IN THE IOWA DISTRICT COURT FOR POLK COUNTY

PLANNED PARENTHOOD OF THE HEARTLAND, INC., and JILL MEADOWS, M.D., Petitioners, v. TERRY E. BRANSTAD ex rel. STATE OF IOWA and IOWA BOARD OF MEDICINE, Respondents.	Equity Case No. _____ **PETITION FOR DECLARATORY JUDGMENT AND INJUNCTIVE RELIEF**

COME NOW Petitioners Planned Parenthood of the Heartland, Inc. ("PPH") and Jill Meadows, M.D., by and through their attorneys, Rita Bettis and Joseph Fraioli of the American Civil Liberties Union of Iowa Foundation, and Alice Clapman, Diana Salgado, and Maithreyi Ratakonda of Planned Parenthood Federation of America, pray for emergency temporary injunctive relief, as well as permanent injunctive relief, restraining Respondents Terry E. Branstad ex rel. State of Iowa and Iowa Board of Medicine from enforcing Section 1 of Senate File 471 ("the Act"), which imposes a 72-hour mandatory delay and additional trip requirement on women seeking to have an abortion, as well as a declaratory judgment that the Act violates the Iowa Constitution, and in support thereof state the following:

STATEMENT OF THE CASE

1. This action challenges the validity of Section 1 of Senate File 471 ("the Act"), to be codified at Iowa Code § 146A (2017), under the Iowa Constitution. The Act was passed by the Iowa Legislature on April 18, 2017, "deemed of immediate importance," and thus given an immediate effective date upon the Governor's signature. On information and belief, Governor Branstad has announced that he will sign the Act into law on May 5, 2017 at 8:30 a.m. The Act is attached hereto as Exhibit A-1.

2. The Act imposes on Iowa women one of the strictest requirements in the nation on women seeking an abortion. Regardless of individual, medical or other circumstances, before a woman can have an abortion, she must first make a medically unnecessary trip to a health center to receive an ultrasound and certain state-mandated information. She is then forced to wait at least 72 hours before she can return to the health center to have an abortion.

3. In accordance with pre-existing Iowa law and PPH's medical practices, Petitioners already perform an ultrasound on a woman seeking an abortion, ensure that she receives all the information necessary so that she may make a fully informed and voluntary decision, and confirm that she is firmly decided before beginning the procedure. Prior to the Act, Petitioners were allowed to provide the ultrasound and obtain informed consent on the day of the abortion procedure.

4. No similar two-trip or mandatory delay requirement is imposed on Iowa women or men seeking any other medical procedure.

5. The Act's requirements offer women no benefit, and will severely and abruptly burden their access to abortion; these requirements will delay women from obtaining an abortion, and are likely to prevent some women from obtaining an abortion altogether. The Act's requirements will prevent some women from obtaining a medication abortion—even if they strongly prefer it to surgical abortion or if it is medically indicated—and will make it impossible for some women to have an abortion in Iowa if they are pushed past the gestational age at which Iowa's providers offer abortion. The requirements will be especially burdensome for low-income women, victims of intimate partner violence or sexual assault, women whose wanted pregnancies involve a severe fetal anomaly, and those with medical complications that do not fall under the extremely narrow medical emergency exceptions provided under the Act.

6. By imposing these medically unnecessary, onerous, and harmful requirements, the Act unlawfully violates the rights of Petitioners, their patients, and all Iowa women under the Iowa Constitution. Accordingly, Petitioners seek judicial relief declaring the Act unconstitutional and enjoining its enforcement.

