND MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF ITSELF
AND ITS MEMBERS

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF LOUISIANA,
AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS SECRETARY OF THE
LOUISIANA DEPARTMENT OF HEALTH

AFFIDAVIT OF ELIZABETH RITZ, M.D.,
IN SUPPORT OF PLAINTIFFS' MOTION FOR
TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION

1, ELIZABETH RITZ, M.D., hereby affirm under penalty of perjury that the following statements are true and correct:

1. I am a board-certified emergency medicine physician and medical doctor licensed in the State of Louisiana and California and am in good standing with the Louisiana State Board of Medical Examiners and Medical Board of California.

2. In 2006, I received my medical degree from Tulane University School of Medicine. In 2007, I completed my internship at Phoenix Children's Hospital. I then completed my residency in emergency medicine at the University of Alabama at Birmingham, where I was Chief Resident, in 2010.

3. I have worked as an Emergency Medicine Physician since 2010. I currently work as a Full Time Emergency Physician in Marrero, Louisiana in Jefferson Parish. My qualifications are described in greater detail in my curriculum vitae, a copy of which is attached as Exhibit 1.

4. As an Emergency Medicine Physician, I frequently treat patients suffering from pregnancy complications; these vary widely in severity, from light bleeding to major hemorrhaging. I also often treat patients presenting with an ectopic pregnancy or those experiencing miscarriage. Additionally, pregnant

EXHIBIT

N

patients can experience all of the medical emergencies experienced by non-pregnant patient. Many times, the diagnosis and treatment of these conditions demands modalities that may potentially be harmful for a fetus, but life-saving for the patient.

5. Louisiana’s Trigger Bans require a physician to wait until a pregnant woman is extremely sick, literally on the verge of death, before terminating a life-threatening pregnancy. Specifically, the Trigger Bans exempts pregnancy termination after “reasonable medical efforts to preserve both the life of the mother and the life of her unborn child” and only to “prevent death or substantial risk of death due to a physical condition, or to prevent the serious, impairment of a life-sustaining organ of a pregnant woman.” This leaves unclear discretion to the physician, forcing me to weigh the potential for criminal prosecution against the medically appropriate treatment plan for my patient, sometimes allowing the patient’s condition or possible outcome to deteriorate to comply with the law.

6. As physicians, this is not what we are taught—we must treat the patient in front of us. Yet, the Trigger Bans will cause fear and chill physician action, resulting in worse care for women in Louisiana and dangerously curtailing a physician’s medical judgment.

7. I therefore submit this affidavit in support of Plaintiff’s Motion for Preliminary Injunction in the hope that these dangerous laws are enjoined.

On this 17th day of July, 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.


NOTARY PUBLIC


Elizabeth Ritz, M.D.

Sworn to and subscribed before me
this 17th day of July, 2022

KACIE F. GRAY
ATTORNEY - NOTARY PUBLIC
LA BAR No. 36476 - ID No. 145920
STATE OF LOUISIANA
MY COMMISSION IS FOR LIFE.



FILED

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CIVIL

DISTRICT COURT

EXHIBIT 1

ELIZABETH (BETSY) RITZ, M.D.

EDUCATION

Residency

University of Alabama at Birmingham
Emergency Medicine Residency
Chief Resident

July 2007-June 2010

Medical student education, including simulation procedure lab, frequent case presentations

Internship

Phoenix Children's Hospital
Internship

June 2005-June 2007

Doctor of Medicine

Tulane University School of Medicine

August 2002-May 2006

PRACTICE EXPERIENCE

Lumetra Healthcare Solutions

Physician Chart Reviewer

October 2019 - Present

Nola Doc

Part time house call physician

September 2018 - Present

West Jefferson Emergency Physician's Group

Full Time Emergency Physician

November 2017 - Present

Schumacher Group

Full Time Emergency Physician

November 2012 - September
2018

Van Meter and Associates

Full Time Emergency Physician

August 2012 - Present

EmCare

Part Time Emergency Physician

January 2013 -June 2013

CEP America

Full Time Emergency Physician

July 2010 - July 2012

Community Emergency Physicians

Part Time Emergency Physician

May 2009-June 2010

University of Alabama at Birmingham

Critical Care Transport - air and ground transportation of critically ill patients

2008-2010

LICENSURE

State of California (active), since 2010

State of Louisiana (active), since 2012

Board Certified in Emergency Medicine

MEMBERSHIPS

American Academy of Emergency Medicine

American Board of Emergency Medicine

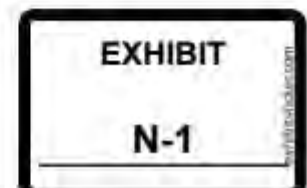


Exhibit “O”

19TH JUDICIAL DISTRICT COURT
PARISH OF EAST BATON ROUGE
STATE OF LOUISIANA

NO. C-720988

DIVISION

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF ITSELF
AND ITS MEMBERS, AND CLARISSA HOFF, M.D.

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

**AFFIDAVIT OF ALEXANDRA W. BAND, D.O., FACOG, IN SUPPORT OF
PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION**

I, ALEXANDRA W. BAND, D.O., FACOG, hereby affirm under penalty of perjury that
the following statements are true and correct:

1. I am board certified in obstetrics and gynecology ("OB/GYN"), and a medical
doctor licensed in Louisiana and in good standing with the Louisiana State Board of Medical
Examiners.

2. I received my undergraduate degree from Middlebury College, and received my
Doctor of Osteopathic Medicine in 2010 from the Oklahoma State University College of Health
Sciences. After medical school, I was a resident in the Obstetrics and Gynecology department at
Ochsner Clinic Foundation in New Orleans, Louisiana from 2010-2014. I now work as an
associate professor and physician in Orleans Parish. I am also a Fellow of the American College
of Obstetricians and Gynecologists. My qualifications are described in detail in my curriculum
vitae, a copy of which is attached as Exhibit 1.

3. In my clinical practice, I care for many Louisiana patients ranging from well-
woman visits to prescribing birth control, to care of pregnant women which, sadly, also means
both medical and surgical management of miscarriages, for which the medical term is spontaneous
abortion.

4. In my view, Louisiana's Trigger Bans are very dangerous. In the past few weeks
alone, but amplified in the last week, I have gotten so many questions about the laws and how they
might affect patients and doctors. There are so many misconceptions and unknowns too—
especially because the term abortion as used by doctors are really different than how they show up
in laws, including in the Trigger Bans. This makes every patient visit a risky proposition for a

healthcare provider. For example, if someone was experiencing bleeding, at what point could a doctor treat that patient without fear of prosecution under these laws—at the point of sepsis? Or if the patient's life was at jeopardy? Or if the patient might lose her uterus? At the point of when the patient will end up being infertile?


5. Patients have also been terrified, asking about whether they might be prosecuted, and if they can have an abortion or wait to miscarry and just bleed enough and be sick sufficiently to get care. I have had more people requesting tubal ligation and asking whether they should remove their IUDs.

6. Recently, since the Supreme Court's decision, I have become deeply concerned about the ways in which the Trigger Laws are affecting patient care. It is my usual practice to prescribe Cytotec for a variety of reasons: including prior to inserting an IUD to make it less painful on the patient, for people experiencing miscarriage and prefer medications rather than a dilation and curettage procedure, but now pharmacies are refusing to prescribe medicine—because they are afraid of what the Trigger Laws mean.

7. Specifically, just after the *Dobbs* decision, after a patient sought to fill her prescription for Cytotec, Walgreens called my office. They asked if the prescription was for an abortion. And when the response was no, it's prescribed for IUD insertion to make it less painful, the response from Walgreens was that it would still not be filling the prescription because they could not be sure we weren't prescribing this for an abortion, and so they will no longer dispense the drug. For obvious reasons, this is interfering with the best, medically appropriate care I can give to my patients, and interferes with my medical judgment and my patient-doctor relationships.

8. This past week alone since the decision has engendered these result, I know the devastation that will occur to my patients if the Trigger laws are not enjoined. I submit this affidavit in support of Plaintiffs' Motion for Preliminary Injunction.

On this 11 day of July, 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.


Alexandra W. Band, D.O., FACOG


NOTARY PUBLIC

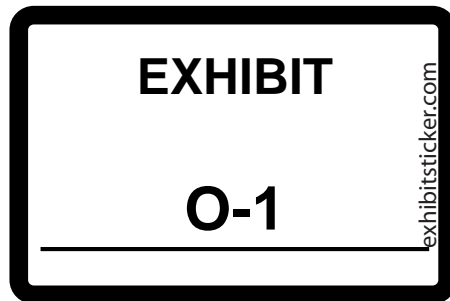
Benjamin O. Flaxenburg 2

La. Bar No. 37682

BENJAMIN O. FLAXENBURG
NOTARY PUBLIC
BAR # 37682
STATE OF LOUISIANA
COMMISSION FOR LIFE

Sworn to and subscribed before me
this 11 day of July, 2022

EXHIBIT 1



AWB

Alexandra W. Band, DO, FACOG

Medi

EXPERIENCE

2014– present

Staff Physician • Ochsner Clinic Foundation, Ochsner Baptist Hospital Department of Obstetrics and Gynecology • New Orleans, LA

2022-present

Medical Director Alternative Birthing Center
Ochsner Baptist Hospital New Orleans, LA

2014– present

Associate Professor Ob/GYN • University of Queensland/Ochsner Clinical school • New Orleans, LA

2010– 2014

Resident Physician- Obstetrics and Gynecology • Ochsner clinic Foundation • New Orleans, LA

Currently practicing as a board certified Ob/Gyn in both the private practice and teaching setting with a focus on resident education.

EDUCATION

2006-2010

Oklahoma State University College of Health Sciences,
Tulsa, OK
Degree: Doctor of Osteopathic Medicine (DO)

2019

Loyola University
New Orleans, LA
Women's Leadership Academy

2002-2004

Harvard University Extension School, Cambridge, MA
Certificate: Post-Baccalaureate Pre-Med program

1997-2001

Middlebury College, Middlebury, VT
Degree: BA in Geography/ Environmental Studies

2000

School for international Training, Mysore, India
Semester abroad, with field studies

EXHIBIT

O-1

exhibitsticker.com

ACHIEVEMENTS

2017- Board Certified in Obstetrics and Gynecology, admitted as a Fellow of the American College of Obstetricians and Gynecologists
2014- Research Award John C. Weed research conference
2013- Poster Presentation- Central Society of Obstetrics and Gynecology
2013-2014- Chief Resident- Department of Obstetrics and Gynecology
2012-2014- Resident Chair- National CREOG council (council for resident education in Ob/Gyn)
2013- Resident exchange participant- exchange program with Japan society of Ob/Gyn, 1 of 7 national residents selected

LEADERSHIP/ VOLUNTEER

2019- participant, Women's Leadership Academy- Loyola University
2018-present- Ob/GYN Leadership Committee- Department Leadership Counsel
2019- Preservation Resource Center annual gala committee
2019- Women Who Build- habitat for humanity
2011-Present- Resident Selection Committee
2006-2010- Chairperson- Student Ethics Committee
2006-2007- President- Student Osteopathic Medical Association (SOMA)

INTERESTS

PROFESSIONAL

Resident Education

Post-Partum Depression- research, patient support and resource creation

PERSONAL

Being a mother to my 4 and 6 year old children,
Being a wife to my awesome husband, yoga,
hiking, snowboarding, skiing, running, travel

Exhibit “P”

19TH JUDICIAL DISTRICT COURT
PARISH OF EAST BATON ROUGE
STATE OF LOUISIANA

NO. C-720988

DIVISION

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF ITSELF
AND ITS MEMBERS, AND CLARISSA HOFF, M.D.

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

**AFFIDAVIT OF ANNA M. WHITE, M.D., IN SUPPORT OF
PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION**

I, ANNA M. WHITE, M.D., hereby affirm under penalty of perjury that the following
statements are true and correct:

I. Background and Expertise

1. I am a board-certified obstetrician and gynecologist ("OB/GYN") and a medical
doctor licensed in the State of Louisiana and in good standing with the Louisiana State Board of
Medical Examiners.

2. In 1995, I obtained my undergraduate bachelor's degree in Biology from Bard
College. In 1999, I obtained my medical degree from The University of Alabama School of
Medicine; I stayed there to complete my residency in obstetrics and gynecology, which I finished
in 2003.

3. I have practiced obstetrics and gynecology since completing my residency,
including teaching residents in OB/GYN programs. Additionally, I have been a Diplomate with
the American Board of Obstetrics and Gynecology since 2006, am a member of the American

College of Obstetricians and Gynecologists, and am a member of the Association of Professors of Gynecology and Obstetrics. My qualifications are described in detail in my curriculum vitae, a copy of which is attached as Exhibit 1.

4. I am currently an OB/GYN practicing and teaching residents in New Orleans, LA. In my clinical practice, I prescribe medications and perform procedures for ectopic pregnancies and spontaneous abortions, also known as miscarriages.

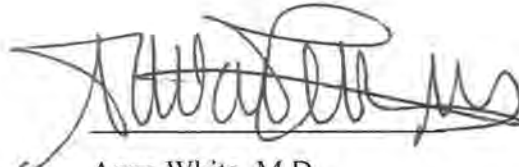
5. I am very concerned about the impact the Louisiana trigger bans will have on my patients if they are allowed to go into effect, as I feel they will disrupt the trust that should exist between a patient and their health care provider. I have already had patients asking if I will report them to the government for having an intrauterine device (“IUD”). I have patients fearful of potential adverse pregnancy outcomes, and they already feel anxiety about disclosing what they are experiencing. If patients are concerned that I will turn them in to the State for telling me the truth, I will not have a full picture of their medical history—and therefore cannot treat them or counsel them appropriately. This will affect medical care across the board, not just care related to abortion.

6. Additionally, Louisiana already has abysmal rates of maternal mortality and morbidity, and the trigger bans will largely impact patients who have a higher risk of pregnancy complications. Many pregnancy complications are serious and life-threatening, and it is dangerous for providers to be concerned about going to jail for their actions, rather than immediately acting in the best interest of their patients. I feel those concerns acutely, as do many of my colleagues. These concerns have only become increasingly elevated over the past week since the Supreme Court’s decision.

7. I also question the ethics of the trigger bans. For the first time in my career, I have contemplated scenarios where either I have to make the ethical choice to care for a patient, and face jail time for it, or refuse necessary, appropriate care in order to avoid prosecution. Moreover, it is unjust that patients may be unable to act upon my medical expertise or upon our joint decision-making. The thought of having to choose between my patients and my liberty is so acute that it is making me start considering relocating to another state.

8. As such, to protect patients and the physician-patient relationship, the trigger bans should continue to be enjoined.

On this 12 day of July, 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.



Anna White, M.D.



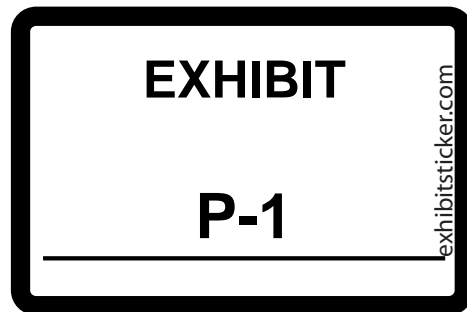
NOTARY PUBLIC

Sworn to and subscribed before me

this 12 day of July, 2022

**BENJAMIN O. FLAXENBURG
NOTARY PUBLIC
BAR # 37682
STATE OF LOUISIANA
COMMISSION FOR LIFE**

EXHIBIT 1



Anna Marie White, M.D.

