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18 National Organization for Women*

19 **Pro hac vice* application forthcoming

20 COUNSEL CONTINUED ON NEXT
21 PAGE

22 **IN THE UNITED STATES DISTRICT COURT
23 FOR THE DISTRICT OF ARIZONA**

24 Paul A. Isaacson, M.D., on behalf of
25 himself and his patients; Eric M. Reuss,
26 M.D., M.P.H.; on behalf of himself and
27 his patients; National Council of Jewish
28 Women (Arizona Section), Inc.;
Arizona National Organization For
Women; and Arizona Medical
Association, on behalf of itself, its
members and its members' patients,

Plaintiffs,

v.

Mark Brnovich, Attorney General of
Arizona, in his official capacity;
Michael Whiting, County Attorney for

Case No.

**COMPLAINT FOR DECLARATORY
AND INJUNCTIVE RELIEF**

1 Apache County, in his official capacity;
2 Brian McIntyre, County Attorney for
3 Cochise County, in his official capacity;
4 William Ring, County Attorney for
5 Coconino County, in his official
6 capacity; Bradley Beauchamp, County
7 Attorney for Gila County, in his official
8 capacity; Scott Bennett, County
9 Attorney for Graham County, in his
10 official capacity; Jeremy Ford, County
11 Attorney for Greenlee County, in his
12 official capacity; Tony Rogers, County
13 Attorney for La Paz County, in his
14 official capacity; Allister Adel, County
15 Attorney for Maricopa County, in her
16 official capacity; Matthew Smith,
17 County Attorney for Mohave County, in
18 his official capacity; Brad Carlyon,
19 County Attorney for Navajo County, in
20 his official capacity; Laura Conover,
21 County Attorney for Pima County, in
22 her official capacity; Kent Volkmer,
23 County Attorney for Pinal County, in
24 his official capacity; George Silva,
25 County Attorney for Santa Cruz
26 County, in his official capacity; Sheila
27 Polk, County Attorney for Yavapai
28 County, in her official capacity; Jon
Smith, County Attorney for Yuma
County, in his official capacity; Arizona
Medical Board; Patricia McSorley,
Executive Director of the Arizona
Medical Board, in her official capacity;
R. Screven Farmer, M.D., Arizona
Medical Board Chair, in his official
capacity; James M. Gillard, M.D.,
Arizona Medical Board Vice Chair, in
his official capacity; Lois Krahn, M.D.,
Arizona Medical Board Secretary, in
her official capacity; Jodi A. Bain,
M.A., J.D.; Bruce Bethancourt, M.D.;
David C. Beyer, M.D.; Laura Dorrell,
M.S.N., R.N., Gary Figge, M.D.;
Pamela E. Jones; and Eileen M.

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Oswald, M.P.H., in their official capacities as members of the Arizona Medical Board; Arizona Department Of Health Services; Cara M. Christ, Director of the Arizona Department of Health Services, in her official capacity,

Defendants.

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16 **Pro hac vice application forthcoming*

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1 Plaintiffs Dr. Paul A. Isaacson, M.D., Dr. Eric M. Reuss, M.D., M.P.H., physicians
2 who provide reproductive health care services, including obstetric, gynecological, and
3 abortion care, in Arizona, the Arizona National Organization for Women (“AZ NOW”),
4 the National Council of Jewish Women (Arizona Section), Inc. (“NCJW AZ”), and the
5 Arizona Medical Association (“ArMA”) (collectively, “Plaintiffs”), by and through their
6 attorneys, bring this Complaint against the above-named Defendants, their employees,
7 agents, and successors in office (“Defendants”) and in support thereof state the following:

8 **I. PRELIMINARY STATEMENT¹**

9 1. This case challenges and seeks to enjoin legislation signed into law by
10 Arizona Governor Doug Ducey on April 27, 2021, and scheduled to take effect on
11 September 29, 2021. S.B. 1457, 55th Leg., 1st Reg. Sess. (Ariz. 2021) (hereinafter “S.B.
12 1457” or the “Act”), attached hereto as Exhibit A. The Act imposes drastic and unlawful
13 measures that ban abortion for an entire group of Arizona patients, and also threatens
14 maternal healthcare by creating new personhood rights for fertilized eggs, embryos, and
15 fetuses. If S.B. 1457 is not enjoined it will wreak havoc on reproductive healthcare across
16 Arizona, with devastating effects for pregnant patients and medical providers throughout
17 the state.

18 2. S.B. 1457 imposes radical changes to Arizona law, including at least two
19 aspects that particularly impact Plaintiffs, their patients, and their members: (1) the
20 “Reason Ban,” Act §§ 2, 10, A.R.S. §§ 13-3603.02, 36-2157, and the Ban’s related
21 reporting requirements, Act § 11, A.R.S. § 36-2158(A)(2)(d); Act § 13, A.R.S. § 36-
22 2161(A)(25) (collectively, the “Reason Ban Reporting Requirements) (collectively, the
23 “Reason Ban Scheme”); and (2) the “Personhood Provision.” Act § 1, A.R.S. § 1-219.²

24 3. First, the Reason Ban Scheme bans abortion whenever the providing
25 physician knows that the abortion is due to “a genetic abnormality.” This ban targets
26 pregnant people who face complex and personal considerations as a result of fetal genetic

27 ¹ All emphasis added unless otherwise noted.

28 ² All references to the Act are to the amended version.

1 screening or diagnostic testing during routine prenatal care, including decisions about what
2 is best for them and their families, and then intrudes upon that private decision-making by
3 wrenching away their right to choose previability abortion. Any reading of this ban violates
4 the Due Process Clause of the Fourteenth Amendment and decades of binding precedent
5 confirming that “a State may not prohibit *any* woman from making the ultimate decision
6 to terminate her pregnancy before viability.” *Planned Parenthood of Se. Pa. v. Casey*, 505
7 U.S. 833, 879 (1992) (emphasis added).

8 4. Moreover, the Reason Ban is unconstitutionally vague. It fails to provide the
9 requisite clarity to give notice about what fetal conditions trigger its prohibition, or under
10 what circumstances a provider could be deemed to “know” that the patient seeks an
11 abortion “solely because of”—or “because of”—the prohibited reason. Because the ban
12 leaves providers to guess at what actions are prohibited, they will have no choice but to err
13 on the side of broadly denying constitutionally-protected care to patients with any
14 indication of a possible fetal anomaly, or risk running afoul of the ban’s severe criminal
15 and licensing penalties.

16 5. Because the Act bans abortion when the provider “knows” about a patient’s
17 prohibited reason, while also construing Arizona law to vest rights in the developing
18 embryo or fetus, it may coerce some patients into curbing their communications with
19 medical providers about a fetal test, risk, or diagnosis, in an attempt to salvage their
20 abortion right. But, even if some patients pay this heavy price—that of losing the right to
21 open communications with their medical providers—it will still not preserve abortion
22 access. This is because it will be impossible for abortion providers in many cases to avoid
23 the inference that some patients are seeking abortions for the prohibited reason—*e.g.*,
24 because it is apparent based on the patient’s circumstances, through disclosure by others,
25 or because it is indicated on a medical chart. The previability ban unconstitutionally stops
26 all those patients from accessing abortion care.

27 6. In any event, any argument that patients could attempt to side-step the ban
28 by concealing their reason from their abortion provider would only trade one constitutional

1 problem for another. Under the doctrine of unconstitutional conditions, the government
2 may not force patients to forsake their First Amendment freedoms in order to access
3 another constitutionally-protected right.

4 7. In addition, the Reason Ban Scheme reaches beyond abortion providers to
5 restrict pregnant patients’ relationships with other medical providers, including but not
6 limited to their obstetricians and other maternal health specialists. The Reason Ban Scheme
7 creates liability for *any* Arizona medical provider or counselor who “ha[s] knowledge” of
8 a violation of the ban and does not report it to law enforcement, *and* creates accomplice
9 liability if they even “attempt to aid” any such violation, which seems to include even
10 counseling patients about abortion after testing indicates a fetal genetic condition. As a
11 result, medical providers will be forced to withhold information about abortion from
12 patients with a likelihood of or diagnosed fetal conditions, and will be unable to provide
13 abortion referrals to those patients who decide to terminate their pregnancy, or else risk an
14 inference that they were an “accomplice” to a banned procedure. The resulting harms to
15 critical patient-provider relationships, which are built on trust and open communication,
16 would be devastating.

17 8. Second, the Act includes a “Personhood Provision” that alters the entire
18 Arizona Revised Statutes to require its laws be “interpreted and construed” in a manner
19 that gives all fertilized eggs, embryos, and fetuses the same “rights, privileges and
20 immunities available to other persons[.]” Act §§ 1, 8; A.R.S. §§ 1-219(A), 36-2151(16).
21 By its terms, the Personhood Provision alters the meaning of numerous Arizona statutes
22 addressing harm to “persons” or “children”—*e.g.*, A.R.S. § 13-1203 (assault); § 13-3623
23 (child abuse)—in a manner that makes it impossible for Plaintiffs and their patients to
24 identify whether a vast array of actions (including, but not limited to, maternal health care
25 decisions and treatment for patients who are, or could be, pregnant) puts them at risk of
26 criminal prosecution. Because the Personhood Provision fails to provide adequate notice
27 of prohibited conduct and invites arbitrary and discriminatory enforcement against
28 Plaintiffs and their patients, it is unconstitutionally vague.

1 9. For these reasons, and others described below, S.B. 1457 violates the First
2 and Fourteenth Amendments to the United States Constitution. The Court should invalidate
3 and enjoin the Act’s Reason Ban Scheme and Personhood Provision.