PARTIES

7. Petitioner PPH is a non-profit corporation headquartered in Des Moines, Iowa. At its Iowa health centers, PPH provides a wide range of health care, including well-woman exams, cancer screenings, sexually-transmitted infection ("STI") testing and treatment, a range of birth control options including long-acting reversible contraception ("LARC"), transgender health care, and medication and surgical abortion. PPH provides medication and surgical abortion at two health centers in Iowa, in Des Moines and Iowa City, and medication abortion at six additional Iowa health centers, in Ames, Burlington, Cedar Falls, Council Bluffs, Bettendorf (Quad Cities), and Sioux City.[1] Over the past year (April 1, 2016 to March 31, 2017), PPH provided over 2,100 medication abortions and over 1,200 surgical abortions in Iowa. PPH sues on its own behalf, on behalf of its staff, and on behalf of its patients who will be adversely affected by Respondents' actions.

8. Petitioner Dr. Jill Meadows is the medical director of PPH. Dr. Meadows provides reproductive health care to PPH patients, including medication and surgical abortion. Dr. Meadows sues on her own behalf and on behalf of her patients who will be adversely affected by Respondents' actions.

9. Respondent Terry E. Branstad is the Governor of Iowa and as such, is the chief executive for the state, responsible for ensuring the enforcement of the state's statutes. See Iowa Const. art. IV, §§ 1, 9. The Governor is sued in his official capacity.

[1] Upon information and belief, there is only one other provider in the state, the Emma Goldman clinic in Iowa City, which provides abortions up to 20 weeks, as dated from the first day of a woman's last menstrual period ("LMP").

10. Respondent Iowa Board of Medicine is a state agency as defined in the Iowa Administrative Procedures Act, Iowa Code § l7A.2(1) (2017). Respondent is charged with enforcing the Act, see S.F. 471, § 1 (2017) (to be codified at Iowa Code § 146A.1(3), (5)), and disciplining individuals licensed to practice medicine and surgery or osteopathic medicine and surgery pursuant to Iowa Code § 148 et seq., including licensees who violate a state statute. See Iowa Code § 148.6(c) (2017).

JURISDICTION AND VENUE

11. This action seeks a declaratory judgment and injunctive relief pursuant to Iowa Rule of Civil Procedure 1.1101 et seq. (2017), 1.1501 et seq. (2017), and the common law. This Court has jurisdiction over this matter pursuant to Iowa Code § 602.6101 (2017).

12. Venue is proper in this district pursuant to Iowa Code § 616.3(2) (2017) because part of the cause arose in Polk County and Respondent Iowa Board of Medicine's primary office is located in Polk County, as is Respondent Governor Branstad's.

OPERATIVE FACTS

I. Abortion Background

13. Legal abortion is one of the safest procedures in contemporary medical practice.

14. Women decide to terminate a pregnancy for a variety of reasons, including familial, medical, financial, and personal reasons. Some women have abortions because they conclude that it is not the right time in their lives to have a child or to add to their families; some to preserve their life or their health; some because they

receive a diagnosis of a severe fetal medical condition or anomaly; some because they have become pregnant as a result of rape; and others because they choose not to have biological children.

15. Approximately one in three women in this country will have an abortion by age forty-five. Fifty-nine percent of women who seek abortions are mothers who have decided that they cannot parent another child at this time, and 66% plan to have children when they are older (and, for example, financially able to provide necessities for them, and/or in a supportive relationship with a partner so that their children will have two parents).

16. Women in Iowa can obtain two types of abortions: medication abortion and surgical abortion. Medication abortion is a method of terminating an early pregnancy by taking medications that cause expulsion of the pregnancy in a manner similar to an early miscarriage. PPH offers medication abortion through 70 days (or 10 weeks) LMP. Surgical abortion is a method of terminating pregnancy by using instruments to evacuate the contents of the uterus.

17. PPH offers both medication and surgical abortion at its health centers in Des Moines and Iowa City. PPH also offers medication abortion using an in-person physician in Ames. Since 2008, PPH has used telemedicine to provide medication abortion at a number of health centers where it does not have an in-person physician but does have trained staff and the technology needed to safely provide the procedure.[2] See Planned Parenthood of the Heartland, Inc. v. Iowa Bd. of Med., 865 N.W.2d 252, 255–56 (Iowa 2015) (explaining that PPH physicians remotely review medical history, lab

[2] PPH occasionally uses telemedicine to ensure continuity of services in Ames, Des Moines, and Iowa City when these health centers are temporarily short-staffed.

results, and ultrasound images collected by trained staff and determine there is no medical reason the patient cannot proceed with the procedure before initiating treatment). PPH currently offers medication abortion using telemedicine at five additional health centers, in Burlington, Cedar Falls, Council Bluffs, Bettendorf (Quad Cities), and Sioux City.