Professional History

Ochsner Medical Center
Department of Obstetrics and Gynecology
Faculty
New Orleans, LA
August 2008 - present

UT Southwestern Department of Obstetrics and Gynecology – Generalist
Division
Assistant Professor
Dallas, TX
August 2004 – August 2008

Shelby Obstetrics and Gynecology
Alabaster, AL
July 2003 – May 2004

Obstetrics and Gynecology Residency

The University of Alabama at Birmingham
Department of Obstetrics and Gynecology
June 1999 – June 2003

Medical Education

The University of Alabama School of Medicine
Birmingham, AL
Doctor of Medicine
August 1995-May 1999

Undergraduate Education

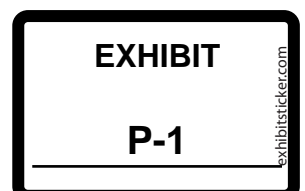
Bard College
Annandale-on Hudson, NY
Bachelor of Arts, Biology.
August 1991-May 1995

Licensure

ABOG Diplomate – Nov 2006, Recertification 2021
LA State License MD.202147 (exp 11/2022)
USMLE Step III - May 2000
USMLE Step II - August 1998
USMLE Step I - June 1997

Awards and Honors

Excellence and Equal Cost Scholarship



Alabama Power Foundation Scholarship
Helena Rubenstein Foundation Scholarship
Caduceus Club Scholarship

Professional Organizations

American College of Obstetricians and Gynecologists
APGO/CREOG

Leadership

Department of Obstetrics and Gynecology, Ochsner

L&D Task Force – 2021 – present
Residency Program Director 2020-present
St Charles Clinic Lead – 2013 - present
Centering Pregnancy, Team Leader, 2013 – present
Residency Selection Committee, 2012 – present
Curriculum Committee, 2009 – present
PDPO Educators Network Course – 2021-2022
RRR Grant, RICA 2021-2022
CREOG EDUCATION COMMITTEE 2022
AIAMC National Initiative VIII – 2020
OB/GYN Leadership Committee, 2019

Department of Obstetrics and Gynecology, UTSW

Residency Selection Committee, 2004-2008
Resident Counseling Committee
St. Paul University Hospital Best Practices Committee, 2007 – 2008
Primary Gynecologist – UTSW Student Health, 2006 – 2008
UTSW Medical Records Committee, 2007 –2008

Department of Obstetrics and Gynecology, UAB

Residency Selection Committee, 1999-2002
Co-organizer of Residency Retreat, 2001

The University of Alabama School of Medicine

Elective in Ob/Gyn in Hyderabad, India, 1999
Ob/Gyn Interest Group, 1997 - 1999
AMSA Associate Trustee, 1997 - 1998
AMSA Chapter President, 1996 - 1997
AMSA Region VII Convention and Residency Fair; *Co-organizer, 1996*
Participant in AIDS Care Team

Grants

Teaching our Women the ABC's of D(iet), E(xercise), and F(itness)! An Ochsner Centering Pregnancy Program that will provide

low-income patients with affordable dieting information, a collaborative cookbook and price lists, exercise equipment in the waiting rooms and the tools needed to understand and assist with fitness.
2016 Excellence Grant

Ochsner Centering Pregnancy – OCP: Innocating Maternal Child Health: Group prenatal care at Ochsner St. Charles clinic to improve infant outcomes in concert with the Strong Start program.
2015 Excellence Grant

Research

Centering Pregnancy and Preterm Delivery
Principal Investigator / Mentor (McHenry Residency Project)
2nd Place – 2018 John C Weed Research Symposium; 2017 - 2018

Induction Methods as it Correlates to Cesarean Section Rates
Principal Investigator / Mentor (Eubanks Residency Project); 2016 - 2017

Group Prenatal Care and its Effects on Triage Visits
Principal Investigator / Mentor (Gullatt Residency Project)
2nd Place – 2016 John C Weed Research Symposium; 2015 - 2016

Defining Failure to Progress – A Retrospective Study of Failed Trial of Labor with Cesarean Deliveries at Ochsner
Principal Investigator / Mentor (Shively Residency Project); 2013 - 2014

Incidence and Risk Factors for Post-Partum Incontinence
Principal Investigator / Mentor (Weiss Residency Project); 2011 - 2012

Randomized Comparison of Subcutaneous Tissue Reapproximation Alone and in Combination with Subcutaneous Drain in Obese Women Undergoing Cesarean Delivery
Principal Investigator; 2003 - 2005

Presentations

Risk Factors for Wound Complications in Obese Women Undergoing Cesarean Delivery
Poster Presentation at Society for Maternal-Fetal Medicine, 2005

Randomized Comparison of Subcutaneous Tissue Reapproximation Alone and in Combination With Subcutaneous Drain in Obese Women Undergoing Cesarean Delivery.
Oral Presentation at Resident Research Day, 2003

Primary Amenorrhea. Grand Rounds, 2003

Randomized Comparison of Subcutaneous Tissue Reapproximation Alone and in Combination With Subcutaneous Drain in Obese Women Undergoing Cesarean Delivery.

Oral Presentation at Resident Research Day, 2001

A Discussion of Bethesda II.

Oral Presentation at the Division of Gynecologic Oncology Lecture Series, 2001

Publications

White AM: Endometrial Hyperplasia and Carcinoma: In: Beckman CRB, Ling FW, Smith RP, Barzansky BM, Herbert WNP, Laube DW, eds. *Obstetrics and Gynecology*, 6th ed. Philadelphia: Lippincott Williams and Wilkins; 2008

White AM: Preconception and Antepartum Care: In: Beckman CRB, Ling FW, Smith RP, Barzansky BM, Herbert WNP, Laube DW, eds. *Obstetrics and Gynecology*, 6th ed. Philadelphia: Lippincott Williams and Wilkins; 2008

RAMSEY PS, **WHITE AM**, GUINN DA, et al. Subcutaneous Tissue Reapproximation, Alone or in Combination With Drain, in Obese Women Undergoing Cesarean Delivery. *Obstet Gynecol* 2005;105:967-973. (2005 ACOG Roy M. Pitkin Award)

RAMSEY PS, **WHITE AM**. Subcutaneous Tissue Reapproximation, Alone or in Combination With Drain, in Obese Women Undergoing Cesarean Delivery. *Obstet Gynecol* 2005;106:867-a-868.

White AM, Ramsey PS. Letter to the Editor. Subcutaneous Stitch Closure Versus Subcutaneous Drain to Prevent Wound Disruption After Cesarean Delivery: A Randomized Clinical Trial. *American Journal of Obstetrics and Gynecology*, 2003 Mar;188(3):861-2

Hobbies

Travel, reading, spending time with family
References available upon request

Exhibit “Q”

19TH JUDICIAL DISTRICT COURT
PARISH OF EAST BATON ROUGE
STATE OF LOUISIANA

NO. C-720988

DIVISION

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF ITSELF
AND ITS MEMBERS, AND CLARISSA HOFF, M.D.

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

AFFIDAVIT OF MEGAN MACKEY, CNM,
IN SUPPORT OF PLAINTIFFS' MOTION FOR
TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION

I, MEGAN MACKEY, CNM, hereby affirm under penalty of perjury that the following statements are true and correct:

1. I am a Certified Nurse-Midwife licensed with the Louisiana State Board of Nursing as a Registered Nurse and an Advanced Practice RN.
2. I received my Bachelor of Science in Nursing from Winona State University in 2007. I then received my Master of Science in Nursing with a concentration in midwifery from Frontier Nursing University in 2013.
3. I have worked as a labor & delivery nurse in Oklahoma and Louisiana, and later as a Certified Nurse-Midwife in Colorado and Louisiana.
4. I currently work as a Certified Nurse-Midwife in Orleans Parish and provide care for women throughout their lifespans. My scope of practice is essentially like that of an OB/GYN nurse practitioner—this includes caring for both obstetric and gynecologic conditions that are part of a women's normal lifespan - providing well-woman care (Pap smears and breast exams), testing for sexually transmitted infections, family planning and prescribing contraception, and treating menopausal changes. I also care for women during pregnancy, during labor, and up until six weeks after delivery. Additionally, I prescribe Cytotec (also known as Misoprostol) for incomplete and missed miscarriages and when a woman has retained products of conception after delivery, each of which can cause infection if not treated.
5. I worry that if the trigger bans go into effect, I will no longer be able to do my job without the fear of losing my license or criminal prosecution. The lack of clarity about the

EXHIBIT

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exceptions to the bans, as well as the conflicting language about implantation and fertilization, make it so providers are afraid of providing routine, necessary health care.

6. I am also concerned about the effect the trigger bans will have on the availability of nurse-midwives in Louisiana. Louisiana already has a severe shortage of nurse-midwives. I unfortunately expect that in the long term, the threat of the trigger bans' penalties will only further drive nurse-midwives and other Obstetric and Gynecologic physicians away from the State.

7. Louisianians already face high rates of maternal mortality and morbidity, and this problem will only be exacerbated if health care providers like nurse-midwives leave the state, or choose not to come at all, based on the trigger laws. Without enough providers, women will suffer due to the lack of access to comprehensive reproductive health care.

8. Overall, the trigger bans will hurt my patients, worsen the nurse-midwife shortage, and interfere with the full scope of health care that I am trained to provide. Health care providers should not feel threatened when they are simply trying to do their jobs. As such, the trigger bans should continue to be enjoined.

On this 11th day of July, 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.



NOTARY PUBLIC

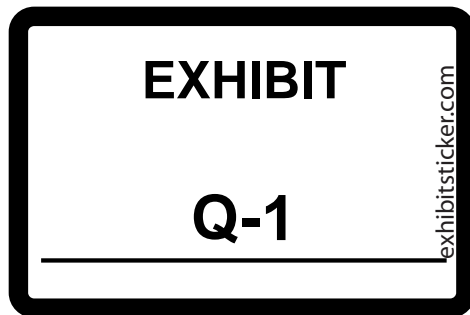
Sworn to and subscribed before me
this 11 day of July, 2022

BENJAMIN O. FLAXENBURG
NOTARY PUBLIC
BAR # 37682
STATE OF LOUISIANA
COMMISSION FOR LIFE



Megan Mackey, CNM

EXHIBIT 1



Megan C. Mackey

Professional Experience

Ochsner Medical Center, Baptist - New Orleans, LA
Certified Nurse-Midwife

10/2014 - present

- Full-scope collaborative practice at non profit teaching facility. Caring for obstetric and gynecologic patients in the clinic & hospital setting. Care provided includes initial/return OB visits (with limited ultrasound performed), annual well-woman exams for populations which range from adolescent to postmenopausal, contraception management (including placement/removal of IUDs), infection testing and treatment, etc.
- Privileges to attend vaginal deliveries (including VBACs) and care for patients during the antepartum, intrapartum, and postpartum period. Care of high-risk clients in collaboration with physician management, working closely with medical students and residents.

Exceptional Care for Women - Colorado Springs, CO
Certified Nurse-Midwife

08/2013 - 7/2014

- Full-scope collaborative private practice setting. Care provided included obstetric and gynecologic patients.
- Privileges at Saint Francis Medical Center to attend vaginal deliveries and care for primarily low risk populations during the intrapartum and postpartum period. Care of high-risk clients in collaboration with physician management.

Ochsner Medical Center West Bank, Gretna, LA
Family Unit Staff RN - Labor and Delivery

08/2009 - 11/2012

- Provided direct care to a diverse population of women including antepartum, intrapartum, and immediate postpartum patients on a 12-bed unit within a community hospital, staffed by private physicians.
- Participated in immediate care of newborn at birth and during the transition period for approximately the first hour of life.

EXHIBIT

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Hillcrest Medical Center, *Tulsa, OK*
Staff RN - Labor & Delivery

01/2008 - 06/2009

- Provided direct nursing care primarily during the intrapartum and immediate postpartum period, on a 21-bed unit within a large teaching facility which had three residency programs, along with several private physicians, providing care to a diverse population of women and their families.
- Provided care for high-risk antepartum patients transferred to our care from the surrounding region.

Education

Limited Obstetrical Ultrasound Workshop

10/2013

University of Colorado Denver - School of Medicine

- Skills include 1st trimester dating, presentation confirmation, and amniotic fluid index measurements.

Frontier Nursing University – *Hyden, KY*

2010-2013

Masters of Science in Nursing – Midwifery

- Cumulative GPA: 3.83
- Completed 725 hours of clinical & hospital work; attended 47 births (including water births & VBACs), additional visits included newborn, obstetric, postpartum, and gynecological care.

Winona State University – *Winona, MN*

2003-2007

Bachelor of Science in Nursing

- Graduated with honors – Cum Laude
- Presidential Honor Scholarship
- Dean's List: 6 of 8 completed semesters

Licenses & Certifications:

- Louisiana Registered Nurse - License: RN127659
- Louisiana Advance Practice RN - License: AP07926
- AWHONN Advanced Fetal Monitoring
- American Heart Association - Basic Life Support for Healthcare Providers

References - Available upon request

Exhibit “R”

19TH JUDICIAL DISTRICT COURT
PARISH OF EAST BATON ROUGE
STATE OF LOUISIANA

NO. C-720988

DIVISION B, SEC. 24

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF ITSELF
AND ITS MEMBERS, AND CLARISSA HOFF, M.D.

VERSUS

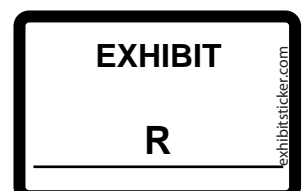
JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

**AFFIDAVIT OF REBEKAH E. GEE, M.D., IN SUPPORT OF
PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION**

Rebekah E. Gee, M.D., M.P.H. hereby affirms under penalty of perjury that the following statements are true and correct:

1. I am a board-certified obstetrician and gynecologist (“OB/GYN”) and a medical doctor licensed in the State of Louisiana and in good standing with the Louisiana State Board of Medical Examiners. I was formerly the Secretary of the Louisiana Department of Health (“LDH”). I practice clinically in Orleans Parish, where I provide outpatient gynecology care. Since 2016, I have not practiced obstetrics, but am trained in obstetrics care and routinely counsel pregnant patients.

2. After obtaining my undergraduate bachelor’s degree from Columbia University, I obtained my Master of Public Health degree in Health Policy and Management from the Columbia School of Public Health. In 2002, I obtained my medical degree from Cornell University Medical College with Honors in Research, and in 2006, I completed my residency in obstetrics and gynecology at Harvard at the Brigham and Women’s Hospital and Massachusetts General



Hospital. In 2009, I obtained a Master of Science in Health Policy Research from the University of Pennsylvania. I am an active member of the American College of Obstetricians and Gynecologists. I am an elected member of the National Academies of Medicine in recognition of my professional accomplishments.

3. From 2016-2020, I led Louisiana's health department as the Secretary of LDH. My oversight responsibilities included public health and other direct service programs such as behavioral health, developmental disabilities, aging and adult services, emergency preparedness, licensure of medical facilities, the operation of several state hospitals and the Medicaid program. During my tenure, I oversaw the implementation of Medicaid expansion which extended coverage to hundreds of thousands of Louisianans. Prior to that, from 2013-2016, I served as the Medicaid Medical Director (Chief Medical Officer) at the Louisiana Department of Health, and from 2010-2013 under Governor Jindal, I served as the Director of the Birth Outcomes Project where I led the charge to decrease infant mortality and prematurity as well as unnecessary cesarean sections, statewide. These efforts led to substantial reductions in inappropriate cesarean sections, the need for using neonatal intensive care units for babies delivered prior to term, and reductions in prematurity statewide. I have led multiple additional initiatives at the state and national levels focused on quality of care for pregnant women. My academic background is in health care quality where I have taught a course and have served on the boards of the three most prestigious health care quality organizations in our nation - the National Quality Forum, NCQA and currently serve on the board of the Institute for Healthcare improvement.