4 **II. JURISDICTION AND VENUE**

5 10. This Court has jurisdiction over Plaintiffs’ federal claims under 28 U.S.C. §§
6 1331 and 1343(a)(3).

7 11. Plaintiffs’ action for declaratory and injunctive relief are authorized by 28
8 U.S.C. §§ 2201 and 2202, by Rules 57 and 65 of the Federal Rules of Civil Procedure, and
9 by the general legal and equitable powers of this Court.

10 12. Venue is proper pursuant to 28 U.S.C. §§ 1391(b)(1) and (2) because all
11 Defendants, who are sued in their official capacities, carry out their official duties at offices
12 located in this District and the events giving rise to this action occurred in this District.

13 **III. PARTIES**

14 **A. Plaintiffs**

15 13. Plaintiff **Dr. Paul A. Isaacson, M.D.**, is a licensed, board-certified
16 obstetrician-gynecologist. Dr. Isaacson received his medical training at Tufts University
17 School of Medicine and has been providing abortion care in Arizona for more than 20
18 years. Dr. Isaacson is the co-owner of and one of two physicians at Family Planning
19 Associates Medical Group (“FPA”), an independent abortion clinic located in Phoenix. Dr.
20 Isaacson’s clinic is one of the only medical practices in Arizona that regularly provides
21 abortions up to 23 weeks and 6 days after the first day of a woman’s last menstrual period
22 (“LMP”). It is also the foremost practice in Arizona providing care to patients referred by
23 other physicians and who are seeking abortion care because of medical indications,
24 including following a diagnosis of a fetal condition. As a co-owner and physician at his
25 clinic in Phoenix, Dr. Isaacson oversees the medical staff. Dr. Isaacson also leads one of
26 the only two abortion-training programs available to Arizona’s OB-GYN medical
27 residents. Dr. Isaacson brings this suit on his own behalf, on behalf of his staff, and on
28 behalf of his patients seeking abortion.

1 14. Plaintiff **Dr. Eric M. Reuss, M.D., M.P.H.**, is a licensed, board-certified
2 obstetrician-gynecologist. Since 2001, he has operated a private, solo obstetrics and
3 gynecology practice, Scottsdale Obstetrics & Gynecology, P.C., where he provides his
4 patients with the full range of general obstetric and gynecological care, including well-
5 woman care; prenatal care; labor and delivery care; and abortion care. He cares for
6 hundreds of prenatal patients each year, and offers genetic testing and non-directive
7 counseling to those patients, often in consultation with other medical specialists. He
8 provides medication and procedural abortions to his patients, either in his office or at the
9 hospital where he has privileges. He has delivered many babies after patients learn of a
10 possible or diagnosed fetal genetic condition, and he also provides abortion to patients in
11 those circumstances if they decide on that option for their pregnancy. Dr. Reuss brings this
12 suit on his own behalf, on behalf of his staff, and on behalf of his patients.

13 15. **National Council of Jewish Women (Arizona Section), Inc.** (“NCJW
14 AZ”), is a nonprofit 501(c)(3) corporation incorporated and headquartered in Scottsdale,
15 Arizona. NCJW AZ is a Section of the National Council of Jewish Women, a national
16 nonprofit 501(c)(3) corporation incorporated in New York and headquartered in
17 Washington, D.C. NCJW AZ currently has more than 480 members across the state. As
18 part of its mission, NCJW AZ is committed to advancing the goals of reproductive justice
19 so every person can make their own moral and informed decisions about their body. This
20 includes supporting and advocating for health equity and universal access to health
21 coverage, services, and information, including abortion and contraceptive care;
22 comprehensive sex education; and comprehensive family planning information and
23 services.

24 16. **Arizona National Organization of Women** (“AZ NOW”) is a unit of the
25 National Organization for Women, a national 501(c)(4) nonprofit corporation. AZ NOW
26 is made up of four local chapters—East Valley Chapter, Central Phoenix-Inez Casiano
27 Chapter, Tucson Chapter and Sun Cities/West Valley Chapter—as well as all NOW
28 members at large living in Arizona. AZ NOW currently has more than 1,500 members

1 across the state. AZ NOW uses a variety of strategies, including public education and
2 legislative advocacy, to advance women’s rights and address NOW’s core issues important
3 to its members and women in general, including access to safe and legal abortion,
4 affordable and effective birth control and other contraception, and reproductive health for
5 all.

6 17. S.B. 1457’s draconian prohibitions would force AZ NOW and NCJW AZ to
7 divert their scarce time and resources away from many other aspects of their work to focus
8 on educating their members and the public on the impact of S.B. 1457 and trying to help
9 Arizonans adjust to S.B. 1457’s sweeping impact, including but not limited to helping
10 Arizonans try to access abortion care out of state, even though that would be impossible
11 for many people. The Act also opens AZ NOW and NCJW AZ up to criminal liability for
12 their efforts to raise funds for people seeking abortion if it knows that the pregnant person
13 is seeking an abortion due to a “genetic abnormality.” AZ NOW and NCJW are thus
14 directly impacted by the Act’s restrictions.

15 18. The **Arizona Medical Association** (“ArMA”) is a professional membership
16 organization with nearly 4000 physician members, including at least 75 member
17 obstetrician-gynecologists. It is the largest organization of physicians in Arizona. ArMA
18 serves on behalf of its members, who practice throughout the state and in all medical
19 disciplines. Its mission includes advocacy for physicians’ “freedom to deliver care in the
20 best interests of patients” and for the “health of all Arizonians.” Among ArMA’s
21 membership are physicians who care in myriad ways for pregnant patients, who provide
22 genetic testing and counseling for pregnant patients, and/or who provide abortion care.
23 ArMA sues on behalf of itself, its members, and its members’ patients.

24 19. Plaintiffs thus include individual physicians, on behalf of themselves and
25 their patients, a medical association on behalf of itself, its members and their patients, and
26 nonprofit organizations who are committed to ensuring that all Arizona residents have
27 access to full information about medical conditions and medical options. That includes full
28 information about and access to safe previability abortion if that is the care a patient seeks.

1 To advance those goals, Plaintiffs and Plaintiffs' members not only provide services but
2 also engage in protected First Amendment expression. They variously speak with
3 Arizonans, discuss fetal conditions and facts, counsel and refer patients, and engage in
4 public education and organizing that relates to accessing abortion and other maternal health
5 care.

6 **B. Defendants**

7 20. Defendant **Mark Brnovich** is the Attorney General of Arizona. The Act
8 provides him with the authority to bring an action in Superior Court to enjoin violations of
9 the Reason Ban. Act § 2, A.R.S. 13-3603.02(C). He may, within his discretion as chief
10 legal officer of the state, A.R.S. §§ 41-192, institute and conduct prosecutions for any crime
11 occurring within the State of Arizona. The Attorney General exercises supervisory powers
12 over County Attorneys of the state and assists County Attorneys at the direction of the
13 Governor, or when deemed necessary, in the performance of County Attorneys' duties.
14 A.R.S. § 41-193(A)(4)-(5). Defendant Brnovich is named as a defendant in his official
15 capacity, and is a proper defendant in a suit brought under 42 U.S.C. § 1983.

16 21. Defendants **Michael Whiting, Brian McIntyre, William Ring, Bradley**
17 **Beauchamp, Scott Bennett, Jeremy Ford, Tony Rogers, Allister Adel, Matthew Smith,**
18 **Brad Carlyon, Laura Conover, Kent Volkmer, George Silva, Sheila Polk, Jon Smith**
19 are County Attorneys for Arizona. The Act charges them with the specific authority to
20 prosecute criminal violations of the Reason Ban, Act § 2, A.R.S. § 13-3603.02(C), in
21 addition to their duty to prosecute all other violations of Arizona's Criminal Statutes
22 occurring within their respective counties, A.R.S. § 11-532(A). Each Defendant named
23 herein is sued in his or her official capacity.

24 22. Defendant **Arizona Medical Board** ("AMB") is the state agency responsible
25 for enforcing disciplinary sanctions against physicians who violate the law. The AMB has
26 the primary duty, on its own motion, to initiate investigations, determine whether a
27 physician has engaged in unprofessional conduct, discipline physicians, and establish
28 penalties for such conduct, A.R.S. § 32-1403(A)(2), (5) and (9), including suspension or

1 revocation of a medical license, public censure, and civil fines of at least \$1,000 and up to
2 \$10,000 for each violation found. A.R.S. §§ 32-1403.01(A), 32-1451(D)-(E), (I), and (K).

3 23. Defendant **Patricia E. McSorley**, is the Executive Director of the AMB. The
4 Executive Director of the AMB has the duty to “[i]nitiate an investigation if evidence
5 appears to demonstrate that a physician may be engaged in unprofessional conduct,” A.R.S.
6 § 32-1405(C)(12), which includes “[v]iolating any federal or state laws, rules or
7 regulations applicable to the practice of medicine” and “[c]ommitting a felony,” *id.* § 32-
8 1401(27). She also has a duty to “[p]rovide assistance to the attorney general in preparing
9 and sign and execute disciplinary orders, rehabilitative orders and notices of hearings as
10 directed by the [AMB].” *Id.* § 32-1405(C)(14). Defendant McSorley is sued in her official
11 capacity.

12 24. Defendants **R. Screven Farmer, M.D.; James M. Gillard, M.D.; Lois**
13 **Krahn, M.D.; Jodi A. Bain M.A., J.D.; Bruce Bethancourt, M.D.; David C. Beyer,**
14 **M.D.; Laura Dorrell, M.S.N., R.N.; Gary Figge, M.D.; Pamela E. Jones; and Eileen**
15 **M. Oswald, M.P.H.**, are members of the AMB. Each Defendant named herein is sued in
16 his or her official capacity.