18. Even with PPH's telemedicine program, as of 2014, 89% of Iowa counties lacked an abortion provider, and 42% of women lived in these counties.

II. Informed Consent in Iowa

19. Separate from the Act, Iowa law already requires physicians to obtain a patient's informed consent before performing any medical procedure, including procedures performed via telemedicine such as medication abortions. See, e.g., Iowa Admin. Code 653-13.11(147,148,272C) (2017); Estate of Anderson ex rel. Herren v. Iowa Dermatology Clinic, PLC, 819 N.W.2d 408, 416 (Iowa 2012); Morgan v. Olds, 417 N.W.2d 232, 235 (Iowa Ct. App. 1987) (citing Pauscher v. Iowa Methodist Med. Ctr., 408 N.W.2d 355, 358 (Iowa 1987)). Informed consent includes disclosing "information material to a patient's decision to consent to medical treatment," Estate of Anderson ex rel. Herren, 819 N.W.2d at 416, and "all material risks involved in the procedure," Doe v. Johnston, 476 N.W.2d 28, 31 (Iowa 1991).

20. Iowa statutes also already specifically mandate that women seeking abortions be given an opportunity to view the ultrasound and be provided information on pregnancy options. Prior to the Act, however, Iowa law allowed the ultrasound to be

performed and that information provided on the same day as the procedure. Iowa Code § 146A.1 (July 2015).[3]

21. PPH's informed consent process is consistent with these legal requirements and the standard of care. PPH uses a comprehensive informed consent process for abortion, available on the day of the procedure, which provides women with all information necessary for them to fully understand the risks and benefits of abortion and alternatives to abortion. This process also ensures that after thoroughly considering this information, a woman gives consent that is informed and voluntary, and that she is confident in her decision. PPH gives its patients multiple opportunities to ask questions and discuss any concerns with their physician prior to an abortion.

22. PPH also screens abortion patients to ensure that they are firm in their decision before treatment is initiated. Staff members who take patients through this process are trained to ask open-ended questions, draw out patients about their decision-making and state of mind, and identify red flags such as pressure from others. The overwhelming majority of patients are sure of their decision by the time they come to PPH. And if patients are not sure about their decision, PPH clinicians advise them to take more time to come to a clear decision before having an abortion.

III. The Act

23. The Act drastically alters the informed consent process for abortion—and abortion only—as there is no mandatory delay and/or two-trip requirement for *any* other

[3] For minors who do not obtain consent from their parents or obtain a judicial bypass to have an abortion, a physician cannot perform an abortion until at least forty-eight hours after prior notification is provided to a parent or grandparent, barring limited exceptions for situations involving a medical emergency or abuse. See Iowa Code § 135L.3 (2017).

medical procedure. Thus, Iowa law has singled out women seeking an abortion from all other patients.

24. The Act makes these burdensome changes, requiring that now "[a] physician performing an abortion" must "obtain written certification from the pregnant woman" that she has received certain information "at least seventy-two hours prior to performing the abortion." S.F. 471, § 1 (2017) (to be codified at Iowa Code § 146A.1(1)). This information includes: an ultrasound image of the fetus with approximate gestational age, with the woman having the option to view the ultrasound and/or listen to a description of the fetus based on the ultrasound image and listen to the fetus's heartbeat; and information based on certain materials to be developed by the department of public health, including materials listing pregnancy options, expressing "the state's interest in promoting adoption by preferring adoption over abortion" and outlining "the indicators, contra-indicators, and risk factors . . . related to the abortion in light of the woman's medical history and medical condition." S.F. 471, § 1 (2017) (to be codified at Iowa Code § 146A.1(1)(d)(1), (2)).