4. I am a trained health services researcher and have published over seventy peer reviewed articles on a variety of subjects in health and medicine. I have also, for more than a decade, centered my professional efforts around providing access to care, and driving better health

outcomes and health equity. As Medicaid Medical Director, I co-chaired the task force that determined “maternal and neonatal levels of care” that ensured that hospitals that care for women in pregnancy and babies in neonatal intensive care units have the proper supports in place in terms of staffing and equipment to ensure optimal outcomes. Under my leadership, LDH in partnership with national groups such as the Institute for Healthcare Improvement tackled preventable causes of maternal death in Louisiana and has done so in a way that has been so successful that the initiatives have gained national recognition and serve as a model for other states and the nation as we tackle the national maternal health crisis. As Secretary, I established the Office of Health Equity at the Louisiana Department of Health with the goal of ensuring that all citizens of Louisiana, regardless of the color of their skin, can achieve optimal health.

5. I submit this affidavit in support of Plaintiffs’ Motion for Preliminary Injunction, which seeks to enjoin enforcement of Louisiana’s abortion trigger bans. I know violations of these laws have unprecedented and severe penalties for physicians who provide certain types of care to women, including jail time and large monetary fines.

6. As the former top health official of the State, and as a practicing medical provider and OB/GYN, I am deeply concerned about the Trigger Bans going into effect. First, I am concerned for the health of Louisiana women who make up more than half of the total population of Louisiana.

7. Unfortunately, women in Louisiana already have some of the worst outcomes in the United States and the developed world. According to the State’s own public document on the “Status of Women in Louisiana,” Louisiana women face numerous health challenges and significant wage inequities. These health challenges include Louisiana’s maternal mortality rate, which is second highest in the U.S. Common causes of maternal death include hypertensive

disorders, conditions of the lung, blood clotting (pulmonary embolism) heart conditions, and heavy bleeding. Homicide is the leading single preventable cause of maternal death; pregnancy and the postpartum period are times of increased risk for homicide among women and girls of reproductive age. (https://jamanetwork.com/journals/jamapediatrics/fullarticle/2760408?_ga=2.153824632.1561307927.1657029741-552000586.1657029741) These issues are particularly acute for Black women in Louisiana, who face multiples greater risk of dying due to their pregnancies from preventable reasons such as domestic violence, hemorrhage or hypertension. Black women also face higher rates of infant mortality, low birth weight and preterm births. Black women in Louisiana are also more likely to face financial hardship and bigger wage gaps than do white women.

(https://gov.louisiana.gov/assets/Programs/StatusOfWomenInLouisiana_Edition1_OnlineVersion.pdf) Black women who are more likely to die from pregnancy and face pregnancy complications, are also less likely to be able to afford to travel to a state where a legal abortion would be an option. Regardless of race, more medically and socially vulnerable lower income women and girls will be the ones who are most impacted by this law, as women with sufficient means can afford to simply travel out of state for care.

8. I believe the Trigger Bans will lead to worse outcomes for women in the state. The circumstances for a clinician and his or her patient to be able to receive a legal abortion, even in the case where the life of the mother is at risk are not clear from the statutes. The laws criminalize the provision of virtually all abortion care with some narrow medical exceptions in Louisiana but leave no guidance as to who will evaluate its prohibitions and penalties, and who is meant to enforce them. If doctors are not comfortable or able to anticipate the legal

implications of their medical care or how they may be prosecuted for providing that healthcare, then they may not act according to their best medical judgment and training. Fear of punishment aligned with lack of clarity on how this law will be enforced can lead to devastating consequences for Louisiana women as well as moral distress for the clinicians who care for them and have taken the Hippocratic oath to do no harm. For example, a woman comes in with sepsis (infection in her blood) in pregnancy—at what point does a clinician feel comfortable intervening to disrupt a pregnancy that could lead to multiorgan failure? To satisfy these laws - does it have to be her heart that fails, what about her lungs, her kidneys, and so on, what organs would this law decide are necessary to protect her life? What if a woman comes into an emergency room with heavy bleeding, a 12-week pregnancy, and a cervix dilated four centimeters? This would normally be a case where while providing routine health care, a clinician would provide a procedure to stop the bleeding, prevent the onset of infection and facilitate a miscarriage. However, the fear of criminal penalties will lessen the chance that she will receive the proper care.

9. As a mother of nearly 10-year-old twin girls, the following example is particularly chilling. A 10-year-old girl is raped by a family member and is less than five feet tall and 100 pounds. In this case a pregnancy could tear apart her small body and cause a lifetime of psychological and physical consequences including the risk of permanently tearing her vagina and creating a fistula (an abnormal opening between the vagina and the bladder or anus, which happens during childbirth, and causes uncontrolled passing of urine or feces). Fistula caused by a pregnancy is one of the most severe childbirth-related complications. The small size and lack of physical stamina of many young pregnant girls makes it extremely difficult for them to give birth to a child. Delivery is therefore often prolonged. During childbirth, girls' perineum

often tears, leaving holes between the bladder and/or the rectum and the vagina. The young mothers from then on lose control over their bladder and bowels, are unable to bear more children, and find sexual intercourse painful. (<https://pubmed.ncbi.nlm.nih.gov/12290458/#:~:text=PIP%3A%20Obstetric%20fistula%20is%20one,Delivery%20is%20therefore%20often%20prolonged.>)

These are complications that can happen when a body is too small to carry a pregnancy, and that happen frequently in the developing world but that sadly may become more common in Louisiana because physicians will be unable to provide abortion care for children and adolescents even in the case of rape or incest, which is the case with this law.


10. Second, I worry about the Trigger Bans and their effect on doctors, residents, and other healthcare providers currently working in the state. Medical professionals currently have little guidance on how to proceed with routine care so that their actions, based on their best medical judgement, will keep them safe from a decade in prison and large fines. There are so many gray areas in healthcare. What about the above example of a woman coming in with a miscarriage and heavy bleeding? How do we know if she is bleeding enough to be considered life-threatening sufficient to treat without being prosecuted? What if she is septic? Will the resident and attending physician be comfortable treating her given the extreme criminal penalties? Will the clinicians be able to book an operating room for the case? Will the individuals providing anesthesia in this case or professionals tasked to help the clinicians who are providing the care, who lack proper medical training to be able to decide if the case is “legitimate” refuse to do so in fear of prosecution? What if the pregnancy is a molar pregnancy and the woman could die of cancer unless the pregnancy is terminated? I can think of numerous other examples. Every pregnancy is different, every mother is different and that is why clinicians spend years of training to be able to make these decisions in

partnership with their patients. The intrusion of these laws into the previously sacred space between doctor and patient is unprecedented.

11. Lastly, I worry about what this will do to recruitment and retention of residents, doctors, midwives, and other clinicians who may no longer want to practice in Louisiana if medical decisions are accompanied by a threat of criminal penalties.

12. Rather than promoting reproductive health, the Trigger Bans will worsen it. In my opinion, these laws will cause grave and devastating harm to pregnant patients and leave healthcare providers unable to exercise their best medical judgment in a wide variety of circumstances.

On this 14 day of July 2022, the undersigned, who having been first duly sworn, attests to the contents of this affidavit.


Rebekah E. Gee, M.D.

Notarized online using audio-video communication


NOTARY PUBLIC

Sworn to and subscribed before me
this 14th day of July 2022



Exhibit “S”

19TH JUDICIAL DISTRICT COURT
PARISH OF EAST BATON ROUGE
STATE OF LOUISIANA

NO. C-720988

DIVISION B, 24

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF ITSELF
AND ITS MEMBERS, AND CLARISSA HOFF, M.D.

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

FILED: _____
DEPUTY CLERK

AFFIDAVIT

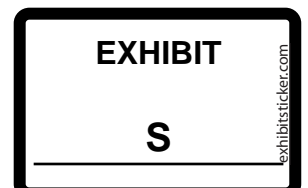
**STATE OF LOUISIANA
PARISH OF ORLEANS**

BEFORE ME, the undersigned Notary Public, personal came and appeared:

Andi Abramson

who, being duly sworn, does depose and say that:

1. I am over 18 years of age. I am a paralegal employed by the law firm of Schonekas, Evans, McGoey & McEachin, LLC. I have personal knowledge of the facts set forth herein.
2. I offer this Affidavit in further support of Plaintiffs' Motion for Preliminary Injunction in the above-captioned action.
3. On the morning of Monday, June 27, 2022, prior to initiating this action in the Civil District Court for Orleans Parish, my office informed Defendant Attorney General Jeff Landry and Defendant Courtney N. Phillips of Plaintiffs' intent to file their Motion for a Temporary Restraining Order and Application for Preliminary Injunction by email, including all pleadings and supporting documentation, to Solicitor General Elizabeth Murrill and Executive Counsel for the Louisiana Department of Health Stephen Russo. A true and correct copy of my office's email is attached hereto as Exhibit "S-1."
4. At approximately 12:00 p.m. the same day, my office emailed Ms. Murrill and Mr. Russo a copy of the Court's signed Order granting the temporary restraining order and setting a hearing on the preliminary injunction. A true and correct copy of my office's email, along with the attachment to the email, is attached hereto as Exhibit "S-2."



5. Shortly thereafter, Ms. Murrill responded to the email stating: “We certainly do not believe we were given adequate notice to respond to this filing and will take every action available to have the TRO dissolved.” A true and correct copy of Ms. Murrill’s email is attached hereto as Exhibit “S-3.”

6. Two days later, after the district court order granting Plaintiffs’ motion for temporary restraining order enjoined Defendants “from enforcing or implementing La. R.S. §§ 14.87.7, 14.87.8, and 40:1061,” Attorney General Jeff Landry posted a letter to Twitter addressed to the Executive Vice President of the Louisiana State Medical Society. The Letter stated that Plaintiffs “obtained a temporary restraining order from a single judge in Orleans Parish *purporting* to enjoin statewide the enforcement of three criminal statutes regulating abortion.” (Emphasis added). The letter further stated that:

Subject to certain exceptions, abortion is a criminal offense in the State of Louisiana and it has been since last Friday. It is incumbent on this office to advise you that any medical provider who would perform or has performed an elective abortion after the Supreme Court’s decision in Dobbs is jeopardizing his or her liberty and medical license. It is the intent of this office to see the laws and the Constitution of the State of Louisiana are upheld.

A true and correct copy of the Attorney General’s June 29, 2022 tweet and letter is attached hereto as Exhibit “S-4.”

7. On Friday, July 1, Dr. Rebekah Gee, the former Secretary of the Louisiana Department of Health, and an OB-GYN, gave an interview to the Louisiana Illuminator, stating:

Gee said the circumstances for a legal abortion aren’t spelled out clearly enough in the law. Physicians are worried they could face criminal charges for handling a miscarriage or providing a medically necessary abortion, she said. “What if a woman comes in with a miscarriage and she is bleeding heavily? How do we know if she is bleeding enough [to justify an abortion-like procedure]? Will the resident and attending physician be comfortable treating her given the criminal penalties?” Gee said. “Will people want to come here to train if they could go to jail?”

A true and correct copy of the Louisiana Illuminator article is attached hereto as Exhibit “S-5.”

8. On Tuesday, July 12, 2022, one day after this Court granted Plaintiffs’ request for a temporary restraining order, Attorney General Jeff Landry posted multiple tweets to Twitter regarding this Court’s temporary restraining order, including: “The rule of law must be followed, and I will not rest until it is. Unfortunately, we will have to wait a little bit longer for that to happen.” A true and correct copy of the Attorney General’s July 12, 2022 tweets in this thread are attached hereto as Exhibit “S-6.”


9. On Thursday, July 14, 2022, Attorney General Jeff Landry, again, posted to Twitter a copy of his June 29, 2022 Tweet and Letter to the Louisiana State Medical Society, with the caption: “REMINDER: Louisiana’s laws banning abortion have not been enjoined. Subject to certain exceptions, abortion remains a criminal offense in our State!” A true and correct copy of the Attorney General’s July 14, 2022 tweet is attached hereto as Exhibit “S-7.”

10. That same day, Thursday, July 14, 2022, Solicitor General Elizabeth “Liz” Murrill also posted to Twitter about this Court’s temporary restraining order, including stating that: “On La. TRO – it enjoins only the La. AG and LDH secretary. And it briefly ‘protects’ only plaintiffs – 1 NoLA doc who does not perform abortions, 1 abortion clinic in Shreveport & it’s administrator. That’s it.” A true and correct copy of Solicitor General Liz Murrill’s July 14, 2022 tweet is attached hereto as Exhibit “S-8.”



Andi Abramson

Sworn to and subscribed before me
this 15th day of July, 2022.



Jeanne Schilling
NOTARY PUBLIC
Notary No. 138882
STATE OF LOUISIANA
MY COMMISSION IS FOR LIFE

Exhibit “S-1”

7/1/22, 4:14 PM

Mail - Ellie Schilling - Outlook

June Medical Services, LLC et al. vs. Jeff Landry, et al.

Ellie Schilling <Ellie@semmlaw.com>

Mon 6/27/2022 9:23 AM

To:

- Murrill, Elizabeth <MurrillE@ag.louisiana.gov>;
- stephen.russo@la.gov <stephen.russo@la.gov>

Cc:

- Andi Abramson <Andi@semmlaw.com>

Liz and Steve,

I am writing to notify you of our intention to seek a Temporary Restraining Order, which we will be filing today, requesting an injunction enjoining the implementation and enforcement of the trigger bans identified as La. R.S. 1061, La. R.S. 14:87.7, and La. R.S. 14:87.8. We are also requesting that the Court set the preliminary injunction hearing in accordance with the Louisiana Code of Civil Procedure. The Dropbox link below contains courtesy copies of all pleadings that we intend to file: the Verified Petition, Motion for Temporary Restraining Order and to Set Application for Preliminary Injunction Hearing, the Memorandum in Support, and all Supporting Affidavits and Exhibits:

<https://www.dropbox.com/sh/7ocurg6ihxgvj8/AABANhDt4E-TUf06935Bw-gwa?dl=0>

Regards,

Ellie

Ellie T. Schilling

Schonekas, Evans, McGoey & McEachin, LLC

909 Poydras Street, Suite 1600

New Orleans, Louisiana 70112

Direct Dial: (504) 680-6058

Fax: (504) 680-6051

www.semmlaw.com



Exhibit “S-2”

7/1/22, 4:15 PM

Mail - Ellie Schilling - Outlook

Re: June Medical Services, LLC et al. vs. Jeff Landry, et al.

Ellie Schilling <Ellie@semmlaw.com>

Mon 6/27/2022 12:00 PM

To:

- Murrill, Elizabeth <MurrillE@ag.louisiana.gov>;
- stephen.russo@la.gov <stephen.russo@la.gov>

Cc:

- Andi Abramson <Andi@semmlaw.com>

📎 1 attachments (3 MB)

2022.06.27_TRO_executed.pdf;

Liz and Steve,

Please see attached Order granting the TRO and setting the preliminary injunction hearing for July 8th at 10:00 am. A service copy of the Order will follow, along with service of the pleadings.

Regards,
Ellie

From: Ellie Schilling

Sent: Monday, June 27, 2022 9:23 AM

To: Murrill, Elizabeth <MurrillE@ag.louisiana.gov>; stephen.russo@la.gov <stephen.russo@la.gov>

Cc: Andi Abramson <Andi@semmlaw.com>

Subject: June Medical Services, LLC et al. vs. Jeff Landry, et al.