17 25. Defendant **Arizona Department of Health Services** (“ADHS”) is
18 responsible for promulgating and enforcing rules and regulations related to the practice of
19 abortion, including clinic administration, personnel and staffing, records, mandatory
20 reporting, informed consent, and abortion procedures. *See* A.R.S. §§ 36-406(1), 36-449.02,
21 36-2161.

22 26. Defendant **Cara M. Christ** is the Director of the Arizona Department of
23 Health Services. The Director of ADHS is required to establish minimum standards and
24 requirements related to the administration of health care services for the purpose of
25 licensing health care institutions, including abortion clinics. A.R.S. § 36-405(A). By rule,
26 the Director may prescribe standards for determining a health care institution’s substantial
27 compliance with licensing requirements and may classify and subclassify health care
28 institutions, including by setting forth distinctions in rules and standards deemed

1 appropriate among different subclasses of health care institutions. A.R.S. § 36-405(B)(1-
2 2). The Director is ultimately responsible for ADHS’s promulgation and enforcement of
3 regulations relating to the practice of abortion and to abortion clinics. *See, e.g.*, A.R.S.
4 §§ 36-427, 36-431.01, 36-449.03, 36-2163. Defendant Christ is sued in her official
5 capacity.

6 **IV. THE CHALLENGED LAWS**

7 27. The Arizona state legislature passed S.B. 1457 on April 22, 2021. Governor
8 Ducey signed the bill into law on April 27, 2021. The Act is now scheduled to take effect
9 on September 29, 2021.

10 28. The Act includes a number of changes to Arizona’s already-onerous abortion
11 laws. The Act bans abortions for a sweeping group of people and imposes onerous, criminal
12 restrictions on physicians and medical practice within the state. Plaintiffs, at this time,
13 challenge two aspects of the Act: (1) the Reason Ban Scheme, Act §§ 2, 10, 11, 13
14 (amending A.R.S. §§ 13-3603.02; 36-2157; 36-2158; 36-2161); and (2) the Personhood
15 Provision, Act § 1 (creating A.R.S. § 1-219).

16 **A. The Reason Ban Scheme**

17 29. Sections 2 and 10 of S.B. 1457 (collectively, the “Reason Ban”) prohibit
18 abortion whenever a provider “know[s]” that the pregnancy is being terminated due to “a
19 genetic abnormality of the child.”

20 30. Section 2 of S.B. 1457 amends Section 13-3603.02 of the Arizona Revised
21 Statutes to provide that a person who “[p]erforms an abortion knowing that the abortion is
22 sought solely because of a genetic abnormality of the child” is guilty of a class 6 felony.
23 Act § 2, A.R.S. § 13-3603.02(A)(2). Under Arizona law, the penalties for a class 6 felony
24 include imprisonment of at least four months and up to two years. A.R.S. § 13-702(D).

25 31. While the Reason Ban in that one provision prohibits a physician from
26 “knowingly” providing abortion care when it is sought “solely because of” a fetal
27 diagnosis, A.R.S. § 13-3603.02(A)(2), the Ban without explanation changes to prohibit any
28

1 abortion sought “because of” the covered fetal conditions in the numerous other,
2 interlocking provisions.

3 32. The Reason Ban further states that a person who “[s]olicits or accepts monies
4 to finance . . . an abortion because of a genetic abnormality of the child” is guilty of a class
5 3 felony. Act § 2, A.R.S. § 3603.02(B)(2). Under Arizona law, the penalties for a class 3
6 felony include imprisonment of at least two years, and up to 8.75 years. A.R.S. § 13-
7 702(D).

8 33. And the Reason Ban prohibits any abortion from proceeding unless and until
9 a provider executes an affidavit swearing that they are “not aborting the [fetus] . . . because
10 of a genetic abnormality of the [fetus] and ha[ve] no knowledge that the [fetus] to be
11 aborted is being aborted . . . because of a genetic abnormality of the [fetus][.]” Act § 10;
12 A.R.S. § 36-2157(1) and (2). This affidavit requirement applies even if a physician
13 determines an abortion is necessary to preserve the pregnant person’s life or health. *Id.*

14 34. In addition, Section 2 of the Reason Ban provides that “[a] physician,
15 physician’s assistant, nurse, counselor or other medical or mental health professional who
16 knowingly does not report known violations of this section to appropriate law enforcement
17 authorities shall be subject to a civil fine of not more than \$10,000.” *Id.* § 13-3603.02(E).

18 35. The Reason Ban defines “genetic abnormality” as “the presence or presumed
19 presence of an abnormal gene expression in an unborn child, including a chromosomal
20 disorder or morphological malformation occurring as the result of abnormal gene
21 expression.” Act § 2, A.R.S. § 13-3603.02(G).

22 36. The Reason Ban’s definition of “genetic abnormality” excludes “lethal fetal
23 conditions,” *id.*, which is defined elsewhere as “a fetal condition that is diagnosed before
24 birth and that will result, with reasonable certainty, in the death of the unborn child within
25 three months after birth.” Act § 11, A.R.S. § 36-2158(G)(1).

26 37. In furtherance of the Reason Ban, S.B. 1457 also adds extensive new
27 reporting requirements to be enforced by ADHS (the “Reason Ban Reporting
28 Requirements”). The Reason Ban Reporting Requirements include a new line item among

1 Arizona’s already-extensive mandatory reporting requirements for abortion providers,
2 which requires the provider to state for each abortion “[w]hether any genetic abnormality
3 of the unborn child was detected at or before the time of the abortion by genetic testing,
4 such as maternal serum tests, or by ultrasound, such as a nuchal translucency screening, or
5 by other form of testing.” Act § 13, A.R.S. § 36-2161(A)(25). The report must be signed
6 by the physician who performed the abortion and “shall indicate that the person who signs
7 the report is attesting that the information in the report is correct to the best of the person’s
8 knowledge.” *Id.* § 36-2161(D).³

9 38. The Reason Ban Reporting Requirements further command that, as part of
10 the state-mandated informed consent disclosures and procedures, physicians inform
11 pregnant patients that abortions sought solely because of a fetal diagnosis are banned under
12 Arizona law. Act § 11, A.R.S. § 36-2158(A)(2)(d).⁴

13 39. In addition to the penalties detailed above, physicians who violate any aspect
14 of the Reason Ban Scheme also risk losing their medical license. The Arizona Medical
15 Board is authorized to initiate independent investigations, separate from any criminal
16 process, to determine if a physician has engaged in unprofessional conduct, which includes
17 “violating any federal or state laws, rules or regulations applicable to the practice of
18 medicine” and “committing a felony,” A.R.S. §§ 32-1401(27), 32-1403(A)(2), 32-
19 1451(A), and to discipline licensed physicians based on their findings, which can include
20 suspension or revocation of a medical license, public censure, and civil penalties of at least
21 \$1,000 and up to \$10,000 for each violation found, A.R.S. §§ 32-1403(A)(5), 32-
22 1403.01(A), 32-1451(D)-(E), (I), and (K).

23
24 ³ Arizona’s pre-existing reporting requirements already mandate that providers report to
25 the ADHS “[t]he reason for” each abortion they perform, including whether the abortion is
26 “due to fetal health considerations.” As amended by the Act, that category of reported
reason includes diagnosis with “at least one” of a “lethal anomaly,” a “central nervous
system anomaly,” or “other.” Act § 13, A.R.S. § 36-2161(A)(12)(c)(i)-(iii).

27 ⁴ The Requirements detailed in paragraphs 37 through 38 together make up the “Reason
28 Ban Reporting Requirements.” The Reason Ban and the Reason Ban Reporting
Requirements are collectively referred to herein as the “Reason Ban Scheme.”

1 40. Finally, the Reason Ban works together with Arizona’s existing accomplice
2 liability statute, to render any person “criminally accountable for a violation” of the
3 felonies in the Ban if they “[a]id[], counsel[], agree[] to aid or attempt[] to aid another
4 person in planning or committing” a violation. A.R.S. §§ 13-303, 13-301. And it works in
5 conjunction with the Personhood Provision, discussed below.

6 **B. The Personhood Provision**

7 41. Section 1 of S.B. 1457 (the “Personhood Provision”) amends Title 1 of the
8 Arizona Revised Statutes, entitled “General Rules of Statutory Construction,” to add a new
9 section entitled “Interpretation of laws; unborn child; definition.” This new section reads:
10 “The laws of this State shall be interpreted and construed to acknowledge, on behalf of an
11 unborn child at every stage of development, all rights, privileges and immunities available
12 to other persons, citizens and residents of the state, subject only to the Constitution of the
13 United States and decisional interpretations thereof by the United States Supreme Court.”
14 Act § 1, A.R.S. § 1-219(A).

15 42. The Personhood Provision then expressly incorporates the statutory
16 definition of “unborn child” set forth in Section 36-2151(16) of the Arizona Revised
17 Statutes, which provides that an “unborn child” is “the offspring of human beings from
18 conception until birth.” Act § 8, A.R.S. § 36-2151(16). Conception is statutorily defined as
19 “the fusion of a human spermatozoon with a human ovum,” and is not limited based on
20 whether the resulting fertilized egg is implanted in the uterus and results in a pregnancy.
21 A.R.S. § 36-2151(4).