25. While the Act requires abortion providers to provide women with information based upon certain state-created materials, see id. (to be codified at Iowa Code § 146A.1(1)(d)(1), (2)), the Act does not provide a date by which the state must make these materials available. Upon learning the Governor intends to sign the Act into law on May 5, Petitioners requested the materials from the department of public health, but at the time of filing this Petition have not received a response. See Exhibit A-2. Furthermore, the Board of Medicine has not yet promulgated rules to administer the Act, as required by S.F. 471 § 1 (2017) (to be codified at Iowa Code § 146A.1(5)).

26. The Act's mandatory delay and additional trip requirements only have narrow exceptions for: "[a]n abortion performed to save the life of a pregnant woman"; "[a]n abortion performed in a medical emergency"; and "[t]he performance of a medical procedure by a physician that in the physician's reasonable medical judgment is designed to or intended to prevent the death or to preserve the life of the pregnant woman." S.F. 471, § 1 (2017) (to be codified at Iowa Code § 146A.1(2)). A medical emergency is narrowly defined in a separate chapter as "a situation in which an abortion is performed to preserve the life of the pregnant woman whose life is endangered by a physical disorder, physical illness, or physical injury, including a life-endangering physical condition caused by or arising from the pregnancy, or when continuation of the pregnancy will create a serious risk of substantial and irreversible impairment of a major bodily function of the pregnant woman." S.F. 471, § 2 (2017) (to be codified at Iowa Code § 146B.1(6)).

27. There are no other health exceptions provided by the Act. There are also no exceptions for women with nonviable fetuses, victims of sexual assault or intimate partner violence, or women who will not be able to make an additional trip to the health center.

28. Physicians who violate the mandatory delay and additional trip requirements are subject to licensee discipline. S.F. 471, § 1 (2017) (to be codified at Iowa Code § 146A.1(3)).

29. The Act states a purpose of "enact[ing] policies that protect all unborn life." S.F. 471, § 5 (2017). Statements by individual legislators also claim that the Act

will "help a woman consider and make a good, educated decision . . . ." and persuade women to reconsider their decision.[4]

30. In a statement reflecting upon the 2017 Legislative Session, Governor Branstad stated "[w]e have made some real progress this year by getting legislation passed that institutes the first 20 week abortion ban, and also establishes a three-day waiting period for women who seek an abortion. The pro-life movement is making tremendous strides in changing the hearts and minds, to return to a culture that once again respects human life."[5]

III. Effects of the Act

31. The Act's extremely onerous requirement that all women seeking abortions receive an ultrasound and certain state-mandated information at least 72 hours prior to the procedure will require women to make a minimum of two trips to their health care provider and to wait at least 72 hours before they are able to obtain an abortion.

32. Only two other states in the nation have a similar requirement in effect (South Dakota and Missouri).

33. The forced 72-hour delay and additional-trip requirements provide no additional benefit to women seeking an abortion, and instead burden them in multiple ways.

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[4] O. Kay Henderson, Iowa House GOP Backs Three-day Waiting Period for Abortions, RadioIowa (Apr. 4, 2017), http://www.radioiowa.com/2017/04/04/iowa-house-gop-backs-three-day-waiting-period-for-abortions/; see also Wheeler: Another Week of Intense Debate, nwestiowa.com (Apr. 8, 2017), http://www.nwestiowa.com/opinion/wheeler-another-week-of-intense-debate/article_4236a06e-1b4c-11e7-a4ac-bf48a7276f04.html.

[5] Press Release, Governor Terry Branstad, Branstad Reflects on Historic 2017 Legislative Session (Apr. 22, 2017), https://governor.iowa.gov/2017/04/branstad-reflects-on-historic-2017-legislative-session.