Liz and Steve,

I am writing to notify you of our intention to seek a Temporary Restraining Order, which we will be filing today, requesting an injunction enjoining the implementation and enforcement of the trigger bans identified as La. R.S. 1061, La. R.S. 14:87.7, and La. R.S. 14:87.8. We are also requesting that the Court set the preliminary injunction hearing in accordance with the Louisiana Code of Civil Procedure. The Dropbox link below contains courtesy copies of all pleadings that we intend to file: the Verified Petition, Motion for Temporary Restraining Order and to Set Application for Preliminary Injunction Hearing, the Memorandum in Support, and all Supporting Affidavits and Exhibits:

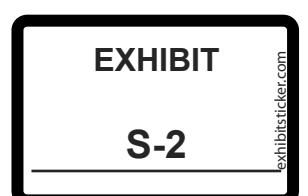
<https://www.dropbox.com/sh/7ocurg6ihxgvj8/AABANhDt4E-TUf06935Bw-gwa?dl=0>

Regards,
Ellie

Ellie T. Schilling
Schonekas, Evans, McGoey & McEachin, LLC
909 Poydras Street, Suite 1600
New Orleans, Louisiana 70112
Direct Dial: (504) 680-6058
Fax: (504) 680-6051
www.semmlaw.com

<https://outlook.office.com/mail/deeplink?Print>

1/1



CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO. 2022-05633

DIVISION N

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, AND MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF
ITSELF AND ITS MEMBERS

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

FILED:

DEPUTY CLERK

**MOTION FOR ENTRY OF TEMPORARY RESTRAINING ORDER
AND TO SET HEARING ON APPLICATION FOR PRELIMINARY INJUNCTION**

NOW INTO COURT, through undersigned counsel, comes Plaintiffs, June Medical Services, LLC, d/b/a Hope Medical Group for Women, Kathaleen Pittman, and Medical Students for Choice, on behalf of itself and its members, who respectfully request that this Court grant their Motion for Entry of a Temporary Restraining Order and to Set Hearing on Application for Preliminary Injunction, for the reasons set forth in the accompanying Verified Petition for Temporary Restraining Order and Preliminary and Permanent Injunction ("Verified Petition"), and the Memorandum in Support of Motion for Temporary Restraining Order and Application for Preliminary Injunction ("Memorandum in Support"), both filed contemporaneously herewith.

Plaintiffs specifically request the entry of an Order stating as follows:

a. That Defendants Jeff Landry, the Attorney General of Louisiana, and Courtney N. Phillips, the Secretary of the Louisiana Department of Health, and their officers, agents, and assigns are restrained, enjoined, and prohibited from enforcing or implementing La. R.S. §§ 14.87.7, 14.87.8, and 40:1061 while this Order, any extension of this Order, or any further injunctive relief is in effect.

b. That pursuant to Louisiana Code of Civil Procedure art. 3602, the preliminary injunction hearing will be set for _____, no later than ten days from the entry of this Order.

see attached order

c. That the preliminary injunction application is to be heard upon the verified pleadings and/or supporting affidavits. A copy of this Order shall be served upon Defendants in conformity with Louisiana Code of Civil Procedure art. 3609.

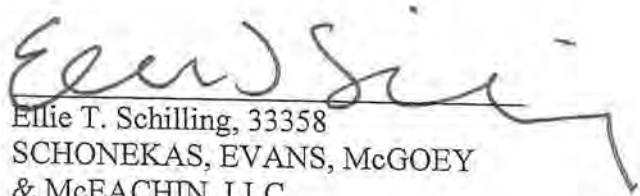
FILED
1111 JUN 27 11 32
CIVIL DISTRICT COURT

(Sgd.) Robin M. Giarrusso

g. That the applicant for preliminary injunction file affidavits no later than seventy-two (72) hours prior to the hearing, and the defendant-in-rule file affidavits not less than twenty-four (24) hours prior to the hearing.

WHEREFORE, Plaintiffs respectfully request that this Court grant their Motion for Entry of Temporary Restraining Order and to Set Hearing on Application for Preliminary Injunction for the reasons set forth in the Verified Petition and Memorandum in Support accompanying this Motion.

Respectfully submitted:



Ellie T. Schilling, 33358
SCHONEKAS, EVANS, McGOEY
& McEACHIN, LLC
909 Poydras Street, Suite 1600
New Orleans, LA 70112
Phone: (504) 680-6050
Fax: (504) 680-6051
E-mail: Ellie@semmlaw.com

Joanna Wright*
Sabina Mariella*
Brianna Hills*
Lindsey Ruff*
BOIES SCHILLER FLEXNER LLP
55 Hudson Yards
New York, New York 10001
Phone: 212-446-2359
Email: jwright@bsflp.com

Jenny Ma*
CENTER FOR REPRODUCTIVE RIGHTS
199 Water Street, 22nd Floor
New York, New York 10038
Phone: (917) 637-3600
Fax: (917) 637-3666
Email: jma@reprorights.org

*Attorneys for June Medical Services, LLC;
Kathaleen Pittman; and Medical Students for Choice*

* Motions for Admission *Pro Hac Vice* Forthcoming

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO. 2022-05633

FILED
2022 JUN 27 PM 9:52
DISTRICT COURT N

DIVISION N

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, AND MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF
ITSELF AND ITS MEMBERS

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

FILED: _____
DEPUTY CLERK

AFFIDAVIT

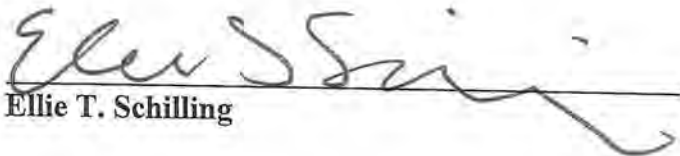
STATE OF LOUISIANA
PARISH OF ORLEANS

BEFORE ME, the undersigned Notary Public, personally came and appeared:

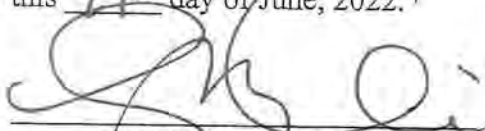

Ellie T. Schilling

who, being duly sworn, does depose and say that that:

1. She is an attorney for the Plaintiffs in this matter;
2. In accordance with article 3603(B) of the Louisiana Code of Civil Procedure, she informed she informed Defendant Attorney General Jeff Landry through the Solicitor General of the Office of Attorney General, Elizabeth Murrill, and Defendant Courtney N. Phillips through the Executive Counsel for the Louisiana Department of Health, Stephen Russo, of Plaintiff's intention to seek a temporary restraining order. Ms. Murrill and Mr. Russo were provided with a courtesy copy of Plaintiffs' Verified Petition, all Exhibits, the proposed Temporary Restraining Order, and Plaintiffs' Memorandum in Support;
3. As shown in the Verified Petition and Affidavits in support of Temporary Restraining Order, irreparable harm will result if a Temporary Restraining Order in the form of the attached is not entered.


Ellie T. Schilling

Sworn to and subscribed before me
this 27th day of June, 2022.


NOTARY PUBLIC

GWYNETH O'NEILL
Notary Public #152057
State of Louisiana
My Comm. Exp. Upon Death

19TH JUDICIAL DISTRICT COURT
CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO. 2022-05033

DIVISION

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, AND MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF
ITSELF AND ITS MEMBERS

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

FILED: _____
DEPUTY CLERK

TEMPORARY RESTRAINING ORDER

Considering the foregoing Verified Petition for Temporary Restraining Order and Preliminary and Permanent Injunction ("Verified Petition"), and Plaintiffs' request for preliminary injunctive relief, including a temporary restraining order, and finding that Defendants Jeff Landry, the Attorney General of Louisiana, and Courtney N. Phillips, the Secretary of the Louisiana Department of Health, have been provided sufficient notice of the filing of same,

IT IS ORDERED that Defendants Jeff Landry, the Attorney General of Louisiana, and Courtney N. Phillips, the Secretary of the Louisiana Department of Health, and all of their officers, agents, and assigns are hereby TEMPORARILY RESTRAINED from enforcing or implementing La. R.S. §§ 14.87.7, 14.87.8, and 40:1061.

IT IS FURTHER ORDERED that Defendants Jeff Landry, the Attorney General of Louisiana, and Courtney N. Phillips, the Secretary of the Louisiana Department of Health, shall appear and show cause on the 8th day of July, 2022 at 10:00 AM (to be no more than ten days hence), why a preliminary injunction should not issue in the above cause, unless Plaintiffs first seek an extension continuing such day, in order to continue the foregoing Temporary Restraining Order until such time that a trial on Plaintiff's request for a permanent injunction be had.

IT IS FURTHER ORDERED that the preliminary injunction application is to be heard upon the verified pleadings and/or supporting affidavits. A copy of this Order shall be served upon Defendant in conformity with Louisiana Code of Civil Procedure art. 3609.

IT IS FURTHER ORDERED that the applicants for preliminary injunction file affidavits

FILED
JUL 27 11 09 52
CIVIL DISTRICT COURT "N"

no later than seventy-two (72) hours prior to hearing, and the defendant-in-rule file affidavits not less than twenty-four (24) hours prior to the hearing.

New Orleans, Louisiana, this _____ day of JUN 27 2022, 2022.

(Sgd.) Robin M. Giarrusso

DISTRICT JUDGE

Judge Robin M. Giarrusso

PLEASE SERVE:

Louisiana Attorney General
Honorable Jeff Landry
1885 North 3rd Street
Baton Rouge, Louisiana 70802

Courtney N. Phillips
Secretary of Louisiana Department of Health
628 North 4th Street
Baton Rouge, Louisiana 70802

ATRUE COPY


DEPUTY CLERK, CIVIL DISTRICT COURT
PARISH OF ORLEANS
STATE OF LA.

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO. 22-5633

DIVISION "N"

SECTION 8

Nune Medical Services, LLC et al

VERSUS

Jeff Landry et al

This matter will come before the Court for hearing on the 8 day of July, 2022 at 10 o'clock a.m. on an application for a preliminary injunction and/or a dissolution or modification of a temporary restraining order, and/or a dissolution or modification of a preliminary injunction.

ORDER

IT IS ORDERED that the application in this matter is to be heard upon the verified pleadings and/or supporting affidavits. A copy of this order shall be served upon the defendant in conformity with C.C.P. 3609.

IT IS FURTHER ORDERED that the applicant for the preliminary injunction filed their affidavits not later than seventy-two (72) hours prior to the hearing, and that the defendant in rule file their affidavits not less than twenty-four (24) hours prior to the hearing.

New Orleans, Louisiana this 27th day of June, 2022.

(Sgd.) Robin M. Giarrusso
JUDGE ETHEL S. JULIEN

Judge Robin M. Giarrusso

A TRUE COPY
James
DEPUTY CLERK, CIVIL DISTRICT COURT
PARISH OF ORLEANS
STATE OF LA.

APPROVED

dict only

RECEIVED
JUN 27 2022
DIVISION "N"

Exhibit “S-3”

7/1/22, 4:00 PM

Mail - Ellie Schilling - Outlook

Re: June Medical Services, LLC et al. vs. Jeff Landry, et al.

Murrill, Elizabeth <MurrillE@ag.louisiana.gov>

Mon 6/27/2022 12:23 PM

To:

- Ellie Schilling <Ellie@semmlaw.com>

Cc:

- Stephen.Russo@la.gov <Stephen.Russo@la.gov>;
- Andi Abramson <Andi@semmlaw.com>;
- Freel, Angelique <FreelA@ag.louisiana.gov>

Ellie,

We certainly do not believe we were given adequate notice to respond to this filing and will take every action available to have the TRO dissolved.

Liz

Sent from my iPhone

On Jun 27, 2022, at 12:00 PM, Ellie Schilling <Ellie@semmlaw.com> wrote:

CAUTION: This email originated outside of Louisiana Department of Justice. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Liz and Steve,

Please see attached Order granting the TRO and setting the preliminary injunction hearing for July 8th at 10:00 am. A service copy of the Order will follow, along with service of the pleadings.

Regards,

Ellie

From: Ellie Schilling

Sent: Monday, June 27, 2022 9:23 AM

To: Murrill, Elizabeth <MurrillE@ag.louisiana.gov>; stephen.russo@la.gov <stephen.russo@la.gov>

Cc: Andi Abramson <Andi@semmlaw.com>

Subject: June Medical Services, LLC et al. vs. Jeff Landry, et al.

Liz and Steve,

I am writing to notify you of our intention to seek a Temporary Restraining Order, which we will be filing today, requesting an injunction enjoining the implementation and enforcement of the trigger bans identified as La. R.S. 1061, La. R.S. 14:87.7, and La. R.S. 14:87.8. We are also requesting that the Court set the preliminary injunction hearing in accordance with the Louisiana Code of Civil Procedure. The Dropbox link below contains courtesy



7/1/22, 4:00 PM

Mail - Ellie Schilling - Outlook

copies of all pleadings that we intend to file: the Verified Petition, Motion for Temporary Restraining Order and to Set Application for Preliminary Injunction Hearing, the Memorandum in Support, and all Supporting Affidavits and Exhibits:

<https://www.dropbox.com/sh/7ocurg6ihxgxvj8/AABANhDt4E-TUf06935Bw-gwa?dl=0>

Regards,

Ellie

Ellie T. Schilling

Schonekas, Evans, McGoey & McEachin, LLC

909 Poydras Street, Suite 1600

New Orleans, Louisiana 70112

Direct Dial: (504) 680-6058

Fax: (504) 680-6051

www.semmlaw.com <<http://www.semmlaw.com/>>

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Exhibit “S-4”



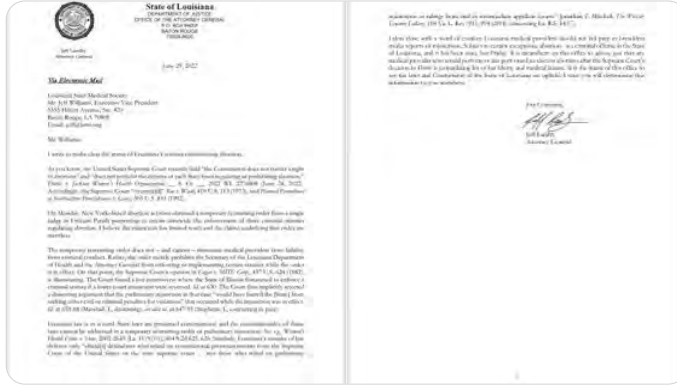
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Settings

Tweet

AG Jeff Landry @AGJeffLandry

Today I wrote a letter to the @LaMedSoc clarifying Louisiana's abortion statutes. #lagov #lalege



3:46 PM · Jun 29, 2022 · Twitter for iPhone

24 Retweets 14 Quote Tweets 51 Likes

orangetrees covid is airborne @Orangetrees2 · 22h Replying to @AGJeffLandry and @LaMedSoc

Plus, lol, the New Orleans DA said he won't prosecute hahaha. I love watching you sit there making pointless letters 😂😂😂😂😂😂😂😂😂😂

orangetrees covid is airborne @Orangetrees2 · 21h Replying to @AGJeffLandry and @LaMedSoc



orangetrees covid is airborne @Orangetrees2 · 21h Replying to @AGJeffLandry and @LaMedSoc Jeff Landry also has no jurisdiction over the Louisiana Medical Society!!



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Relevant people

AG Jeff Landry @AGJeffLandry The official account of Attorney General Jeff Landry and the Department of Justice

La State Med Society @LaMedSoc Our mission is to be the true advocate for physicians in Louisiana. Collaborate • Educate

What's happening

US national news · 49 minutes ago US Supreme Court strikes down 'Remain in Mexico' policy in last decision of term

USA TODAY · Yesterday 'Trigger' laws that ban abortion are being challenged in court: Here's what to know

Telegraph World News · Yesterday Britain to commit 2,000 extra troops to Estonia as Nato ramps up defence

Trending in United States Kaitlin Armstrong 2,045 Tweets

Trending in United States Nebraska 6,266 Tweets

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Jeff Landry
Attorney General

State of Louisiana
DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL
P.O. BOX 94005
BATON ROUGE
70804-9005

June 29, 2022

Via Electronic Mail

Louisiana State Medical Society
Mr. Jeff Williams, Executive Vice President
5555 Hilton Avenue, Ste. 420
Baton Rouge, LA 70808
Email: jeff@lsms.org

Mr. Williams:

I write to make clear the status of Louisiana's statutes criminalizing abortion.