22 43. S.B. 1457 contains only two exceptions from the Personhood Provision,
23 specifying that it “does not create a cause of action against”: (1) “[a] person who performs
24 in vitro fertilization procedures as authorized under the laws” of Arizona; or (2) “[a] woman
25 for indirectly harming her unborn child by failing to properly care for herself or by failing
26 to follow any particular program of prenatal care.” Act § 1, A.R.S. § 1-219(B). The statute
27 neither specifies nor offers any further clarity as to when or how it *does* create a cause of
28 action in other contexts—*i.e.*, when it is read in conjunction with and used to construe all

1 other provisions of the Arizona Revised Statutes.

2 V. FACTUAL ALLEGATIONS

3 A. Screening for and Diagnosis of Fetal Conditions During Prenatal Care

4 44. The Reason Ban defines “genetic abnormality” to “mean[] the presence or
5 presumed presence of an abnormal gene expression in an unborn child, including a
6 chromosomal disorder or morphological malformation occurring as the result of abnormal
7 gene expression.” Act § 2, A.R.S. § 13-3603.02(G).

8 45. Offering genetic screening and testing to each pregnant patient is standard
9 medical practice. Likewise, ultrasound screening for structural (or “morphological”)
10 indications of fetal conditions is standard pregnancy care.

11 46. The American College of Obstetricians and Gynecologists (ACOG) is the
12 preeminent national professional organization for physicians specializing in obstetrics and
13 gynecology (OB/GYNs). Similarly, the Society of Maternal-Fetal Medicine (“SMFM”) is
14 the leading professional organization for physicians and scientists focused on high risk
15 maternal and/or fetal issues.

16 47. Joint practice bulletins from ACOG and SMFM, which outline guidelines
17 to aid physicians in meeting professional standards and providing quality care, emphasize
18 that “each pregnant patient should be counseled in each pregnancy about options for
19 testing for fetal chromosomal” conditions. ACOG and SMFM, Practice Bulletin No. 226,
20 *Screening for Fetal Chromosomal Abnormalities*, available at
21 [https://www.smfm.org/publications/328-practice-bulletin-226-screening-for-](https://www.smfm.org/publications/328-practice-bulletin-226-screening-for-chromosomal-abnormalities)
22 [chromosomal-abnormalities](https://www.smfm.org/publications/328-practice-bulletin-226-screening-for-chromosomal-abnormalities) (“Screening Bulletin”); *see also* ACOG and SMFM, Practice
23 Bulletin No. 162, *Prenatal Diagnostic Testing for Genetic Disorders*, available at
24 [https://www.smfm.org/publications/223-practice-bulletin-162-prenatal-diagnostic-](https://www.smfm.org/publications/223-practice-bulletin-162-prenatal-diagnostic-testing-for-genetic-disorders)
25 [testing-for-genetic-disorders](https://www.smfm.org/publications/223-practice-bulletin-162-prenatal-diagnostic-testing-for-genetic-disorders) (“Diagnostic Bulletin”).

26 48. Chromosomal screening and/or diagnostic testing then occurs only after
27 complete pre-test counseling and upon “patient choice based on provision of adequate and
28 accurate information, the patient’s clinical context, accessible health care resources, values,

1 interests, and goals. All patients should be offered both screening and diagnostic tests, and
2 all patients have the right to accept or decline testing after counseling.” Screening Bulletin
3 at e1.

4 49. Testing capabilities continue to evolve and today there are a variety of testing
5 options to attempt to detect a wide range of clinically significant fetal genetic conditions.
6 These include screening tests using maternal blood samples and more invasive diagnostic
7 testing that requires the direct collection of placental or fetal cells. Diagnostic tests take
8 time (including for the cultivation of cells) and may only be available later in pregnancy.
9 Screening tests provide preliminary information about likelihood or risk, and do not
10 identify with certainty any condition.

11 50. In addition to screening and testing specific to genetic conditions, the
12 standard ultrasound testing that pregnant patients in prenatal care receive at 18-22 weeks
13 is used to assess fetal development and can identify unusual structural development. These
14 structural issues may or may not be related to a genetic cause or a particular genetic
15 condition.

16 51. All of this prenatal screening and testing aims to provide additional
17 information to physicians and their patients to guide pregnancy management: Testing can
18 identify the presence of disorders for which prenatal treatment may provide benefit; help
19 optimize maternal and neonatal outcomes by ensuring the appropriate location and staff for
20 delivery; and inform the patients’ consideration of future steps, including termination (if
21 that is something the patient is considering) or how best to manage the birth and continued
22 care of a child with needs that may be especially significant.

23 52. As ACOG and SMFM emphasize, both “[p]retest and posttest counseling
24 [are] essential.” Screening Bulletin at e2.

25 53. This counseling about fetal testing is provided by, for example, patients’
26 OB/GYNs, MFMs, and/or genetic counselors and includes detailed information about the
27 conditions at issue, is responsive to patient questions and concerns, and does not direct or
28 attempt to determine patient decision-making. *See* Screening Bulletin at e9 (“Counseling

1 should be performed in a clear, objective, and nondirective fashion, allowing patients
2 sufficient time to understand and make informed decisions regarding testing” and their
3 pregnancy.); *see also* Diagnostic Bulletin. The nondirective approach to counseling is
4 central to and used in many aspects of OB/GYN care and is one in which practitioners in
5 OB/GYN care are well versed.

6 54. Pregnant patients may have misconceptions about fetal conditions or little
7 information about them before testing. Pre- and post-test counseling enables patients to
8 base any decisions on available medical facts and case histories. Without that counseling,
9 they may exaggerate the significance or likely consequences of a given condition, or
10 confuse it with other genetic and/or structural manifestations. This counseling ensures that
11 “patients realize there is a broad range of clinical presentations, or phenotypes, for many
12 genetic disorders and that the results of genetic testing cannot predict all outcomes.”
13 Diagnostic Bulletin at 1.

14 55. Depending on the condition, patients may also participate in counseling
15 regarding risk to future pregnancies or testing of potentially affected family members.
16 Counseling also includes information about potential care resources in the community for
17 the patient, for other family members, and for the child.

18 56. If the patient wishes to discuss and/or proceed with an abortion, post-test
19 counseling includes information about that option. Because few OB/GYNs in Arizona who
20 provide prenatal care also provide abortion care (Plaintiff Dr. Reuss being an exception),
21 this post-test counseling would also include where to find abortion care, and, often, a
22 specific referral.

23 57. The prognosis for fetal conditions that are or might be present is extremely
24 varied, both among different conditions and within any one. Medical advances are making
25 some fetal structural issues treatable in the fetal and neonatal periods, but there is a wide
26 range of outcomes even with attempted treatment. Genetic and/or structural conditions may
27 lead to the need for ongoing medical or other support interventions throughout life, and
28 may include serious and multiple physical as well as intellectual consequences. Some are

1 less serious and may have more limited consequences. Some are invariably incompatible
2 with sustained life, but even for those, there may be considerable uncertainty as to how
3 long a child born with the anomaly may live.

4 58. The Reason Ban’s exception for “Lethal Fetal Conditions” is subjective and
5 does not provide a discernible and workable standard in this context.

6 59. A “lethal fetal condition” is defined in the statute as “a fetal condition that is
7 diagnosed before birth and that will result, with reasonable certainty, in the death of the
8 unborn child within three months after birth.” Act § 11, A.R.S. § 36-2158(G)(1). This does
9 not define who decides, how “reasonable certainty” is measured, or whether factors such
10 as possible medical interventions are to be considered. It does not account for the fact that
11 such determinations must be made quickly, and on a patient-by-patient basis, with many
12 factors and unknowns potentially influencing outcome after birth. Even if one condition
13 may typically be lethal within hours or days of birth, for example, that may not be deemed
14 “reasonably certain,” and a number of other serious genetic and morphological conditions
15 with possibly life-threatening or life-shortening manifestations do not have a trajectory that
16 could establish any typical point in time when death is “reasonably certain.”

17 60. After testing that indicates a fetal condition and post-test counseling, many
18 patients continue their pregnancies. Others continue for a time, but have their own maternal
19 health issues, and with worsening health, decide on an abortion. Other patients decide on
20 an abortion during post-test counseling or shortly thereafter.

21 61. Patients who were experiencing a wanted pregnancy, but then decide after
22 fetal testing that they must reverse course, are typically devastated and quite emotional
23 about that turn of events, and often rely on their physicians and other health care providers,
24 including mental health care providers, for support. They commonly volunteer information
25 about the testing and decision-making they have been through to physicians and others
26 involved in their subsequent care.

27 62. For Dr. Reuss’ patients, who he often cares for over many years, he is
28 involved in their pregnancy from inception, and through testing and counseling. He knows

1 whether patients are excited about the pregnancy and preparing for welcoming a new child.
2 If they then decide on abortion following testing and counseling, it will be apparent to him
3 that the possible or diagnosed fetal condition is playing some role.

4 **B. Background on Abortion Procedures**

5 63. There are generally two methods of providing abortion care: medication
6 abortion and procedural abortion.⁵

7 64. Medication abortion is generally available in the first 10 weeks after the first
8 day of the patient's last menstrual period (LMP). It is typically administered using two
9 prescription drugs: mifepristone and misoprostol. Mifepristone is taken 24-48 hours before
10 misoprostol. Physicians in Arizona administer mifepristone to patients in person and either
11 dispense or prescribe the misoprostol to be taken at home or another location of their
12 choosing. For most patients, this two-drug regimen causes the pregnancy to pass in a
13 manner similar to a miscarriage.

14 65. There are two forms of procedural or surgical previability abortions routinely
15 provided in Arizona. Up to approximately 15 weeks LMP, the most common method of
16 procedural abortion is vacuum or suction aspiration, which is a brief outpatient procedure
17 completed in one appointment.