34. First, the Act is an unwarranted intrusion into women's personal privacy and autonomy, interferes with the physician-patient relationship, conveys judgment and moral disapproval from the state, and will cause anxiety associated with delaying an abortion that a woman has decided she wants. These effects will harm all Iowa women seeking this care.

35. Second, the Act will impose tangible costs on all women seeking this care: the mandatory extra trip will require greater outlays of time and money, including increased travel distances and additional days' absence from work, home, and/or school. For many women it will involve lost wages and added travel and child-care costs, and for some women, it will likely also require an overnight stay, for multiple nights, away from home.

36. Third, by requiring a woman to make time for and to take an additional trip to her health care provider, the Act will threaten her confidentiality. Forcing a woman to make an unnecessary additional trip increases the risk that her partner, family members, employer, co-workers, or others whom she has not told will learn that she is having an abortion.

37. Fourth, the Act will likely result in delays of greater than 72 hours. For many women, it will be difficult, if not impossible, to schedule an appointment on two separate days, at least 72 hours apart, due to work and/or school schedules, child-care availability, and the need to secure transportation to and from a provider. These women will have to schedule their second appointment for more than 72 hours after their first.

38. Additionally, PPH's health centers are already stretched thin and must schedule patients weeks out. Due to limited clinician availability and the fact that PPH is

restricted by other laws from expanding access to care, PPH is only able to schedule abortion patients 1–2 days a week at many of it health centers, and even less frequently at the others. To schedule an additional visit 72 hours or longer before the abortion procedure visit for every patient without having to schedule patients much further out, PPH would have to add staff or extend staff hours (including for licensed clinicians), which it will likely be unable to do. (And, it certainly could not sustainably absorb the additional cost without charging patients more for an abortion.) Thus, it is extremely likely that the Act will result in substantial delays of a week or longer for most if not all patients.

39. Fifth, and importantly, the delays that the Act will cause will threaten women's health. Although abortion is extremely safe, the risk of the procedure increases as gestational age advances. And delays cause patients severe stress. Whether it is to conceal an unwanted pregnancy from an abusive or controlling partner, or from others who would disapprove or shame her, or to terminate a debilitating pregnancy, or for some other reason, it is very important to many patients to end their pregnancy as soon as possible.

40. Sixth, the additional-trip requirement exposes patients to further harassment by anti-abortion activists who picket PPH health centers.

41. Seventh, the mandatory delay and additional-trip requirements will make it far harder for women to have a medication abortion, which is currently available at eight PPH health centers in Iowa, but is available only early in pregnancy. Medication abortion allows patients to end a pregnancy at the earliest stages without undergoing a surgical procedure. Some women prefer a medication abortion because it allows them to

be in the privacy of their home, with loved ones. Many find it easier to fit in with their other obligations, because they can return home from the clinic sooner and control the timing of the process. For some, the process feels more natural and more under their control. Others are averse to surgical procedures because they are more invasive, or fear needles, IV, or sedation. Some of PPH's patients have a history of sexual trauma, and may for that reason be particularly averse to surgery. And some patients have a medical condition, such as large uterine fibroids or a severely retroverted uterus, that makes medication abortion a medically preferable option.

42. Many women, by the time they reach a health center, are already close to being unable to have a medication abortion due to their gestational age. Over the past year (from April 1, 2016, through March 31, 2017), approximately 30% of PPH's medication abortion patients were in their ninth or tenth week of pregnancy at the time of treatment. The delays the Act will impose would push many if not most of these women beyond the timeframe in which medication abortion is an available option, forcing many patients to travel significantly farther to get a surgical abortion. That is because PPH only provides surgical abortion at two of its health centers, which are located in Des Moines and Iowa City; medication abortion is available at six additional health centers, which are spread across the state in Ames, Burlington, Cedar Falls, Council Bluffs, Bettendorf (Quad Cities), and Sioux City. In many cases, that will amount to hundreds of additional miles of travel (for example, for a woman in Sioux City, about 400 miles round trip, and for a woman in Council Bluffs, over 200 miles round trip).