As you know, the United States Supreme Court recently held "the Constitution does not confer a right to abortion" and "does not prohibit the citizens of each State from regulating or prohibiting abortion." *Dobbs v. Jackson Women's Health Organization*, __ S. Ct. __, 2022 WL 2276808 (June 24, 2022). Accordingly, the Supreme Court "overrule[d]" *Roe v. Wade*, 410 U.S. 113 (1973), and *Planned Parenthood of Southeastern Pennsylvania v. Casey*, 505 U.S. 833 (1992).

On Monday, New York-based abortion activists obtained a temporary restraining order from a single judge in Orleans Parish purporting to enjoin statewide the enforcement of three criminal statutes regulating abortion. I believe the injunction has limited reach and the claims underlying that order are meritless.

The temporary restraining order does not – and cannot – immunize medical providers from liability from criminal conduct. Rather, the order merely prohibits the Secretary of the Louisiana Department of Health and the Attorney General from enforcing or implementing certain statutes while the order is in effect. On that point, the Supreme Court's opinion in *Edgar v. MITE Corp.*, 457 U.S. 624 (1982), is illuminating. The Court found a live controversy where the State of Illinois threatened to enforce a criminal statute if a lower court injunction were reversed. *Id.* at 630. The Court thus implicitly rejected a dissenting argument that the preliminary injunction in that case "would have barred the [State] from seeking either civil or criminal penalties for violations" that occurred while the injunction was in effect. *Id.* at 655-64 (Marshall, J., dissenting); *see also id.* at 647-55 (Stephens, J., concurring in part).

Louisiana law is in accord. State laws are presumed constitutional, and the constitutionality of those laws cannot be addressed in a temporary restraining order or preliminary injunction. *See, e.g., Women's Health Clinic v. State*, 2001-2645 (La. 11/9/01), 804 S.2d 625, 626. Similarly, Louisiana's mistake of law defense only "shield[s] defendants who relied on constitutional pronouncements from the Supreme Court of the United States or the state supreme court ... not those who relied on preliminary

injunctions or rulings from trial or intermediate appellate courts.” Jonathan F. Mitchell, *The Writ-of-Erasure Fallacy*, 104 Va. L. Rev. 933, 994 (2018) (discussing La. R.S. 14:17).

I thus close with a word of caution: Louisiana medical providers should not fall prey to breathless media reports of injunctions. Subject to certain exceptions, abortion is a criminal offense in the State of Louisiana, and it has been since last Friday. It is incumbent on this office to advise you that any medical provider who would perform or has performed an elective abortion after the Supreme Court’s decision in *Dobbs* is jeopardizing his or her liberty and medical license. It is the intent of this office to see the laws and Constitution of the State of Louisiana are upheld. I trust you will disseminate this information to your members.

For Louisiana,

A handwritten signature in black ink, appearing to read "Jeff Landry", with a stylized flourish extending to the right.

Jeff Landry
Attorney General

Exhibit “S-5”



GOVT + POLITICS

HEALTH

HEALTH CARE

HEALTH POLICY

LEGISLATIVE

UNCATEGORIZED

Louisiana OB-GYN residents train at an abortion clinic. Now where will they go?

Doctors may have to go out of state for training

BY: **JULIE O'DONOGHUE** - JUNE 30, 2022 6:42 PM



Hope Medical Group for Women, an abortion clinic in Shreveport, provides training for OB-GYN residents in Louisiana. (Julie O'Donoghue/Louisiana Illuminator)

Most obstetrics and gynecology medical residents in Louisiana train at a Shreveport abortion clinic. Now, it's not clear where they will get that surgical instruction when most abortions likely become illegal in Louisiana and the clinic is shut down.

"We are looking to set up another opportunity for this training somewhere, whatever that is or wherever that is," said Nicole Freehill, the director of the clinical residency program for OB-GYNs at LSU Health Sciences Center in New Orleans.

Even if doctors never intend to perform elective abortions, they still need the training provided at the clinic because they may have to perform the procedure in an emergency situation, one where a pregnancy can result in death. OB-GYNs also use the same surgical procedures to manage miscarriages if they become life-threatening, Freehill said.

Four of Louisiana's five OB-GYN residency programs contract with Hope Medical Group for Women, the abortion clinic in Shreveport, said Kathaleen Pittman, the clinic's administrator, this week.

Pittman declined to name which four programs worked at the Shreveport clinic, but Tulane University's OB-GYN residents do not train at the facility, according to a university spokesman.

EXHIBIT

S-5

exhibitsticker.com

LSU's OB-GYN residency programs in New Orleans and Baton Rouge confirmed they send doctors to the clinic. Ochsner Health system, which runs an independent residency program based in New Orleans, and LSU Health Sciences Center in Shreveport did not answer questions about whether their residents trained at the clinic.

Credential standards for medical residency might change

The Accreditation Council for Graduate Medical Education currently requires all OB-GYN residency programs in the country to provide access to abortion training, but the organization is considering adjustments to that rule in light of the recent U.S. Supreme Court decision striking down the constitutional right to an abortion.

Following the court's decision, it's estimated that 45% of OB-GYN residents in the United States are now located in states like Louisiana, where abortion is likely to be banned or heavily restricted, according to the Bixby Center for Global Reproductive Health.

The accreditation council might allow OB-GYN programs to send residents out of state for abortion training instead of providing it as part of their in-house education. For those who can't travel, the residency programs could also turn to simulations that resemble the real-world, clinical experience they would otherwise get, according to draft guidelines the organization released.

LSU Health in New Orleans is considering sending their OB-GYN residents – about six people each year – out of the state for the training they have typically received at the Shreveport abortion clinic, Freehill said.

The university would have to cover the travel and housing for them while they worked outside the state, said Leslie Capo, an LSU Health spokesperson. Because states surrounding Louisiana are also likely to ban abortion, it could mean sending residents as far as Illinois, Freehill said.

The New Orleans teaching hospitals and facilities that typically work with her residents do not see enough cases that require surgical abortion procedures to provide adequate training opportunities, Freehill said.



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University Medical Center and Touro Infirmary in New Orleans, where Freehill works, may only see a handful of people every month that need that type of surgical care for a miscarriage or pregnancy gone wrong. At the Shreveport abortion clinic, residents were able to practice those surgical procedures under the eye of an experienced physician several times a week, Freehill said.

“When they go to Shreveport, they get to perform multiple procedures in a row. That teaches them immensely in a very short period of time,” she said. “It’s like doing a gymnastics or a dance routine.”

Residents who object to elective abortion weren't forced to perform them, Freehill said. They typically sat out the procedures at the clinic but continued to participate in the post-operative care and contraceptive counseling that the clinic also provides.

Criminal consequences could deter doctors

Freehill said the abortion ban may impact LSU's ability to attract students to their program. OB-GYN residents come from all over the country to do their training in Louisiana, but some

might be deterred from trying to match here if they don't feel they can get the same level of education, she said.

Some Louisiana medical students are already frustrated. Members of a New Orleans chapter of Medical Students for Choice, which supports access to abortion, are among those suing the state over its abortion ban. In a legal filing, the medical students have argued that the state ban will interfere with their medical education.

Dr. Rebekah Gee, Louisiana's former health secretary and an OB-GYN, said she worries residents and fully trained doctors won't want to practice in Louisiana if there is a threat of criminal penalties hanging over them.

The Orleans Parish Civil District Court is currently blocking the state's abortion ban with a temporary restraining order, but it could be lifted as soon as July 8. When it goes into effect, the ban contains criminal penalties, including fines and prison sentences, for people who provide illegal abortions, including doctors.

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The ban includes a few general exceptions in which abortion would be legal, such as to treat a life-threatening pregnancy. Gee said the circumstances for a legal abortion aren't spelled out clearly enough in the law. Physicians are worried they could face criminal charges for handling a miscarriage or providing a medically necessary abortion, she said.

"What if a woman comes in with a miscarriage and she is bleeding heavily? How do we know if she is bleeding enough [to justify an abortion-like procedure]? Will the resident and attending physician be comfortable treating her given the criminal penalties?" Gee said. "Will people want to come here to train if they could go to jail?"

In Louisiana, people are already more likely to die from pregnancy or during childbirth than they are in almost any other part of the country. So the prospect of limiting medical training necessary to treat life-threatening pregnancies and miscarriages is concerning, Freehill said. If doctors aren't comfortable with certain procedures – or are afraid to administer them – it could exacerbate that state's already high rate of pregnancy and childbirth death, she said.



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JULIE O'DONOGHUE  

Julie O'Donoghue is a senior reporter for the Louisiana Illuminator and producer of the Louisiana Illuminator podcast. She's received awards from the Virginia Press Association and Louisiana-Mississippi Associated Press. Julie covered state government and politics for NOLA.com | The Times-Picayune for six years. She's also covered government and politics in Missouri, Virginia and Washington D.C. Julie is a proud D.C. native and Washington Capitals hockey fan. She and her partner, Jed, live in Baton Rouge. She has two stepchildren, Quinn and Steven.

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Exhibit “S-6”



AG Jeff Landry ✓
@AGJeffLandry

...

The people of Louisiana have spoken both directly at the ballot box and through their elected legislature again and again and again - not only statutorily but also constitutionally.

6:02 PM · Jul 12, 2022 · Twitter for iPhone

11 Retweets 8 Quote Tweets 62 Likes



AG Jeff Landry ✓ @AGJeffLandry · Jul 12
Replying to @AGJeffLandry

...

To have the judiciary create a legal circus is disappointing and what discredits the institutions we rely upon for a stable society.

6

7

29



AG Jeff Landry ✓ @AGJeffLandry · Jul 12

...

The rule of law must be followed, and I will not rest until it is. Unfortunately, we will have to wait a little bit longer for that to happen.

11

6

38



AG Jeff Landry ✓ @AGJeffLandry · Jul 12

...

Any society that places themselves before their children (the future) does not last.

26

9

41



EXHIBIT

S-6

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Exhibit “S-7”



AG Jeff Landry @AGJeffLandry



REMINDER Louisiana's laws banning abortion have not been enjoined. Subject to certain exceptions, abortion remains a criminal offense in our State!

Anyone performing abortions, pending outcome, will be culpable when the case is closed in favor of the laws of our State.



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EXHIBIT

S-7

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AG Jeff Landry @AGJeffLandry



Today I wrote a letter to the @LaMedSoc clarifying Louisiana's abortion statutes. #lagov #lalege



2:46 PM · Jun 29, 2022 · Twitter for iPhone

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Jeff Landry
Attorney General

State of Louisiana
DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL
P.O. BOX 94005
BATON ROUGE
70804-9005

June 29, 2022

Via Electronic Mail

Louisiana State Medical Society
Mr. Jeff Williams, Executive Vice President
5555 Hilton Avenue, Ste. 420
Baton Rouge, LA 70808
Email: jeff@lsms.org

Mr. Williams:

I write to make clear the status of Louisiana's statutes criminalizing abortion.

As you know, the United States Supreme Court recently held "the Constitution does not confer a right to abortion" and "does not prohibit the citizens of each State from regulating or prohibiting abortion." *Dobbs v. Jackson Women's Health Organization*, __ S. Ct. __, 2022 WL 2276808 (June 24, 2022). Accordingly, the Supreme Court "overrule[d]" *Roe v. Wade*, 410 U.S. 113 (1973), and *Planned Parenthood of Southeastern Pennsylvania v. Casey*, 505 U.S. 833 (1992).

On Monday, New York-based abortion activists obtained a temporary restraining order from a single judge in Orleans Parish purporting to enjoin statewide the enforcement of three criminal statutes regulating abortion. I believe the injunction has limited reach and the claims underlying that order are meritless.

The temporary restraining order does not – and cannot – immunize medical providers from liability from criminal conduct. Rather, the order merely prohibits the Secretary of the Louisiana Department of Health and the Attorney General from enforcing or implementing certain statutes while the order is in effect. On that point, the Supreme Court's opinion in *Edgar v. MITE Corp.*, 457 U.S. 624 (1982), is illuminating. The Court found a live controversy where the State of Illinois threatened to enforce a criminal statute if a lower court injunction were reversed. *Id.* at 630. The Court thus implicitly rejected a dissenting argument that the preliminary injunction in that case "would have barred the [State] from seeking either civil or criminal penalties for violations" that occurred while the injunction was in effect. *Id.* at 655-64 (Marshall, J., dissenting); *see also id.* at 647-55 (Stephens, J., concurring in part).

Louisiana law is in accord. State laws are presumed constitutional, and the constitutionality of those laws cannot be addressed in a temporary restraining order or preliminary injunction. *See, e.g., Women's Health Clinic v. State*, 2001-2645 (La. 11/9/01), 804 S.2d 625, 626. Similarly, Louisiana's mistake of law defense only "shield[s] defendants who relied on constitutional pronouncements from the Supreme Court of the United States or the state supreme court ... not those who relied on preliminary

injunctions or rulings from trial or intermediate appellate courts.” Jonathan F. Mitchell, *The Writ-of-Erasure Fallacy*, 104 Va. L. Rev. 933, 994 (2018) (discussing La. R.S. 14:17).

I thus close with a word of caution: Louisiana medical providers should not fall prey to breathless media reports of injunctions. Subject to certain exceptions, abortion is a criminal offense in the State of Louisiana, and it has been since last Friday. It is incumbent on this office to advise you that any medical provider who would perform or has performed an elective abortion after the Supreme Court’s decision in *Dobbs* is jeopardizing his or her liberty and medical license. It is the intent of this office to see the laws and Constitution of the State of Louisiana are upheld. I trust you will disseminate this information to your members.

For Louisiana,

A handwritten signature in black ink, appearing to read "Jeff Landry", with a stylized flourish extending to the right.

Jeff Landry
Attorney General

Exhibit “S-8”

← Tweet



Liz Murrill
@LizMurrill12



On La. TRO - it enjoins only the La. AG and LDH secretary. And it briefly “protects” only plaintiffs - 1 NoLA doc who does not perform abortions, 1 abortion clinic in Shreveport & it’s administrator. That’s it. And the law is still presumed constitutional.

12:10 PM · Jul 14, 2022 · Twitter for iPhone

1 Like



EXHIBIT

S-8

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Exhibit “T”

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO. 2022-06633

DIVISION N-8

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN, KATHALEEN PITTMAN, MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF ITSELF AND ITS MEMBERS, AND CLARISSA HOFF, M.D.

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

FILED: _____ DEPUTY CLERK

AMENDED VERIFIED PETITION FOR TEMPORARY RESTRAINING ORDER AND PRELIMINARY AND PERMANENT INJUNCTION ENJOINING THE IMPLEMENTATION OR ENFORCEMENT OF LA. R.S. §§ 40:1061, 14:87.7, AND 14:87.8

NOW INTO COURT, through undersigned counsel, comes June Medical Services, LLC (d/b/a/ Hope Medical Group for Women), Kathaleen Pittman, Medical Students for Choice, on behalf of itself and its members, and Clarissa Hoff, M.D., who file this Amended Verified Petition for a Temporary Restraining Order ("TRO") and Preliminary and Permanent Injunction to enjoin the implementation or enforcement of La. R.S. §§ 40:1061, 14:87.7, and 14:87.8, who file for the purposes of adding Plaintiff Clarissa Hoff, M.D., and who respectfully aver as follows:

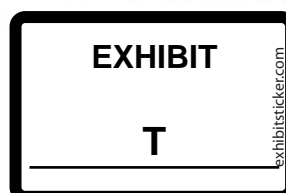
NATURE OF ACTION

1.

Plaintiffs Hope Medical Group for Women ("Hope"), Kathaleen Pittman, Medical Students for Choice ("MSFC"), and Clarissa Hoff, M.D. file this lawsuit because Louisiana's criminal abortion bans, La. R.S. § 40:1061, as amended by Act 545 (the "First Trigger Ban"); La. R.S. § 14:87.7, as enacted by Act 545 (the "Second Trigger Ban"); and La. R.S. § 14:87.8, as enacted by Act 545 (the "Third Trigger Ban") (together with the First Trigger Ban and Second Trigger Ban, the "Trigger Bans"), are unconstitutional.