18 66. After approximately 16 weeks LMP, physicians typically use the dilation and
19 evacuation ("D&E") technique for a procedural abortion. Starting around 16 to 18 weeks
20 LMP, a procedural abortion is commonly performed as a two-day procedure, and may
21 extend over three days at later gestational stages.

22 **B. Patients Seek Abortion for Myriad Complex and Personal Reasons,**
23 **Including as a Result of Fetal Testing and/or Diagnosis**

24 67. Approximately one in four American women will have an abortion in her
25 lifetime.⁶

26 ⁵ The only other medically-proven method of abortion is induction. Induction abortion uses
27 medications to induce labor in a hospital, but accounts for only a small percentage of
28 abortions in the United States.

⁶ See Guttmacher Inst., News Release, *Abortion Is a Common Experience for U.S. Women*,

1 68. Roughly 75 percent of the women who have an abortion are poor or low-
2 income, and 86 percent are unmarried.⁷ Approximately 60 percent already have at least one
3 child.⁸ Women who have abortions are more likely to be women of color.⁹ Poor women
4 and women of color are also more likely to experience unintended pregnancies.¹⁰

5 69. There is no typical abortion patient. Some patients decide to receive an
6 abortion because of an indication or diagnosis of a fetal condition. Some people determine,
7 in consultation with their medical providers, families, and/or loved ones, that they lack the
8 resources—financial, medical, educational, or emotional—to care for a child with special
9 needs or to simultaneously care for the children they already have (including existing
10 children with special needs).

11 **C. Abortion Access in Arizona**

12 70. There are only nine abortion clinics in the state and many of those facilities
13 provide abortion only during the early weeks of pregnancy. Pregnant people in Arizona
14 can access abortion care only at those facilities or from a very few other providers, such as
15 Dr. Reuss, whose practices can only provide a limited number of abortions and which are
16 limited to existing patients.

17 71. In 2019 alone, there were about 13,000 total abortions in the state of Arizona,
18 almost all of which were provided by these nine facilities.¹¹

19 _____
20 *Despite Dramatic Declines in Rates* (Oct. 19, 2017), [https://www.guttmacher.org/news-
release/2017/abortion-common-experience-us-women-despite-dramatic-declines-rates](https://www.guttmacher.org/news-release/2017/abortion-common-experience-us-women-despite-dramatic-declines-rates).

21 ⁷ Jenna Jerman, Rachel K. Jones, & Tsuyoshi Onda, *Characteristics of U.S. Abortion*
22 *Patients in 2014 and Changes Since 2008* at 7, 5, Guttmacher Inst. (May 2016),
[https://www.guttmacher.org/sites/default/files/report_pdf/characteristics-us-abortion-
patients-2014.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/characteristics-us-abortion-patients-2014.pdf).

23 ⁸ *Id.* at 7.

24 ⁹ *Id.* at 11.

25 ¹⁰ See Guttmacher Inst., Fact Sheet, *Unintended Pregnancy in the United States* (January
26 2019), <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states>.

27 ¹¹ See Arizona Department of Health Services, “Abortions in Arizona: 2019 Abortion
28 Report,” at 20-21 (September 21, 2020), available at
[https://www.azdhs.gov/documents/preparedness/public-health-statistics/abortions/2019-
arizona-abortion-report.pdf](https://www.azdhs.gov/documents/preparedness/public-health-statistics/abortions/2019-arizona-abortion-report.pdf).

1 72. Only a handful of physicians in Arizona, including Plaintiffs Isaacson and
2 Reuss, provide abortion care beyond 16 weeks LMP.

3 73. All of the abortions that Plaintiff Isaacson and Plaintiff Reuss provide occur
4 prior to 24 weeks—*i.e.*, up to 23 weeks and six days LMP—at points in pregnancy at which
5 no fetus is viable.

6 74. While some pregnant people with fetal diagnoses in Arizona are able to
7 locate abortion services independently, many others are referred to abortion providers
8 under a variety of circumstances. For example, some health care providers (including but
9 not limited to obstetricians, Maternal Fetal Medicine (“MFM”) specialists, or fetal
10 geneticists) refer patients seeking abortion care to other abortion providers because their
11 practice does not offer abortions. In other instances, abortion providers will refer patients
12 to other facilities because the gestational stage of the pregnancy exceeds the scope of
13 abortion care available at their facility.

14 **D. The Impact of S.B. 1457 on Access to Previability Abortion and**
15 **Maternal Healthcare in Arizona**

16 75. S.B. 1457 bans previability abortions for an entire group of Arizona patients,
17 coerces patients and providers into giving up their right to speak freely, and threatens
18 maternal health care by creating personhood rights for fertilized eggs, embryos, and
19 fetuses. These drastic impacts for patients and for Dr. Isaacson, Dr. Reuss, and ArMA’s
20 member physicians (collectively, “Plaintiff Physicians”), as well as other health care
21 providers, are outlined below.

22 **1. Impact of the Reason Ban Scheme**

23 a) Elimination of Access to Constitutionally-Protected
24 Previability Abortions

25 76. If the Reason Ban Scheme goes into effect, it will prohibit medical
26 professionals, including Plaintiff Physicians, from providing previability abortions to
27 patients when a fetal genetic condition is implicated. As a result, patients across Arizona
28 will be prevented from accessing previability abortion in violation of the Due Process

1 Clause of the Fourteenth Amendment of the United States Constitution.

2 77. In many cases, pregnant patients will have discussed with their provider or
3 the provider’s staff that a fetal diagnosis is their reason for seeking an abortion. For those
4 patients, the Act operates as an outright ban on the constitutionally-protected right to
5 previability abortion.

6 78. In other cases, it will be impossible for an abortion provider to avoid an
7 inference that their patient is seeking an abortion “solely because of” or “because of” a
8 fetal diagnosis, regardless of whether the patient discloses their reason. For example, in
9 some cases it will be inferred based on the patients’ medical and pregnancy history, or
10 because the patient was referred by a genetic testing specialist. For those patients, the Act
11 operates as an outright ban on the constitutionally-protected right to previability abortion.

12 79. In some instances, the prohibited reason will become apparent as a result of
13 the Reason Ban Reporting Requirements—*i.e.*, because the patient is compelled by the
14 State’s reporting requirements to identify their reason for seeking an abortion and/or to
15 report the results of genetic testing. For those patients, the Act operates as an outright ban
16 on the constitutionally-protected right to previability abortion.

17 80. In addition, the Reason Ban also fails to give physicians the authority that is
18 constitutionally required to proceed with an abortion, despite the ban’s requirements, under
19 circumstances where the patient’s health or life is in jeopardy. Section 10 contains no health
20 and life exception. And the “medical emergency” exception in Section 2 is unduly
21 restrictive in shielding patients’ health and life by, *inter alia*, applying only if there is a
22 necessity of an “immediate abortion.” For some patients facing their own health risks along
23 with a fetal genetic condition, the Reason Ban will for this additional reason fail to
24 adequately protect their abortion access.

25 81. For all these patients, the Act operates as an outright ban on the
26 constitutionally-protected right to previability abortion.

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b) The Reason Ban Scheme’s Unconstitutional Vagueness Will Force Providers to Withhold Care After Positive Fetal Testing and/or Diagnosis

82. Because the Reason Ban Scheme’s vague language makes it impossible for providers to determine whether the prohibition is triggered in a broad array of cases in which fetal testing and/or diagnosis occurs, providers will be forced to withhold constitutionally-protected abortions from patients in any case with an indication of or increased potential for a fetal “genetic abnormality” as that term is used in the Act, or else risk running afoul of the Ban’s steep criminal and licensing penalties.

83. Given the Act’s lack of clarity in defining the covered “genetic abnormalities,” *see supra* Paragraphs 58-59, the lack of a standard for when providers “know” whether their patients are seeking an abortion “because of” the prohibited reason with certainty, and the severe penalties for violating the Reason Ban, providers will have no choice but to err on the side of denying care to patients with any indication or likelihood of a fetal genetic anomaly, or else risk criminal punishment and loss of medical licensure.

84. These concerns are compounded by the fact that, under Arizona law, the requisite level of culpability in committing a crime can be proved through circumstantial evidence. It is thus unclear what circumstances could be enough to establish after-the-fact that a physician “knew” that an abortion was sought “solely because of” or “because of” a fetal testing or diagnosis. For example, if a patient with a previously-desired pregnancy is referred for an abortion by a fetal genetics specialist, could that be deemed sufficient to infer that the physician “knew” the patient sought an abortion “solely because of” a fetal diagnosis or likelihood thereof? Or if a patient mentions to a counselor that they are concerned because of a fetal testing result or diagnosis for an earlier pregnancy, or confesses that they worry about a fetal condition due to their advanced age, is that a circumstantial fact that could establish that the patient was seeking an abortion “because of” an actual or presumed presence of a genetic condition of the fetus? The Act provides

1 no discernible answer to such questions and thus no notice of what it prohibits and/or
2 requires.

3 85. Because the Reason Ban fails to give providers a reasonable opportunity to
4 know what is prohibited so that they may act accordingly, and because it exposes them to
5 arbitrary and discriminatory enforcement, the Reason Ban is unconstitutionally vague.

6 c) Chilling of Communications Amongst Patients and Medical
7 Care Providers

8 86. Even if, as a result of the Reason Ban, some patients were coerced into
9 curbing their communications with medical providers—*e.g.*, to conceal or even lie about a
10 fetal test, risk, or diagnosis—in an attempt to access abortion despite the Ban, that would
11 not change the fact that this law is an outright ban on abortion for many pregnant people.