43. Finally, the mandatory delay requirement will result in some women being prevented from obtaining an abortion in the state altogether, because the delay will push

them past the gestational age at which surgical abortions are available. In the past year, PPH saw thirty patients at its Des Moines clinic who were within two weeks of the gestational cut-off there, and seventeen patients at its Iowa City health center who were within two weeks of the cut-off there. These patients will either have to travel out of state to obtain an abortion, or, if they do not have the resources to do so, carry an unwanted pregnancy to term. Those who are forced to carry to term are exposed to increased risk of death and major complications from childbirth and they and their newborns are at risk of negative health consequences, including reduced use of prenatal care, lower breastfeeding rates, and poor maternal and neonatal outcomes. When legal abortion is unavailable or difficult to access, some women turn to illegal, and unsafe, methods to terminate unwanted pregnancies.

44. In addition to these harms common to all Iowa women seeking abortions and those who would prefer medication abortion, the mandatory delay and additional-trip requirements will pose particular harms to especially vulnerable populations: low-income women; victims of domestic violence and those whose pregnancy is the result of rape or other forms of abuse; those who face medical risks from pregnancy that do not fall within the Act's narrow exceptions; and those whose pregnancies involve a severe fetal anomaly.

45. In 2016, over 50% of PPH's abortion patients were at or below 110% of the federal poverty line (meaning, e.g., a patient made $13,068 or less if single or $17,622 if supporting a child).[6]

[6] Nat'l Conference of State Legislators, 2016 Federal Poverty Level Guidelines (Jan. 26, 2016), http://www.ncsl.org/research/health/2014-federal-poverty-level-standards.aspx.

46. Low-income women will have the most difficulty in rearranging inflexible work schedules at low-wage jobs; arranging and paying for child-care; paying the travel costs for an additional trip to the clinic; foregoing lost wages for missed work; paying for any increased costs associated with a later procedure; and saving up the money required to cover any or all of these additional expenses.

47. Women who are victims of domestic violence will also face particular challenges as a result of this law. Additional trips to the clinic increase exponentially the likelihood that an abuser will discover that his victim is terminating a pregnancy, which could result in further violence and/or attempts to prevent her. And if she is forced to carry to term, she faces increased difficulty escaping that relationship because of new financial, emotional and legal ties with that partner.

48. For a woman who has survived rape or incest, the additional-trip requirement is likewise particularly burdensome. Many sexual assault survivors are particularly anxious to terminate their pregnancy because it is a constant, invasive reminder of the traumatic experience they have suffered. Moreover, the many logistical difficulties of arranging a separate visit to the provider, including taking time off from work and/or school, arranging child-care, and making the necessary travel arrangements, are likely to be even more difficult for a woman following a traumatic event such as rape.

49. The Act will particularly threaten the health of Iowa women who seek to terminate their pregnancy for medical reasons. While the Act incorporates a limited exception for abortions "performed to save the life of a pregnant woman," or when "continuation of the pregnancy will create a serious risk of substantial and irreversible impairment of a major bodily function," S.F. 471, §§ 1, 2 (2017) (to be codified at Iowa

Code §§ 146A.1(2), 146B.1(6)), the Act imposes serious burdens on women facing one of the numerous complications of pregnancy that threaten a woman's health outside the dangerously narrow confines of the Act's exceptions.

50. For women who decide to terminate a wanted pregnancy after receiving a diagnosis of a severe fetal anomaly, the mandatory delay and additional-trip requirements are especially cruel, will prolong what is generally a traumatic experience for patients, and will interfere with physicians' ability to exercise medical judgment and provide compassionate care when it is especially needed.

51. By imposing a delay on abortion—a delay that the Legislature does not impose on any other medical procedure and is among the most extreme mandatory delays in the nation—the Act suggests to abortion patients that the Legislature believes women are not competent to make considered, appropriate medical decisions for themselves and their families, and must instead be forced by the state to reconsider their medical decisions. This mandatory delay reflects and perpetuates the false and discriminatory stereotype that women do not understand the nature of the abortion procedure, do not think carefully about their decision, and/or are less capable of making informed decisions about their health care than are men.