2.

The Trigger Bans, individually and when read as a statutory schema, are void for vagueness because they: (a) fail to provide notice of what conduct is prohibited, what exceptions are permitted, and what penalties attach and (b) do not provide notice of when any one of the Trigger Bans, or all of them collectively, are actually in force while simultaneously purporting to be



VERIFIED

Jovan Gibson

2022 JUL 08 A 08:43

immediately effective if, among other things, *Roe v. Wade* is overruled. The Trigger Bans must be struck down as vague because they fail to provide constitutionally guaranteed notice of exactly *what* conduct is prohibited, if any, and when.

3.

The Trigger Bans are unconstitutionally vague for the separate and independent reason that they fail to provide *any* guidelines or safeguards to protect against arbitrary enforcement as required by the Due Process Clause of the Louisiana Constitution. While the Trigger Bans purport to be in force immediately upon the overruling of *Roe v. Wade* and the satisfaction of additional criteria stated in the text, there is no process in place to determine that any one of the Trigger Bans has, in fact, gone into effect.

4.

Indeed, this unconstitutional lack of safeguards became immediately apparent on the day *Dobbs v. Jackson Women's Health Organization*, No. 19-1392, 2022 WL 2276808 (U.S. June 24, 2022) ("*Dobbs*") was issued. Multiple state and local officials publicly stated conflicting, and inconsistent, interpretations of the Trigger Bans: (a) The Attorney General tweeted that the Trigger Ban was in full force, but failed to identify *which* Trigger Ban he was talking about; (b) later that same day, at a press conference, he acknowledged that the state of affairs was unclear and he would need to review *Dobbs* more closely to determine what had been triggered; (c) the President of the New Orleans City Council publicly questioned whether the Trigger Bans had been triggered and were in effect; (d) the Orleans Parish District Attorney stated that he would not enforce any Trigger Ban; and (e) the Louisiana Department of Health stated that it believed all three Trigger Bans were in effect despite the fact that the Governor had indicated six days earlier that he believed that only one Trigger Ban existed. Because the Trigger Bans lack constitutionally required safeguards to prevent arbitrary enforcement, they are void for vagueness, and they therefore must be struck down for this separate and independent reason.

5.

The Trigger Bans also improperly delegate legislative power—that is, the power to say what the law is and when it is in effect—to everyone and no one at the same time. The Louisiana Constitution vests legislative power solely with the Legislature, prohibiting any other entity or individual from saying what the law is. La. Const. art. III, §§ 1–2. The Trigger Bans, read on their face, empower a local citizen to determine that the Trigger Bans are in effect and to effectuate a

citizen's arrest without a warrant. Moreover, the Attorney General's apparent belief that he is charged with the responsibility of determining when the Trigger Bans are in effect is unconstitutional because, were he correct (which he is not), it would be an improper delegation of legislative power. The Trigger Bans must be struck down for this separate and independent reason, as well.

6.

Enforcement of the hopelessly vague Trigger Bans will irreparably harm Plaintiffs by violating their constitutional rights as guaranteed by Article I, Section 2 of the Louisiana Constitution. Illegal enforcement of the Trigger Bans would also violate the non-delegation requirements set forth in Article II, Section 2 of the Louisiana Constitution.

7.

Accordingly, Plaintiffs seek injunctive relief pursuant to La. Code Civ. Proc. Art. 3601, *et seq.* Specifically, Plaintiffs seek a TRO, and after due proceedings, a preliminary injunction followed by a permanent injunction, enjoining the enforcement or implementation of the Trigger Bans.

PARTIES

8.

Plaintiff Hope is a reproductive health clinic located in Shreveport, Louisiana, that has provided abortion care for the last 40 years. Hope is one of only three abortion clinics in Louisiana and the only reproductive healthcare clinic in the northern region of the state.

9.

Until June 24, 2022, Hope provided two types of abortion care: medication abortion up to nine weeks since a woman's last menstrual period, and in-clinic procedural abortion up to 16 weeks, 6 days last menstrual period. In addition to providing abortion care, Hope provides pregnancy testing and counseling, contraception, education, ultrasounds, as well as referrals for prenatal care, treatment of sexually transmitted infections, and adoption.

10.

Plaintiff Kathaleen Pittman is the Administrator of Hope. In that role, Ms. Pittman manages the day-to-day operations of the clinic, including facilitating the provision of abortion services.

11.

Plaintiff Medical Students for Choice (“MSFC”) is a not-for-profit organization that seeks to ensure abortion remains safe and legal in the United States and abroad. MSFC is composed of individual members, organized into chapters located at medical school campuses and residency programs globally, including at Tulane University School of Medicine in New Orleans. MSFC’s Louisiana chapter includes medical students and residents who perform or assist in abortion care in New Orleans, and elsewhere in Louisiana, and who plan to do so in the foreseeable future.

12.

Plaintiff Clarissa Hoff, M.D., is a Family and Preventative Medicine physician and Assistant Professor employed by Tulane University in Orleans Parish. In her clinical practice, she provides care for high medical need patients including transplant, dialysis, and cancer patients. In addition, she does academic research and teaches medical students and residents at Tulane University School of Medicine.

13.

Defendant Jeff Landry is the Attorney General of the state of Louisiana and is sued in his official capacity. He has asserted the authority, as Attorney General, to enforce the laws challenged in this lawsuit.

14.

Defendant Courtney Phillips is the Secretary of the Louisiana Department of Health and is sued in her official capacity. She has asserted the authority, as the Secretary of the Department Health, to issue cease and desist letters under the laws challenged in this suit.

JURISDICTION AND VENUE**15.**

Jurisdiction and venue are proper in this Court, pursuant to La. Const. V, § 16 and La. R.S. § 13:5104(A).

16.

Plaintiff MSFC has a chapter at Tulane University School of Medicine in New Orleans, Louisiana, and Louisiana State University Health New Orleans School of Medicine in New Orleans. Individuals in these chapters perform or assist in the performance of abortions in the state, including in New Orleans, and plan to do so in the foreseeable future. Accordingly, MSFC’s members may be subject to illegal enforcement of the Trigger Bans in Orleans Parish where

conflicting statements have been issued by the Attorney General and the District Attorney concerning which Trigger Bans, if any, are in effect, and will or will not be enforced. Accordingly, the cause of action arises in Orleans Parish and jurisdiction and venue lie with this Court. La. R.S. § 13:5104(A).

17.

Plaintiff Clarissa Hoff, M.D., is a Family and Preventative Medicine physician and Assistant Professor employed by Tulane University. As part of her care, she prescribes teratogenic medications and medications that are at risk of causing miscarriage. She also teaches medical students and residents at Tulane University School of Medicine, including how and when to prescribe medications contraindicated with pregnancy. Accordingly, Dr. Hoff may be subject to illegal enforcement of the Trigger Bans in Orleans Parish where conflicting statements have been issued by the Attorney General and the District Attorney concerning which Trigger Bans, if any, are in effect, and will or will not be enforced. The cause of action, therefore, arises in Orleans Parish and jurisdiction and venue lie with this Court. La. R.S. § 13:5104(A).

18.

Plaintiffs Hope and Ms. Pittman may be joined in this Petition based on ancillary venue. *See, e.g., Shreveport Citizens For Good Gov't v. City of Shreveport*, 40, 570 (La. App. 2 Cir. 9/9/05); 910 So. 2d 482, 484.

PLAINTIFFS' STANDING

19.

Plaintiff Hope has standing to challenge the Trigger Bans because the Trigger Bans prohibit the conduct of a "person" (La. R.S. §§ 40:1061, 14:87.7, 14:87.8), and Louisiana's criminal statutes define "person" as including "a body of persons, whether incorporated or not." La. R.S. § 14:2. Accordingly, the Trigger Bans could be directly enforced against Hope in its institutional capacity in violation of its constitutional rights, which necessarily subjects Hope to the threat of irreparable injury.

20.

Plaintiff Kathaleen Pittman has standing to challenge the Trigger Bans as a person who, in her duties as Administrator of Hope, assists with abortion procedures. Accordingly, the Trigger Bans could be directly enforced against Ms. Pittman in violation of her constitutional rights, which subjects Ms. Pittman to the threat of irreparable injury.

21.

Plaintiff MSFC has standing to sue both on its own behalf and on behalf of its members as it meets all the requirements for associational standing: (a) MSFC's members could bring the suit separately since they currently assist in or perform abortions in Louisiana and plan to do so in the foreseeable future; (b) the suit is consistent with MSFC's goal to protect and provide access to reproductive care, including abortion care; and (c) the participation of individual members is not necessary or required for proper adjudication of the action.

22.

Plaintiff Clarissa Hoff, M.D., has standing to challenge the Trigger Bans as a person who, as a Family and Preventative Medicine physician, prescribes medications that can cause pregnancy complications and miscarriage. Accordingly, the Trigger Bans could be directly enforced against Dr. Hoff in violation of her constitutional rights, which subjects Dr. Hoff to the threat of irreparable injury.

FACTUAL BACKGROUND

The First Trigger Ban and the Trigger

23.

In 2006, Louisiana passed La. R.S. § 40:1061 (the "First Trigger Ban"), which seeks to, among other things, criminalize virtually all abortions at some unidentified, future date if the United States Supreme Court were to issue certain rulings related to abortion, including for example, overruling *Roe v. Wade*. The First Trigger Ban does not use the word "abortion," but specifically prohibits it:

No person may knowingly administer to, prescribe for, or procure for, or sell to any pregnant woman any medicine, drug, or other substance with the specific intent of causing or abetting the termination of the life of an unborn human being. No person may knowingly use or employ any instrument or procedure upon a pregnant woman with the specific intent of causing or abetting the termination of the life of an unborn human being.

La. Acts 2006, No. 467, §1 (codified at La. R.S. § 40:1061(C)).

24.

The First Trigger Ban does not include any exceptions for rape or incest, providing only a small carve-out for narrowly defined medical emergencies:

It shall not be a violation of Subsection C of this Section for a licensed physician to perform a medical procedure necessary in

reasonable medical judgment to prevent the death or substantial risk of death due to a physical condition, or to prevent the serious, permanent impairment of a life-sustaining organ of a pregnant woman. However, the physician shall make reasonable medical efforts under the circumstances to preserve both the life of the mother and the life of her unborn child in a manner consistent with reasonable medical practice.

La. R.S. §§ 40:1061(C), 1061.23.

25.

The First Trigger Ban imposes criminal penalties. Section 1061(D) of the First Trigger Ban, as amended in 2022, states: “Any person in violation of this Section shall be prosecuted pursuant to the effective provisions of R.S. 14:87.7, and shall be subject to the penalties provided in R.S. 40:1061.29.” La. R.S. § 1061(D). It is entirely unclear what it means for the First Trigger Ban to be “prosecuted pursuant to the effective provisions” of one provision but “subject to the penalties” of another, but it appears to mean that the penalties in La. R.S. § 40:1061.29 apply. That provision imposes a fine of not more than \$1,000 or a maximum of two years’ imprisonment, or both. La. R.S. § 40:1061.29.¹

26.

When enacted in 2006, the Trigger Ban did not prohibit any conduct, meaning it did not require any abortion care providers or patients to change their behavior to stop providing or seeking abortion care. Instead, it included a trigger provision purporting to identify the circumstances under which the First Trigger Ban would become effective and outlaw abortion. *Id.* § 40:1061(A) (the “Trigger”). Specifically, the Trigger stated:

The provisions of this Act shall become effective immediately upon, and to the extent permitted, by the occurrence of any of the following circumstances:

- (1) Any decision of the United States Supreme Court which reverses, in whole or in part, *Roe v. Wade*, 410 U.S. 113, 93 S.Ct. 705, 35 L.Ed. 2d 147 (1973), thereby, restoring to the state of Louisiana the authority to prohibit abortion.
- (2) Adoption of an amendment to the United States Constitution which, in whole or in part, restores to the state of Louisiana the authority to prohibit abortion.

La. R.S. § 40:1061(A).

¹ Prior to its recent amendment, the Trigger Ban contained similar language citing to the “effective provisions” of La. R.S. § 14:87, a different, now purportedly repealed, criminal statute.

27.

This year, in anticipation of the United States Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* ("*Dobbs*"), the Louisiana Legislature passed Senate Bill 342, now Act 545, which, among other things, amended the Trigger, changing some of its language and adding a provision directly citing *Dobbs*. Act 545 at 13, 2022 Leg., Reg. Sess. (La. 2022). Act 545 became law on June 18, 2022, just six days before the opinion in *Dobbs* was issued.

28.

Changes to the Trigger, as amended by Act 545, are noted in bold and strikethrough below:

The provisions of this Act shall become effective immediately upon, and to the extent permitted, by the occurrence of any of the following circumstances:

1. Any decision of the ~~United States Supreme Court~~ **Supreme Court of the United States** which ~~reverses or~~ **overrules**, in whole or in part, *Roe v. Wade*, 410 U.S. 113, 93 S. Ct. 705, 35 L.Ed. 2d 147 (1973), thereby restoring to the state of Louisiana the authority to prohibit **or limit** abortion.
2. Adoption of an amendment to the United States Constitution which, in whole or in part, restores to the state of Louisiana the authority to prohibit **or limit** abortion.
3. **A decision of the Supreme Court of the United States in the case of *Dobbs v. Jackson Women's Health Organization*, Docket No. 19-1392, which overrules, in whole or in part, *Roe v. Wade*, 410 U.S. 113, 93 S.Ct. 705, 35 L.Ed. 2d 147 (1973), thereby restoring to the state of Louisiana the authority to prohibit or limit abortion.**

Act 545 at 13 (codified at La. R.S. § 40:1061(A)).

The Second and Third Trigger Bans Enacted by Act 545

29.

Act 545 not only amends the Trigger, but also purports to repeal the portion of the Trigger Ban previously contained in La. R.S. § 14:87, and then enacts two separate abortion trigger bans, La. R.S. § 14:87.7 (the "Second Trigger Ban") and La. R.S. § 14:87.8 (the "Third Trigger Ban," and together with the First Trigger Ban and Second Trigger Ban, the "Trigger Bans"). The Second and Third Trigger Bans contain essentially the same Trigger as the First Trigger Ban (La. R.S. § 40:1061(A), as amended by Act 545), although the Trigger in the Third Trigger Ban inexplicably contains an additional word ("regulate") in its first triggering condition that the Trigger in the First and Second Trigger Bans do not contain. *Compare* La. R.S. § 14:87.7(F)(1) and § 40:1061(A)(1), *with* 14:87.8(F)(1).

30.

In his signing statement, the Governor of Louisiana did not acknowledge the Second or

of the First Trigger Ban:

With the enactment of Senate Bill 342, the list of exceptions to the abortion prohibition in R.S. 40:1061 [the First Trigger Ban] is expanded to include: (1) when a medical procedure is performed with the intent to save the life or preserve the health of an unborn child, (2) when medical procedures are performed after a pregnant woman miscarries, (3) treatment and removal of an ectopic pregnancy, and (4) when a medical procedure is performed to remove an unborn child with an irremediable congenital or chromosomal anomaly that is incompatible with sustaining life after birth. Although Senate Bill 342 [i.e. Act 545] did not add rape and incest to the two existing exceptions in R.S. 40:1061, it did clarify that pregnancy and the life of an unborn child begin at implantation, rather than at fertilization under the law as enacted in 2006, and clearly allows for emergency contraception to be administered to victims of rape and incest prior to when a pregnancy can be clinically diagnosed.

The Governor's signing statement is filed contemporaneously herewith as Ex. 3 to the Affidavit of Ellie Schilling, filed in support of Plaintiffs' Motion for Entry of a Temporary Restraining Order and Application for Preliminary Injunction.