12 87. For many such patients, this coerced sacrifice of free speech rights will
13 nonetheless be in vain, since their medical history or surrounding circumstances will make
14 it impossible for their provider not to infer a fetal diagnosis as their reason. For those
15 patients, the Act continues to operate as an outright ban on the constitutionally-protected
16 right to previability abortion.

17 88. But, even if a patient could receive an abortion in spite of the Reason Ban,
18 by withholding certain communications from their medical providers about their medical
19 history or their reasons for seeking an abortion, those patients' loss of their right to speak
20 openly with their physicians or other medical care providers would be a tremendous and
21 unconstitutional loss in and of itself.

22 89. For example, Plaintiff Physicians provide detailed, non-directive counseling
23 both before and after any genetic testing, and/or prior to performing an abortion. Plaintiff
24 Physicians provide counseling designed not to favor any option over another, which means
25 they listen to, support, and provide information to the patient, without themselves
26 indicating a specified course of action. That process is designed to ensure that patients feel
27 comfortable sharing their concerns and issues with their clinician so that clinicians can
28 provide them all of the information they need to make an informed choice among their

1 options, including terminating the pregnancy; carrying the pregnancy to term and
2 parenting; and carrying to term and placing the baby for adoption. In addition, the process
3 is designed to ensure that the patient’s choice is voluntary and not coerced.

4 90. If patients cannot speak openly with their physicians about their pregnancy
5 intentions, genetic testing, or a possible fetal diagnosis as part of this process—lest they
6 otherwise lose their access to a previability abortion—both the process of physician-patient
7 counseling in connection with genetic testing and in connection with abortion care, and the
8 patient-provider relationship generally, would be irreparably harmed.

9 91. By conditioning patients’ constitutionally-protected right to previability
10 abortion upon their corresponding sacrifice of free speech rights, the Reason Ban creates
11 an unconstitutional condition.

12 d) Elimination of Referrals and Abortion Information by
13 Maternal Health Care Providers

14 92. The Reason Ban would also reach far beyond abortion providers to prevent
15 patients with a potential or confirmed fetal diagnosis from receiving information on the
16 option of abortion, where to access an abortion, or a more formal abortion referral from
17 other health care providers upon receiving a diagnosis.

18 93. The Reason Ban punishes *any* Arizona medical provider or counselor who
19 may have knowledge of an abortion for the prohibited reason, unless they report that
20 information to law enforcement authorities. This will cause Plaintiffs and Plaintiffs’
21 members in all areas of medicine to avoid communication with their patients about their
22 pregnancy plans. That is because, were those professionals to discuss patients’ desire or
23 plans for abortion with patients who have any indication of an anomaly, they would be
24 setting themselves up for potential liability under A.R.S. § 13-3603.02(E).

25 94. In addition, any professionals or other people who provide referrals or other
26 abortion access information to pregnant persons who may suspect or have a fetal diagnosis
27 could be charged with accomplice liability under Arizona law, which provides that “a
28 person is criminally accountable for the conduct of another if: . . . [t]he person is an

1 accomplice of such other person in the commission of an offense[.]” A.R.S. § 13-
2 303(A)(3). “Accomplice” is defined as “a person . . . who with the intent to promote or
3 facilitate the commission of an offense . . . (2) [a]ids, counsels, agrees to aid or attempts to
4 aid another person in planning or committing an offense; or (3) [p]rovides means or
5 opportunity to another person to commit the offense.” A.R.S. § 13-301(2).

6 95. Moreover, the very act of an abortion referral following fetal testing or
7 diagnosis would in and of itself disclose the patient’s fetal testing and positive indication
8 for a diagnosis to the abortion provider. Typically, such referrals involve direct
9 communication between the referring provider and the abortion provider. And it also is
10 standard practice for the referring physician to provide the pregnant patients’ medical
11 records to their abortion provider. Clinic staff are also trained to indicate on a patient’s
12 chart or inform the physician verbally when the patient has been referred by a MFM
13 specialist or fetal geneticist or when they have been told of a diagnosis or potential
14 diagnosis either by the patient or by another health care provider.

15 2. Impact of the Personhood Provision

16 96. The Personhood Provision, at Section 1 of S.B. 1457, alters the meaning of
17 large swaths of the Arizona Revised Statutes in a manner that is unconstitutionally vague.

18 97. The Personhood Provision requires that all “laws of [Arizona] shall be
19 interpreted and construed to acknowledge, on behalf of an unborn child at every stage of
20 development, all rights, privileges and immunities available to other persons, citizens and
21 residents of this state, subject only to the Constitution of the United States and decisional
22 interpretations thereof by the United States Supreme Court.” Act § 1, A.R.S. § 1-219. By
23 these terms, the Personhood Provision expands the legal rights of fetuses, embryos, and
24 fertilized eggs for purposes of all Arizona state laws.

25 98. By its terms, the Personhood Provision’s function is to alter the meaning of
26 all other provisions of the Arizona Revised Statutes. Thus, on the face of the Personhood
27 Provision, each time the terms “person,” “child,” or similar words appear in the Arizona
28 Revised Statutes, those terms appear now to include the same “rights, privileges, and

1 immunities” for fertilized eggs, embryos, or fetuses at any stage of development. But, the
2 Personhood Provision neither specifies nor offers any further clarity as to when or how it
3 creates a cause of action and liability in such contexts—*i.e.*, when it is read in conjunction
4 with other provisions, both criminal and civil, of the Arizona Revised Statutes to which it
5 applies.

6 99. The two narrow exceptions contained in the Personhood Provision,
7 moreover, only confirm that it creates causes of action to punish actions by medical care
8 providers and pregnant people that could harm a fertilized egg, embryo, or fetus at any
9 stage of development. The provision states that it “does not create a cause of action against:
10 (1) a person who performs in vitro fertilization procedures as authorized under the laws of
11 this state; (2) a woman for indirectly harming her unborn child by failing to properly care
12 for herself or by failing to follow any particular program of prenatal care.” Act § 1, A.R.S.
13 § 1-219(B). Conversely, the Act contains no similar carve outs for actions by *other* types
14 of medical care providers or *other* types of actions by pregnant people.

15 100. The Personhood Provision makes it impossible for Arizonans, including
16 pregnant people, people with capacity to become pregnant, and the medical providers who
17 care for them, to identify whether a vast array of actions may now put them at risk of
18 criminal prosecution or other legal penalties.

19 101. The Personhood Provision amends provisions of the Arizona Code in a
20 manner that on its face appears to restrict or prohibit medical care that is otherwise
21 regularly provided to pregnant patients and those with capacity for pregnancy if that care
22 harms, or creates a risk of harm to, a fertilized egg, embryo, or fetus—thereby subjecting
23 health care providers to criminal liability when they provide medically-necessary care to
24 patients who are, or could be, pregnant.

25 102. For example, under Arizona law, it is unlawful to “recklessly endanger[]
26 another person with a substantial risk of imminent death or physical injury.” A.R.S. § 13-
27 1201(A). And a person commits child abuse if they cause physical injury to a child—
28 whether intentionally, knowingly, recklessly, *or* negligently. *Id.* § 13-3623 (emphasis

1 added). A wide variety of medical care can harm or endanger a fertilized egg, embryo, or
2 fetus—*e.g.*, gynecological care, contraceptive care, hormone therapy, cancer screening and
3 treatment, and substance use treatment. Under the Act’s new interpretation of “unborn
4 child,” it is unclear whether clinicians could be criminally prosecuted for endangerment or
5 child abuse when they provide such care, regardless of whether the treatment was necessary
6 to protect the pregnant patient’s health. *See also, e.g.*, A.R.S. § 13-1203 (a “person commits
7 assault by [i]ntentionally, knowingly or recklessly causing any physical injury to another
8 person[.]”).

9 103. Neither the Act nor any other relevant provisions of the Arizona Revised
10 Statutes clarify or offer an objective standard by which to measure whether and when it is
11 necessary for a medical provider to prioritize a fertilized egg, embryo, or fetus over a
12 pregnant patient, for example, given that the fertilized egg, fetus, or embryo must be treated
13 as an equal “person.”

14 104. On its face, the Personhood Provision contemplates prosecuting medical
15 providers under some circumstances. The Provision explicitly states that it “does not create
16 a cause of action against [a] person who performs in vitro fertilization [IVF] procedures as
17 authorized under the laws” of Arizona. Act § 1, A.R.S. § 1-219(B)(1). By explicitly
18 excepting IVF providers from a cause of action under the Personhood Provision, and not
19 other types of medical providers, the Act starkly leaves those other providers vulnerable to
20 liability under its terms.

21 105. The Personhood Provision also creates ambiguity about whether and when a
22 pregnant person can be prosecuted for harm to their fetus or embryo. While the provision
23 excludes “a cause of action against a woman for *indirectly* harming her unborn child by
24 failing to properly care for herself or by failing to follow any particular program of prenatal
25 care,” *id.* § 1-219(B)(2), it conspicuously does not foreclose a cause of action against a
26 pregnant person who *directly* causes harm to their pregnancy, or a person who “indirectly”
27 harms her pregnancy by means other than failure to “properly care for herself” or follow a
28 “program of prenatal care.” Accordingly, the Personhood Provision indicates that many

1 actions a pregnant person can take may newly be subject to criminal prosecution or civil
2 penalties under its reinterpretation of Arizona’s existing statutes.

3 106. For example, under Arizona’s child abuse and neglect statute, “[a] person
4 having custody of a minor under sixteen years of age who knowingly causes or permits the
5 life of such minor to be endangered, its health to be injured or its moral welfare to be
6 imperiled, by neglect, abuse or immoral associations, is guilty of a class 1 misdemeanor.”
7 A.R.S. § 13-3619. And Arizona’s laws related to family offenses include a provision that
8 criminalizes conduct that “causes, encourages or contributes to the . . . delinquency of a
9 child . . . or who for any cause is responsible therefor,” wherein “delinquency” includes
10 “any act that tends to debase or injure the morals, health or welfare of a child.” *Id.* §§ 13-
11 3612(1), 13-3613.