52. The State has no compelling or important interest in imposing the mandatory delay and additional-trip requirements on women who have made the decision to terminate their pregnancies.

53. Even if the State's interest were compelling, the Act is not narrowly tailored to the achievement of that interest. Nor is the Act substantially related to the achievement of an important governmental objective.

54. Additionally, the Act imposes an undue burden on women seeking an abortion because it has an improper purpose, and imposes burdens on women that significantly outweigh any potential benefits of the Act.

55. The Act, which contains an immediate effective date, also requires abortion providers to provide women with certain information based upon state-created materials that to date have not been made available to Petitioners. As a result, the Act fails to provide physicians with fair notice of the conduct required of them.

CLAIMS FOR RELIEF

COUNT I – RIGHT TO DUE PROCESS

56. Petitioners hereby reaffirm and reallege each and every allegation made above as if set forth fully herein.

57. The Act violates the due process rights of women seeking and obtaining abortions in the state of Iowa, as guaranteed by article I, section 9 of the Iowa Constitution.

COUNT II – RIGHT TO EQUAL PROTECTION

58. Petitioners hereby reaffirm and reallege each and every allegation made above as if set forth fully herein.

59. The Act violates Petitioners' and their patients' rights to equal protection of the laws in the state of Iowa, as guaranteed by article I, sections 1 and 6 of the Iowa Constitution, by:

(a) singling out abortion for onerous and medically unnecessary restrictions that the Iowa Legislature does not impose upon any other medical procedure for which people may consent; and

(b) discriminating against women on the basis of their sex and on the basis of gender stereotypes.

COUNT III – RIGHT TO DUE PROCESS: VAGUENESS

60. Petitioners hereby reaffirm and reallege each and every allegation made above as if set forth fully herein.

61. The Act violates Petitioners' right to due process, as guaranteed under article I, section 9 of the Iowa Constitution, by failing to provide physicians with fair notice of the conduct required of them, and failing to provide sufficient guidance to the Board of Medicine to prevent arbitrary and discriminatory enforcement of the Act, specifically with respect to the requirement that women receive information based on nonexistent state-created materials, and that the physician provide patients information on "indicators" and "contra-indicators" "related to the abortion." S.F. 471, § 1 (2017) (to be codified at Iowa Code 146A.1(1)(d)(1)(b)).

PRAYER FOR RELIEF:
DECLARATORY JUDGMENT AND INJUNCTIVE RELIEF

62. Petitioner hereby incorporates the allegations of all previous paragraphs as though those allegations were fully set forth herein.

63. This matter is appropriate for declaratory relief pursuant to Iowa Rules of Civil Procedure 1.1101 et seq. and granting such relief, in conjunction with the supplemental injunctive relief Petitioners pray for, would terminate the legal dispute that gave rise to this Petition.

64. This matter is also appropriate for temporary and permanent injunctive relief pursuant to Iowa Rules of Civil Procedure 1.1106 and 1.1501 et seq. Absent injunctive relief, Petitioners and their patients will continue to suffer irreparable injury

for which there is no adequate remedy at law if Respondents enforce the 72-hour mandatory delay and additional trip requirements of the Act.

WHEREFORE, Petitioners respectfully urge this Court to enter judgment as follows.

(1) Declaring that:

The Act's 72-hour mandatory delay and additional trip requirements are invalid and unconstitutional on their face because they violate the Iowa Constitution;

(2) Enjoining Respondents from:

Enforcing the 72-hour mandatory delay and additional trip requirements of the Act;

(3) For Petitioners' costs incurred herein; and,

(4) For such other and further relief as the Court deems just and proper.

Respectfully submitted,

/s/ Rita Bettis
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/s/ Joseph Fraioli
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*Application for admission *pro hac vice* forthcoming