31.

The Second Trigger Ban states that: "It shall be unlawful for a physician or other person to perform an abortion, with or without the consent of the pregnant female" and sets a mandatory minimum of one-year imprisonment and up to ten years for any violation and imposes mandatory fines of not less than \$10,000 and up to \$100,000 for any violation. La. R.S. § 14:87.7.

32.

The Third Trigger Ban similarly states: "It shall be unlawful for a physician or other person to perform a late term abortion, with or without the consent of the pregnant female." A "late term abortion" is defined as "performance of an abortion when the gestational age of the unborn child is fifteen weeks or more." La. R.S. § 14.87.1(16). The Third Trigger Ban sets a mandatory minimum of one-year imprisonment and up to fifteen years for any violation, in addition to a fine of no less than \$20,000 and up to \$200,000 for any violation. *Id.* § 14:87.8.

33.

Accordingly, the First and Second Trigger Bans purport to ban abortion regardless of gestational age, while the Third Trigger Ban purports to ban abortion after 15-weeks gestational age. Despite the fact that the First and Second Trigger Bans both appear to prohibit the same conduct (and the Third Trigger Ban overlaps with both after fifteen weeks gestational age), the three Trigger Bans all have different penalty provisions. The First Trigger Ban appears to provide

for a maximum fine of \$1,000 and a maximum term of imprisonment of two years (La. R.S. § 40:1061.29, § 40:1061(D)); the Second Trigger Ban provides for a fine between \$10,000 and \$100,000 and a mandatory term of imprisonment between one year and ten years (La. R.S. § 14:87.7(C)); and the Third Trigger Ban provides for a fine between \$20,000 and \$200,000 and a mandatory term of imprisonment between one and 15 years (La. R.S. § 14:87.7(B)).

Other Abortion Laws in Louisiana's Statute Books

34.

The Legislature has also enacted a six-week gestational age ban that prohibits abortion “when a fetal heartbeat has been detected.” La. Stat. Ann. § 40:1061.1.3 (the “Six Week Ban”). The Six Week Ban identifies yet another trigger, stating that it “shall become effective upon a final decision of the United States Court of Appeals for the Fifth Circuit upholding the Act that originated as Senate Bill 2116 of the 2019 Regular Session of the Mississippi Legislature.” *Id.* § 40:1061.1.3(A)(1)(b); La. Acts 2019, No. 31, § 2.

35.

Using different triggering language, the Six Week Ban states that it is repealed if the First Trigger Ban becomes effective:

The provisions of this Section are hereby repealed in favor of the provisions of La. R.S. § 40:1061 immediately upon and to the extent that either: (1) A decision of the United States Supreme Court upholds the authority of each of the several states of the United States or of the state of Louisiana to prohibit elective abortions. (2) An amendment to the Constitution of the United States of America is adopted that restores to each of the several states of the United States or to the state of Louisiana the authority to prohibit elective abortions.

La. R.S. § 40.1061.1.3(F).

State Officials' Conflicting Statements About the Effectiveness of the Trigger Bans

36.

On June 24, 2022, shortly after the Supreme Court issued *Dobbs*, the Attorney General announced that the Trigger Ban is in effect. Specifically, at 9:37 AM CDT, Defendant Landry tweeted: “Because of #SCOTUS ruling in #Dobbs, Louisiana’s trigger law banning #abortion is now in effect. #lagov.” AG Jeff Landry (@AGJeffLandry), Twitter (June 24, 2022, 9:37 AM), <https://twitter.com/AGJeffLandry/status/1540343439086190592>. He also tweeted that: “Louisiana’s trigger law banning abortion is now in effect. As Attorney General I will defend it.” AG Jeff Landry (@AGJeffLandry), Twitter (June 24, 2022, 9:54 AM),

<https://twitter.com/JeffLandry/status/1540347585457692675>. The Attorney General's tweets are filed contemporaneously herewith as Ex. 4 to the Affidavit of Ellie Schilling, filed in support of Plaintiffs' Motion for Entry of a Temporary Restraining Order and Application for Preliminary Injunction.

37.

The Attorney General's tweets did not identify which of the Trigger Bans he claimed to be in effect, nor did they identify which set of penalties or exceptions to the prohibited conduct are in effect. Immediately after his tweets, the Attorney General posted a press release on his website stating that "Louisiana's trigger law banning abortion is now in effect," hyperlinking the 2006 (and thus the unamended) version of the First Trigger Ban. The Attorney General's Press Release is filed contemporaneously herewith as Ex. 5 to the Affidavit of Ellie Schilling, filed in support of Plaintiffs' Motion for Entry of a Temporary Restraining Order and Application for Preliminary Injunction.

38.

Later that day, the Attorney General held a press conference where he stated that: (1) the "Trigger Laws were always designed to be able to allow the laws that were in place prior, that may have been struck down by the court because of, *Roe* to then be enacted. And so that's where we're going to be looking through *to ensure that we can enforce those particular laws*," and (2) "*[W]hat we will be doing from the Attorney General's office is again, going through the laws, and being able to put out a self-explanation*. We do it all the time, right. We go out there, we post things on our website so that our citizens in this state are informed as to exactly what the law is. *So if you'll give us a little time, we'll be more than happy to be able to get those types of answers and some particulars out to the public*." A transcript of the Attorney General's speech is filed contemporaneously herewith as Ex. 6 to the Affidavit of Ellie Schilling, filed in support of Plaintiffs' Motion for Entry of a Temporary Restraining Order and Application for Preliminary Injunction.

39.

When asked if the Attorney General believed that abortion clinics should be shut down in Louisiana, he provided the following answer:

Mr. Landry: Well, Tyler, it was always my position that those clinics should be shut down. [Cheers] If I had wanted them open, I wouldn't be standing before you.

Audience member: Well, how do you shut them down?

AG Landry: Yeah! Well [stutters] exactly – how mean look again I think that we will be – we – look: I think it takes time, I think it's in – this is an important day, right? We should make sure that we move – look. We want everyone's legal rights to be protected – everyone, because that's how America is. It's how it's supposed to be. ***And we're gonna make sure that we comb through, and we enforce the laws that are on the books based upon this decision.*** It's a big decision! I mean not only because it's a great decision, ***but it's 150 pages of decision as well. So we'll be going through those and putting some information out at that time.***

Schilling Aff. Ex. 6 at 4–5 (emphasis added).

40.

Also on June 24, 2022, around 12:05 PM CDT, Helena Moreno, the President of the New Orleans City Council released a statement on Instagram explaining that: “We believe there are open legal questions about the automatic-trigger provisions of Louisiana’s abortion laws, which, unlike virtually all other trigger states, do not contain any certification mechanism for determining whether the triggering event has occurred and when the bans take effect,” including that “***we question whether the abortion ban is even currently in effect.***” Helena Moreno (@helenamorenola), Instagram (June 24, 2022, 12:05 PM), <https://www.instagram.com/p/CfMh6RjrENw/> (emphasis added). She further stated that: “Given these legal uncertainties, but predominantly due to the dangerous implications to women’s health, we have urged our District Attorney Jason Williams not to prosecute patients or physicians. We appreciate him emphatically agreeing to our request.” *Id.* Councilwoman Moreno’s post is filed contemporaneously herewith as Ex. 7 to the Affidavit of Ellie Schilling, filed in support of Plaintiffs’ Motion for Entry of a Temporary Restraining Order and Application for Preliminary Injunction.

41.

On June 24, 2022, Orleans Parish District Attorney Williams affirmed this position, tweeting, “[i]t would not be wise or prudent to shift our priority from tackling senseless violence happening in our city to investigating the choices women make with regard to their own bodies. The Supreme Court’s decision to overturn Roe does not change that.” New Orleans District Attorney Jason Williams (@orleansparishda), Twitter (June 24, 2022, 2:26 PM), <https://twitter.com/orleansparishda/status/1540416074272874498>. District Attorney Williams’s post is filed contemporaneously herewith as Ex. 8 to the Affidavit of Ellie Schilling, filed in

support of Plaintiffs' Motion for Entry of a Temporary Restraining Order and Application for Preliminary Injunction.

42.

On the evening of June 24, 2022, Hope received a letter from LDH stating:

Through this letter you are hereby notified that today, the U.S. Supreme Court issued its ruling in *Dobbs v. Jackson Women's Health Organization* (597 U.S. ___ (2022)), which held that the U.S. Constitution does not confer a right to abortion, that *Roe* and *Casey* are overruled and that the authority to regulate abortion is returned to the people and their elected representatives. ***Therefore, Louisiana Revised Statute 40:1061 is now in effect and enforceable. In addition, relevant provisions of Acts 2022, No. 545 of the 2022 Regular Legislative Session are also in effect today, June 24, 2022.*** The Louisiana Department of Health (LDH) expects your clinic to abide by the Louisiana laws on abortion.

(Emphasis added). Notably, unlike Governor Edwards's signing statement, suggesting that Act 545 simply amended and expanded the First Trigger Ban, this letter states that the First, Second, and Third Trigger Bans are all "in effect" as of June 24, 2022. The letter Hope received from LDH is filed contemporaneously herewith as Ex. 1 to the Affidavit of Kathaleen Pitman, filed in support of Plaintiffs' Motion for Entry of a Temporary Restraining Order and Application for Preliminary Injunction.

The Trigger Bans Are Unconstitutionally Vague

43.

The First, Second, and Third Trigger Bans are all unconstitutionally vague, and the Court should enjoin their enforcement.

44.

A statute is void for vagueness if *either*: (1) ordinary citizens do not have "adequate notice that certain contemplated conduct is proscribed and punishable by law" *or* (2) the statute lacks "adequate standards" for "determining the guilt or innocence of an accused." *State v. Dousay*, 378 So. 2d 414, 416 (La. 1979). "The constitutional requirement of definiteness is satisfied when the language of a criminal enactment has a generally accepted meaning such that a person of ordinary intelligence would be given fair notice of what conduct is forbidden" *or*, put differently, "the crucial words (or) phrases in the criminal statute have a fixed and definite meaning for a person of ordinary intelligence." *Id.* at 417 (internal quotations omitted).

The Conduct Purportedly Prohibited by the Trigger Bans Is Vague.

45.

First, the Trigger Bans inconsistently define what conduct is illegal and thus what conduct is prohibited, making the statutory scheme void for vagueness. Among other key distinctions, as explained in paragraph 20, *supra*, the First Trigger Ban does not use the term “abortion” in explaining what conduct is prohibited. But the Second and Third Trigger Ban do use the term “abortion” to describe their prohibited conduct. Act 545 then exempts from the definition of “abortion” certain procedures, such as procedures to save the life of an unborn child, procedures to save the life of the mother, the removal of ectopic pregnancies, and the removal of an unborn child deemed to be medically futile. *Id.* § 14:87.1(1)(b)(i)–(vi).

46.

As such, it is unclear whether the exceptions set forth in Act 545 apply to the First Trigger Ban, even though Act 545 states that it amends the First Trigger Ban such that the terms used in La. R.S. § 40:1061 have the “same meaning as the definitions” provided in Act 545.

47.

To illustrate, “abortion,” as defined in Act 545, does not include the “removal of an unborn child who is deemed to be medically futile,” meaning that such procedures are not outlawed because they are not “abortion.” La. R.S. § 14:87.1(1)(b)(vi). Because the First Trigger Ban does not include the word “abortion” at all, it is unclear if this “medically futile” exception applies to the First Trigger Ban, or only to the Second and Third Trigger Bans.

48.

The list of exceptions to abortion for the Second and Third Trigger Bans are not clear either, as the statutes permit abortions for medically futile pregnancies but the list of what is considered “medically futile” has not yet been created. Act 545 directs LDH to “promulgate” a “list of anomalies, diseases, disorders, and other conditions which shall be deemed ‘medically futile.’” *Id.* § 14:87.1(19)(b). LDH has not promulgated such exceptions, meaning even if it was possible to determine whether the “medically futile” exception applies to any of the Trigger Bans, providers would not know what conditions fall under the exception.

49.

Complicating matters further, the Trigger Bans are internally inconsistent in defining whether procedures become illegal at fertilization or implantation. Act 545 states that the terms used in the First Trigger Ban have the “same meaning as the definitions” provided in Act 545 (Act

545 at 13), meaning that “unborn human being,” a term used in the prohibitory conduct of the First Trigger Ban, means “any individual of the human species from *fertilization and* implantation until birth” and “pregnant” “means that female reproductive condition of having a developing embryo or fetus in the uterus which commences at *fertilization and* implantation.” La. R.S. §§ 14:87.1(23), (27) (emphases added). The First Trigger Ban thus appears to ban abortion at the time of fertilization.

50.

The prohibitions of the Second and Third Trigger Bans, by contrast, depend on the definition of the term “abortion.” *See supra* ¶¶ 28–29. “Abortion” is defined as:

[T]he performance of any act with the intent to terminate a clinically diagnosable pregnancy with knowledge that the termination by those means will, with reasonable likelihood, cause the death of the unborn child by one or more of the following means:

- (i) Administering, prescribing, or providing any abortion-inducing drug, potion, medicine, or any other substance, device, or means to a pregnant female.
- (ii) Using an instrument or external force on a pregnant female.

La. R.S. § 14:87.1(1)(a).

51.

A “clinically diagnosable pregnancy” is further defined as occurring after implantation:

a pregnancy that is capable of being verified by one of the following conventional medical testing methods, whether or not any testing was in fact performed by any person: (a) A blood or urine test, whether used at-home or in a medical setting, that tests for the human pregnancy hormone known as human chorionic gonadotropin (hCG) that medically indicates that *implantation* has occurred. (b) An ultrasound examination.”

Id. § 14:87.1(4) (emphasis added).

52.

Although this would suggest that procedures only after implantation are prohibited under the Second and Third Trigger Bans, the definition of “unborn child,” which is used in the definition of “abortion” used in the Second and Third Trigger Bans, is defined as “any individual of the human species from *fertilization and* implantation until birth.” *Id.* § 14:87.1(27) (emphasis added). And the definition of “pregnant,” like the definition of “unborn child,” “means that female reproductive condition of having a developing embryo or fetus in the uterus which commences at *fertilization and* implantation.” *Id.* § 14:87.1(23) (emphasis added). Accordingly, it is unclear whether the Second and Third Trigger Bans prohibit abortion after fertilization or implantation.

53.

The Governor, in his signing statement, attempted to reconcile these definitional conundrums, stating that SB 342 (which became Act 545), “clarif[ied]” the First Trigger Ban by establishing that “pregnancy and the life of an unborn child begin at implantation, rather than at fertilization.” Yet, the text of Act 545 does not include this language. And the Legislature’s statement of legislative intent in Act 545 appears to directly contradict the Governor’s statement: “The legislature does solemnly declare, find, and reaffirm the longstanding public policy of this state that every unborn child is a human being *from the moment of conception.*” La. R.S. § 40:1061.8(A)(1) (emphasis added). Conception, in turn, is defined as being synonymous with fertilization, *not* implantation. *Id.* § 14:87.1(5).

54.

It is thus vague as to the Second and Third Trigger Bans whether abortion is illegal at the time of fertilization or implantation, and the Second and Third Trigger Bans appear to conflict with the First Trigger Ban in this respect.

55.

Further, as explained above, each of the three Trigger Bans has separate (and conflicting) criminal penalties. The First Trigger Ban appears to provide for a maximum fine of \$1,000 and a maximum term of imprisonment of two years (La. R.S. §§ 40:1061(D), 40:1061.29); the Second Trigger Ban provides for a fine between \$10,000 and \$100,000 and term of imprisonment between one year and ten years (La. R.S. § 14:87.7(C)); and the Third Trigger Ban provides for a fine between \$20,000 and \$200,000 and a term of imprisonment between one and 15 years (La. R.S. § 14:87.7(B)).

56.