12 107. Under these laws, as amended by the Personhood Provision, pregnant
13 patients are at risk of being prosecuted for an array of actions that were previously not
14 subject to criminal liability. Applying the Personhood Provision to existing Arizona
15 statutory provisions could easily lead to the criminalization of a broad range of behavior,
16 leaving state officials, law enforcement, prosecutors, and courts to determine, *ex post facto*,
17 which behaviors infringe on the new personhood rights by causing harm or risk of harm to
18 a fertilized egg, embryo, or fetus.

19 108. Accordingly, if the Personhood Provision goes into effect, Plaintiff
20 Physicians, their patients, and other Arizonans will be subjected to criminal and other
21 liability without fair notice of what conduct is forbidden and required and will be exposed
22 to arbitrary and discriminatory enforcement, and thus the law is unconstitutionally vague
23 in contravention of the Due Process Clause of the Fourteenth Amendment.

24 C. **Without an Injunction, the Reason Ban and the Personhood Provision**
25 **will Inflict Irreparable Harm on the Plaintiffs**

26 109. Absent an injunction, physicians, including the Plaintiff Physicians in this
27 case, will have no choice but to turn away patients in need of banned care. Their patients
28

1 would suffer the irreparable harm of gross violations of their constitutional rights, assault
2 to their dignity, and the unconscionable imposition of risks to their health and lives.

3 110. The Reason Ban would prohibit Plaintiffs' patients from obtaining
4 previability abortions.

5 111. Every day pregnant people in Arizona continue to need access to safe and
6 compassionate previability abortion care when they decide to terminate their pregnancies,
7 regardless of their reason for doing so.

8 112. Because of the Reason Ban Scheme, vital communications between Plaintiff
9 Physicians (and other medical and mental health professionals) and their pregnant patients
10 will be unconstitutionally chilled in violation of the First Amendment, which will do
11 irreparable harm to the patient-provider relationship.

12 113. The Personhood Provision will also detrimentally affect other medical care
13 beyond abortion care services, including care provided by the Plaintiff Physicians in this
14 case, by calling into question whether care that could have a negative impact on a fetus or
15 embryo will subject providers and patients to criminal and other liability. Similarly, their
16 pregnant patients will be subject to uncertainty about whether their own actions expose
17 them to liability, in violation of their due process rights.

18 114. The Organizational Plaintiffs will also suffer irreparable harm as a result of
19 the Act. Both AZ NOW and NJWC AZ serve the needs and rights of women in Arizona,
20 with a particular focus on ensuring reproductive justice for Arizonans. The Act would
21 directly frustrate the missions of both AZ NOW and NJWC AZ by stymieing their
22 education of and assistance to Arizonans in need of reproductive healthcare—including but
23 not limited to by making it more difficult, and in many cases impossible, for Arizonans to
24 access abortion and other maternal healthcare. Absent an injunction, S.B. 1457 would force
25 AZ NOW and NJWC AZ to divert their scarce time and resources away from other aspects
26 of their crucial work to try to help Arizonans access abortion care out of state and otherwise
27 adjust to S.B. 1457's sweeping impact.

28

1 115. Further, to the extent that the Organizational Plaintiffs solicit funds to aid
2 pregnant people in obtaining abortions, they are opening themselves up to criminal liability
3 if they know the abortion is being sought due to a genetic abnormality. Act § 2, A.R.S. §
4 13-3603.02(B)(2).

COUNT I

(Substantive Due Process — Reason Ban)

7 116. Plaintiffs reallege and incorporate by reference the allegations set forth in the
8 above paragraphs.

9 117. The Reason Ban, both independently and in conjunction with the Reason Ban
10 Reporting Requirements, prohibits an individual from making the ultimate decision
11 whether to continue or terminate a pregnancy prior to viability.

12 118. By prohibiting an individual from making the ultimate decision whether to
13 continue or terminate a pregnancy prior to viability, the Reason Ban, both independently
14 and in conjunction with the Reason Ban Reporting Requirements, violates Plaintiff
15 Physicians’ patients and other Arizonans’ right to privacy and liberty guaranteed by the
16 Fourteenth Amendment to the United States Constitution.

COUNT II

(Substantive Due Process — Reason Ban)

19 119. Plaintiffs reallege and incorporate by reference the allegations set forth in the
20 above paragraphs.

21 120. The Reason Ban violates Plaintiff Physicians’ patients’ and other Arizonans’
22 substantive due process protections on a second, independent ground. The Reason Ban—
23 including but not limited to Section 10 of the Act and the too-narrow medical emergency
24 exception that applies to part of Section 2 of the Act—prohibits physicians using
25 appropriate medical judgment from providing an abortion in each circumstance in which it
26 is necessary to preserve a pregnant person’s life or health.

27 121. By prohibiting physicians from providing an abortion in each circumstance
28 in which it is necessary to preserve a pregnant person’s life or health, the Reason Ban

1 violates Plaintiff Physicians’ patients and other Arizonans’ right to privacy and liberty
2 guaranteed by the Fourteenth Amendment to the United States Constitution.

3 **COUNT III**

4 **(Unconstitutional Vagueness — Reason Ban)**

5 122. Plaintiffs reallege and incorporate by reference the allegations set forth in the
6 above paragraphs.

7 123. The Reason Ban, both independently and in conjunction with the Reason Ban
8 Reporting Requirements, does not give adequate notice about what fetal conditions bring
9 abortion care within the scope of its prohibition, or what constitutes a provider’s knowledge
10 that a patient is seeking an abortion due to the prohibited reason within the meaning of the
11 statute.

12 124. The Reason Ban, both independently and in conjunction with the Reason Ban
13 Reporting Requirements, does not give adequate notice of what it means to “knowingly”
14 provide an abortion “because of” or “solely because of” a prohibited reason.

15 125. The Reason Ban, independently and in conjunction with the Reason Ban
16 Reporting Requirements, invites arbitrary and discriminatory enforcement.

17 126. By failing to give pregnant patients and medical providers fair notice of how
18 to comply with the mandate of the Reason Ban and the Reason Ban Reporting
19 Requirements, and by imposing severe criminal penalties in addition to other legal
20 penalties, S.B. 1457 is unconstitutionally vague and violates Plaintiffs’, Plaintiff
21 Physicians’, their patients’, and other Arizonans’ right to due process as guaranteed by the
22 Due Process Clause of the Fourteenth Amendment to the United States Constitution.

23 **COUNT IV**

24 **(Unconstitutional Condition — Violation of First and Fourteenth Amendments)**

25 127. Plaintiffs reallege and incorporate by reference the allegations set forth in the
26 above paragraphs.

27 128. The Reason Ban, both independently and in conjunction with the Reason Ban
28 Reporting Requirements forces patients to either cede their right to previability abortion in

1 order to exercise their freedom of speech, or else to cede their free speech rights in order
2 to access constitutionally-protected previability abortion.

3 129. By impermissibly forcing Plaintiff Physicians’ patients and other Arizonans
4 to choose between two constitutional rights, and by conditioning the exercise of one
5 constitutional right as an exchange for giving up another, the Act imposes an
6 unconstitutional condition in violation of the Due Process Clause of the Fourteenth
7 Amendment and the First Amendment to the United States Constitution.

8 **COUNT V**

9 **(Unconstitutional Vagueness — Personhood Provision)**

10 130. Plaintiffs reallege and incorporate by reference the allegations set forth in the
11 above paragraphs.

12 131. It is unclear how the Personhood Provision at Section 1 of S.B. 1457
13 effectively amends other provisions of the Arizona Revised Statutes that include the term
14 “person,” “child,” or similar words, or otherwise effectuates “rights, privileges and
15 immunities” for “unborn children.” Implicated terms appear in many provisions of the
16 Arizona Revised Statutes, and they are included in sections of the statutes that set forth the
17 scope of, *inter alia*, criminal acts and civil liability.

18 132. These provisions and others, as altered by the Personhood Provision, make it
19 impossible for pregnant patients and medical providers to know what actions are forbidden
20 or required, and thus do not provide adequate notice of what actions are prohibited or
21 required.

22 133. These provisions and others, as altered by the Personhood Provision, will
23 invite arbitrary and discriminatory enforcement.

24 134. Because Plaintiffs, Plaintiff Physicians’ patients, and all Arizonans,
25 including Arizona enforcement authorities, are unable to determine what is required under
26 the Arizona Revised Statutes, as amended by the Personhood Provision, the Personhood
27 Provision violates Plaintiffs’ rights guaranteed by the Due Process Clause of the Fourteenth
28 Amendment to the United States Constitution.

COUNT VI

(First Amendment — Reason Ban)

1
2
3 135. Plaintiffs reallege and incorporate by reference the allegations set forth in the
4 above paragraphs.

5 136. The Reason Ban burdens Plaintiffs’ and Plaintiff Physicians’ members’
6 speech by creating broad accomplice liability and serious civil penalties for “aid[ing] or
7 “counsel[ing]” patients who could be deemed to receive an abortion for the prohibited
8 reason, or even for “attempt[ing]” to aid in such an endeavor. *See* A.R.S. §§ 13-3603.02,
9 13-303, 13-301. The Ban’s reporting requirements further chill health care providers’
10 speech with patients and/or compel speech with law enforcement by requiring any
11 counsellor or medical or mental health professional to disclose known violations of the
12 Reason Ban to law enforcement or suffer a fine of up to \$10,000. Act § 2, A.R.S. 13-
13 3603.02(E).