Notably, an abortion provider or others subject to prosecution under this statutory scheme cannot know whether an abortion prior to 15 weeks gestational age would be punishable by La. R.S. § 40:1061.29 or La. R.S. § 14:87.7(C)—both purport to ban abortions regardless of gestational age. And an abortion after 15 weeks could potentially be punishable by *any* of the three penalty provisions.

The Trigger Does Not Provide Notice of Whether, When, or Which Trigger Ban is in Effect.

57.

Unlike typical criminal statutes, the Trigger Bans do not identify a clear and unambiguous effective date. *See supra* ¶¶ 25–26. Instead, the Trigger Bans state that they will take effect upon an undefined, hypothetical future date when a set of contingencies are satisfied. Thus, to determine both *when* the Trigger Bans will take effect and *which* Trigger Ban will take effect, an ordinary citizen must determine, among other things, (1) “the extent” to which Louisiana is permitted to ban or limit abortion; (2) if that permission includes the Trigger Bans and/or one of the other more limited abortion bans in Louisiana; and (3) if so, which of the various dormant abortion laws on Louisiana’s books has taken effect. La. R.S. §§ 40:1061(A), 14:87.7(F), 14:87.8(F). It is therefore impossible for an ordinary citizen to understand what the Trigger Bans prohibit, and when, rendering them unconstitutional.

58.

The Trigger also does not provide any mechanism or process for how its efficacy should be determined, creating a vacuum which state and local officials have filled by issuing multiple contradictory statements concerning what Trigger Bans are in effect, if any. On the same day, the Attorney General tweeted twice that some unidentified version of the Trigger Bans was in effect, issued a press release hyperlinking to the unamended 2006 version of the First Trigger Ban without mention of its amendment or any effect of Act 545, and then gave a speech stating that his office was in the process of “looking through to ensure that we can enforce those particular laws,” conceding that his office had not yet determined which of the Trigger Bans were in effect. In addition, the Louisiana Department of Health declared all three Trigger Bans in effect, and the New Orleans City Council President said *none* of the Trigger Bans were in effect. *See supra* ¶¶ 37, 39.

59.

In sum, the Trigger Bans both (1) fail to provide those whose conduct it potentially criminalizes, including Plaintiffs, with notice of what conduct is illegal or the extent to which it is prohibited, and what conduct is permissible with respect to abortion care; and (2) allow for arbitrary enforcement of a criminal law by unidentified law enforcement officials. Because the Trigger Bans violate both principles of the void-for-vagueness doctrine, and because there are no circumstances in which it would be constitutional, all three Trigger Bans must be enjoined both facially and as applied to Plaintiffs.

60.

The Louisiana Constitution provides that the legislative power of the State is vested solely in the Legislature, La. Const. art. III, § 1, and that, unless “otherwise provided by [the] constitution, no one of these branches, nor any person holding office in one of them, shall exercise power belonging to either of the others.” *Id.* § 2,

61.

The Trigger Bans impermissibly delegate such legislative authority to determine whether abortion is criminal in Louisiana because they do not provide a mechanism or structure to determine *when and which* Trigger Bans are in effect, creating a vacuum in which state and local officials purportedly determine whether abortion is currently a criminal act in Louisiana. Such implicit delegations of authority to individuals not explicitly identified render a statute invalid.

62.

The Trigger Bans also violate separation of powers principles because they do not prescribe sufficient standards to guide those implicitly tasked with determining its effectiveness, leaving it to the primary and independent discretion of every Louisianan to determine whether abortion is illegal in Louisiana, without any statutory or other guidance.

63.

Finally, the Trigger Bans violate separation of powers because they contain no procedural safeguards to protect against abuse of discretion by the law enforcement officials implicitly charged with determining whether and which of the Bans are in effect.

Enforcement of the Trigger Bans Harms Plaintiffs**64.**

Because Hope, Ms. Pittman, and MSFC’s members perform and assist in abortion care in Louisiana, and Dr. Hoff prescribes medications that have a high risk of causing miscarriage or fetal anomalies, there is a real and non-speculative risk that the Trigger Bans may be criminally enforced against them if they are in effect, if Defendants are allowed to implement and/or enforce the Trigger Bans, potentially subjecting them to mandatory prison time and large fines pursuant to whichever Trigger Ban is enforced against them. Further, enforcement of the vague and unconstitutional Trigger Bans against Plaintiffs would constitute a violation of their constitutional rights to due process of law.

65.

The uncertainty of whether the Trigger Bans have gone into effect and which Trigger Bans might be enforced has also caused and continues to cause Plaintiffs harm, including that the uncertainty about the Trigger Bans make it extremely difficult to operate. For instance, the uncertainty has forced long-time, dedicated Hope staff to consider quitting their jobs due to the lack of clarity and assurance that they will have a stable source of income and/or that they will not be prosecuted for working at Hope. Hope has also had trouble employing new staff, including physicians, due to the uncertainty. The uncertainty has also made it difficult for Hope to budget and plan for the future, and to determine whether it can even stay open. In addition to operational challenges, this state of affairs has caused Hope reputational harm, as well.

66.

As to MSFC, the uncertainty has left its members concerned that they will face criminal penalties if they continue to provide reproductive healthcare services. They face even more difficulty being trained in techniques for abortion care and miscarriage management, as the doctors who conduct the training are uncertain of whether they can provide such training and guidance under the current state of the law; this is because there is a complete dearth of clarity regarding whether the Trigger Bans have gone into effect and the scope of conduct that is prohibited—as opposed to exempted—from criminal prosecution.

67.

As to Plaintiff Clarissa Hoff, M.D., she is uncertain about whether the Trigger Bans can be enforced against her for prescribing medications that are unsafe to take during a pregnancy or can cause miscarriage. Because of the vague language of the statute, she fears that she may be charged and convicted of violating these criminal statutes for treating her patients with these medications. If prosecuted, she would face severe penalties, including years of imprisonment.

COUNT I

INJUNCTIVE RELIEF

68.

Plaintiffs adopt, reallege, and incorporate the preceding allegations of the Petition as if copied herein *in extenso*.

69.

Article 3601 of the Louisiana Code of Civil Procedure provides that an injunction shall be issued in cases where irreparable injury, loss, or damage may otherwise result to the plaintiffs. La. Code Civ. P. art. 3601(A). Here, Plaintiffs are entitled to injunctive relief without the showing of irreparable injury because the conduct sought to be restrained is unconstitutional or unlawful. *Jurisich v. Jenkins*, 99-0076, p. 4 (La. 10/19/1999); 749 So. 2d 597, 599–600.

70.

During the pendency of an action for an injunction, the court may issue a temporary restraining order, a preliminary injunction, or both. La. Code Civ. P. art. 3601(C).

71.

The Trigger Bans are void for vagueness and purport to impose criminal penalties without due process of law and are therefore unconstitutional.

72.

The Trigger Bans also violate non-delegation principles protected by the Louisiana Constitution and must be struck down for that separate and independent reason.

73.

Accordingly, Plaintiffs are entitled to injunctive relief, in the form of a temporary restraining order and then a preliminary and permanent injunction prohibiting Defendants from implementing or enforcing the Trigger Bans.

COUNT II

DEPRIVATION OF DUE PROCESS RIGHTS UNDER ARTICLE I, SECTION 2 OF THE LOUISIANA CONSTITUTION OF 1974

74.

Plaintiffs adopt, reallege, and incorporate the preceding allegations of the Petition as if copied herein *in extenso*:

75.

The Trigger Bans violate the Louisiana Constitution's guarantee that a person will not be deprived of their fundamental rights without due process of law. La. Const. art. I, § 2.

76.

The Trigger Bans are void for vagueness, and thus violate the Due Process Clause of the Louisiana Constitution.

77.

The Trigger Bans violate the Due Process Clause of the Louisiana Constitution because the conduct purportedly prohibited by the Trigger Bans is vague.

78.

The Trigger Bans do not provide notice of whether, when, or which of the Trigger Bans is in effect because they fail to identify either: (1) a clear and unambiguous effective date or (2) who, if anyone, is responsible for determining whether and which Trigger Ban is in effect. These structural defects make adequate notice as required by due process impossible.

79.

The Trigger Bans are also vague for the separate and independent reason that they lack adequate standards for enforceability. The Trigger Bans are completely silent as to which official or agency is charged with reading the United States Supreme Court's opinion and determining that they have been triggered or which one has been triggered, and in any event, the Legislature provided no guidance for making that determination.

80.

Because the Trigger Bans violate the right to Due Process, Plaintiffs are entitled to injunctive relief, in the form of a temporary restraining order and then a preliminary and permanent injunction, prohibiting Defendants from implementing or enforcing the Trigger Bans.

COUNT III

IMPROPER DELEGATION OF LEGISLATIVE AUTHORITY

81.

Plaintiffs adopt, reallege, and incorporate the preceding allegations of the Petition as if copied herein *in extenso*:

82.

The Trigger Bans violate La. Const. art. III, § 1, which provides that legislative power of the state is vested solely in legislative branch, and that unless "otherwise provided by [the] constitution, no one of these branches, nor any person holding office in one of them, shall exercise power belonging to either of the others." La. Const. art. II, § 2.

83.

The Trigger Bans violate separation of powers principles under the Louisiana Constitution because they leave the decision as to whether they are effective, and thus whether abortion is

prohibited in Louisiana, up to unidentified, individual law enforcement officers. This delegation of legislative authority is unconstitutional because the Trigger Bans do not expressly delegate the authority to any specific individual, do not prescribe sufficient standards to guide law enforcement in determining whether the Trigger Bans have gone into effect, and contain no procedural safeguards to protect against abuse of discretion.

84.

Because the Trigger Bans unconstitutionally delegate legislative authority, Plaintiffs are entitled to injunctive relief, in the form of a temporary restraining order and then a preliminary and permanent injunction prohibiting Defendants from implementing or enforcing the Trigger Bans.

WHEREFORE, Plaintiffs Hope, Ms. Pittman, Medical Students for Choice, and Clarissa Hoff, M.D., pray that this Verified Petition be deemed good and sufficient, and after due proceedings, relief as follows:

- A. A Temporary Restraining Order and Preliminary Injunction, followed by a Permanent Injunction, enjoining the enforcement or implementation of the First, Second, and Third Trigger Bans in their entirety (La. R.S. §§ 40:1061, 14:87.7, 14:87.8);
- B. Plaintiffs' attorney fees and costs, together with legal interest thereon calculated from date of judicial demand; and
- C. For any and all other general and equitable relief to which Plaintiffs may be entitled.

Respectfully submitted:

/s/ Ellie T. Schilling

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*Attorneys for June Medical Services, LLC;
Kathleen Pittman; and Medical Students for Choice*

* Motions for Admission *Pro Hac Vice* Forthcoming

PLEASE SERVE:

Louisiana Attorney General
Honorable Jeff Landry
1885 North 3rd Street
Baton Rouge, Louisiana 70802

Courtney N. Phillips
Secretary of Louisiana Department of Health
628 North 4th Street
Baton Rouge, Louisiana 70802

FILED

2022 JUL 07 P 09:33

CIVIL DISTRICT COURT

FILED
2022 JUL 07 PM 9:51
CIVIL DISTRICT COURT

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO.

DIVISION

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, AND MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF
ITSELF AND ITS MEMBERS

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH
ORLEANS PARISH JUDICIAL DISTRICT

FILED: _____

DEPUTY CLERK

VERIFICATION

STATE OF LOUISIANA
PARISH OF CADDO

BEFORE ME, the undersigned Notary Public, personally came and appeared:

KATHALEEN PITTMAN

who, being duly sworn, does depose and say that that:

1. She is over 18 years of age and a person of full majority; and
2. She has read the foregoing Verified Petition and all of the allegations of fact contained therein are true and correct to the best of her knowledge.


KATHALEEN PITTMAN

Sworn to and subscribed before me
this 26th day of June, 2022.


NOTARY PUBLIC



Mitzi L. Edwards
Notary Public
Notary ID No. 58129
Caddo Parish, Louisiana

FILED
JUL 07 2022 9:51
CIVIL DISTRICT COURT

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO.

DIVISION

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, AND MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF
ITSELF AND ITS MEMBERS

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH
ORLEANS PARISH JUDICIAL DISTRICT

FILED: _____

DEPUTY CLERK

VERIFICATION

STATE OF LOUISIANA
PARISH OF CADDO

BEFORE ME, the undersigned Notary Public, personally came and appeared:

KATHALEEN PITTMAN

who, being duly sworn, does depose and say that that:

1. She is an authorized representative of Plaintiff June Medical Services, LLC, D/B/A Hope Medical Group for Women; and
2. She has read the foregoing Verified Petition and all of the allegations of fact contained therein are true and correct to the best of her knowledge.


KATHALEEN PITTMAN

Sworn to and subscribed before me
this 26th day of June, 2022.


NOTARY PUBLIC



Mitzi L. Edwards
Notary Public
Notary ID No. 58129
Caddo Parish, Louisiana

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO.

DIVISION

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN, KATHALEEN PITTMAN, AND MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF ITSELF AND ITS MEMBERS

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

FILED: _____ DEPUTY CLERK

VERIFICATION

STATE OF ILLINOIS
CITY OF COLLINSVILLE

BEFORE ME, the undersigned Notary Public, personally came and appeared:

PAMELA MERRITT

who, being duly sworn, does depose and say that that:

1. She is an authorized representative of Plaintiff Medical Students for Choice; and
2. She has read the foregoing Verified Petition and all of the allegations of fact contained therein are true and correct to the best of her knowledge.

Pamela Jean Merritt
PAMELA MERRITT

State of Texas
County of Dallas

Sworn to and subscribed before me
this 23 day of June, 2022, by Pamela Jean Merritt the Executive Director of Medical Students for Choice.

Asia Gibson
NOTARY PUBLIC

Notarized online using audio-video communication



CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO. 2022-06633

DIVISION N-8

JUNE MEDICAL SERVICES, LLC D/B/A HOPE MEDICAL GROUP FOR WOMEN,
KATHALEEN PITTMAN, MEDICAL STUDENTS FOR CHOICE, ON BEHALF OF ITSELF
AND ITS MEMBERS, AND CLARISSA HOFF, M.D.

VERSUS

JEFF LANDRY, IN HIS OFFICIAL CAPACITY AS ATTORNEY GENERAL OF
LOUISIANA, AND COURTNEY N. PHILLIPS, IN HER OFFICIAL CAPACITY AS
SECRETARY OF THE LOUISIANA DEPARTMENT OF HEALTH

FILED: _____
DEPUTY CLERK

**AMENDED VERIFIED PETITION FOR TEMPORARY RESTRAINING ORDER AND
PRELIMINARY AND PERMANENT INJUNCTION ENJOINING THE
IMPLEMENTATION OR ENFORCEMENT OF LA. R.S. §§ 40:1061, 14:87.7, AND
14:87.8**

VERIFICATION

STATE OF LOUISIANA
CITY OF NEW ORLEANS

BEFORE ME, the undersigned Notary Public, personally came and appeared:

CLARISSA HOFF, M.D.

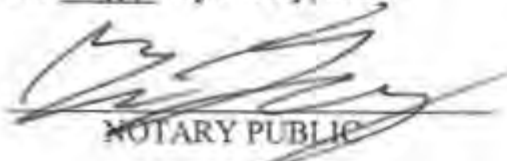
who, being duly sworn, does depose and say that that:

1. She is over 18 years of age and a person of full majority; and
2. She has read the foregoing Verified Petition and all of the allegations of fact contained therein are true and correct to the best of her knowledge.



CLARISSA HOFF, M.D.

Sworn to and subscribed before me
this 3rd day of July, 2022.


NOTARY PUBLIC

**BENJAMIN O. FLAXENBURG
NOTARY PUBLIC
BAR # 37682
STATE OF LOUISIANA
COMMISSION FOR LIFE**