14 137. The Reason Ban invades the province of medical professionals’ speech by
15 cutting off information that would otherwise be provided to patients or fellow
16 professionals, limiting counselling, and requiring disclosure by physicians and other health
17 care providers of confidential discussions with patients. Even more broadly, it not only
18 prevents Plaintiffs and Plaintiffs’ members’ important communications with patients,
19 including but not limited to Plaintiff Physicians’ communications with their own patients,
20 and compels disclosure to law enforcement, but it also prevents public education about
21 health care facts and options—including communication with persons to whom Plaintiff
22 Organizations provide education and other assistance.

23 138. The Reason Ban imposes overly broad and content-based burdens on
24 Plaintiffs’ and Plaintiffs’ members’ expression without any adequate justification and
25 cannot survive under the protections of the First Amendment.

PRAYER FOR RELIEF

26
27 WHEREFORE, Plaintiffs pray for relief as follows:
28

1 1. Issue a preliminary injunction, later to be made permanent, prohibiting
2 Defendants and their successors in office from enforcing the Reason Ban Scheme, Act
3 § 2, A.R.S. § 13-3602; Act § 10, A.R.S. § 36-2157; Act § 11, A.R.S. § 36-2158(A)(2)(d);
4 Act § 13, A.R.S. § 36-2161(A)(25), and the Personhood Provision, Act § 1, A.R.S. § 1-
5 219, and associated administrative rules;

6 2. Issue a declaratory judgment that the Reason Ban Scheme and the
7 Personhood Provision violate the rights protected under the First and Fourteenth
8 Amendment of the United States Constitution and 42 U.S.C. § 1983;

9 3. Award Plaintiffs their reasonable costs and attorneys' fees pursuant to 42
10 U.S.C. § 1988; and

11 4. Grant such other or further relief as the Court deems just, proper, and
12 equitable.

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1 Dated: August 17, 2021

AMERICAN CIVIL LIBERTIES UNION
FOUNDATION OF ARIZONA

By: /s/ Victoria Lopez

Victoria Lopez

2
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and Arizona Medical Association*

*Application for admission *pro hac vice*
forthcoming

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CERTIFICATE OF SERVICE

I hereby certify that on August 17, 2021, I electronically transmitted the attached document to the Clerk’s Office using the CM/ECF System for filing. All counsel of record are registrants and are therefore served via this filing and transmittal.

/s/ Victoria Lopez

UNITED STATES DISTRICT COURT
DISTRICT OF ARIZONA

Civil Cover Sheet

This automated JS-44 conforms generally to the manual JS-44 approved by the Judicial Conference of the United States in September 1974. The data is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. The information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is authorized for use only in the District of Arizona.

The completed cover sheet must be printed directly to PDF and filed as an attachment to the Complaint or Notice of Removal.

Plaintiff(s): Paul A. Isaacson M.D.; Eric M. Reuss M.D., MPH; National Council of Jewish Women (Arizona Section), Inc. ; Arizona National Organization for Women ; Arizona Medical Association

Defendant(s): Mark Brnovich ; Michael Whiting ; Brian McIntyre ; William Ring ; Bradley Beauchamp ; Scott Bennett ; Jeremy Ford ; Tony Rogers ; Allister Adel ; Matthew Smith ; Brad Carlyon ; Laura Conover ; Kent Volkmer ; George Silva ; Sheila Polk ; Jon Smith ; Arizona Medical Board ; Patricia E. McSorley ; R. Screven Farmer ; James M. Gillard ; Lois Krahn ; Jodi A. Bain ; Bruce Bethancourt ; David C. Beyer ; Laura Dorrell ; Gary Figge ; Pamela E. Jones ; Eileen M. Oswald ; Arizona Department of Health Services ; Cara M. Christ

County of Residence: Maricopa

County of Residence: Maricopa

County Where Claim For Relief Arose: Maricopa

Plaintiff's Atty(s):

Defendant's Atty(s):

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II. Basis of Jurisdiction: **3. Federal Question (U.S. not a party)**

III. Citizenship of Principal
Parties (Diversity Cases Only)

Plaintiff:-N/A
Defendant:-N/A

IV. Origin : **1. Original Proceeding**

V. Nature of Suit: **950 Constitutionality of State Statute**

VI. Cause of Action: **U.S. Constitution First and Fourteenth Amendments**

VII. Requested in Complaint

Class Action: **No**

Dollar Demand: **Declaratory and injunctive relief**

Jury Demand: **No**

VIII. This case is not related to another case.

Signature: Victoria Lopez

Date: 8/17/2021

If any of this information is incorrect, please go back to the Civil Cover Sheet Input form using the *Back* button in your browser and change it. Once correct, save this form as a PDF and include it as an attachment to your case opening documents.

Revised: 01/2014

EXHIBIT A

Conference Engrossed

abortion; unborn child; genetic abnormality

State of Arizona
Senate
Fifty-fifth Legislature
First Regular Session
2021

CHAPTER 286
SENATE BILL 1457

AN ACT

AMENDING TITLE 1, CHAPTER 2, ARTICLE 2, ARIZONA REVISED STATUTES, BY ADDING SECTION 1-219; AMENDING SECTION 13-3603.02, ARIZONA REVISED STATUTES; REPEALING SECTION 13-3604, ARIZONA REVISED STATUTES; AMENDING TITLE 15, CHAPTER 1, ARTICLE 1, ARIZONA REVISED STATUTES, BY ADDING SECTION 15-115.01; AMENDING SECTIONS 35-196.04, 36-449.01, 36-449.03, 36-2151, 36-2153, 36-2157 AND 36-2158, ARIZONA REVISED STATUTES; AMENDING TITLE 36, CHAPTER 20, ARTICLE 1, ARIZONA REVISED STATUTES, BY ADDING SECTION 36-2160; AMENDING SECTION 36-2161, ARIZONA REVISED STATUTES; RELATING TO ABORTION.

(TEXT OF BILL BEGINS ON NEXT PAGE)

Be it enacted by the Legislature of the State of Arizona:

Section 1. Title 1, chapter 2, article 2, Arizona Revised Statutes, is amended by adding section 1-219, to read:

1-219. Interpretation of laws; unborn child; definition

A. THE LAWS OF THIS STATE SHALL BE INTERPRETED AND CONSTRUED TO ACKNOWLEDGE, ON BEHALF OF AN UNBORN CHILD AT EVERY STAGE OF DEVELOPMENT, ALL RIGHTS, PRIVILEGES AND IMMUNITIES AVAILABLE TO OTHER PERSONS, CITIZENS AND RESIDENTS OF THIS STATE, SUBJECT ONLY TO THE CONSTITUTION OF THE UNITED STATES AND DECISIONAL INTERPRETATIONS THEREOF BY THE UNITED STATES SUPREME COURT.

B. THIS SECTION DOES NOT CREATE A CAUSE OF ACTION AGAINST:

1. A PERSON WHO PERFORMS IN VITRO FERTILIZATION PROCEDURES AS AUTHORIZED UNDER THE LAWS OF THIS STATE.

2. A WOMAN FOR INDIRECTLY HARMING HER UNBORN CHILD BY FAILING TO PROPERLY CARE FOR HERSELF OR BY FAILING TO FOLLOW ANY PARTICULAR PROGRAM OF PRENATAL CARE.

C. FOR THE PURPOSES OF THIS SECTION, "UNBORN CHILD" HAS THE SAME MEANING PRESCRIBED IN SECTION 36-2151.

Sec. 2. Section 13-3603.02, Arizona Revised Statutes, is amended to read:

13-3603.02. Abortion; sex and race selection; genetic abnormality; injunctive and civil relief; failure to report; definitions

A. EXCEPT IN A MEDICAL EMERGENCY, a person who knowingly does any of the following is guilty of a class ~~3~~ 6 felony:

1. Performs an abortion knowing that the abortion is sought based on the sex or race of the child or the race of a parent of that child.

2. PERFORMS AN ABORTION KNOWING THAT THE ABORTION IS SOUGHT SOLELY BECAUSE OF A GENETIC ABNORMALITY OF THE CHILD.

B. A PERSON WHO KNOWINGLY DOES EITHER OF THE FOLLOWING IS GUILTY OF A CLASS 3 FELONY:

~~2.~~ **1. Uses force or the threat of force to intentionally injure or intimidate any person for the purpose of coercing a sex-selection or race-selection abortion OR AN ABORTION BECAUSE OF A GENETIC ABNORMALITY OF THE CHILD.**

~~3.~~ **2. Solicits or accepts monies to finance a sex-selection or race-selection abortion OR AN ABORTION BECAUSE OF A GENETIC ABNORMALITY OF THE CHILD.**

~~B.~~ **C. The attorney general or the county attorney may bring an action in superior court to enjoin the activity described in subsection A OR B of this section.**

~~C.~~ **D. The father of the unborn child who is married to the mother at the time she receives a sex-selection or race-selection abortion OR AN ABORTION BECAUSE OF A GENETIC ABNORMALITY OF THE CHILD, or, if the mother has not attained eighteen years of age at the time of the abortion, ~~the A~~ maternal ~~grandparents~~ GRANDPARENT of the unborn child, may bring a civil action on behalf of the unborn child to obtain appropriate relief with respect to a violation of subsection A OR B of this section. ~~◆~~ The court may award reasonable attorney fees as part of the costs in an action brought pursuant to this subsection. For the purposes of this subsection, "appropriate relief" includes monetary damages for all injuries, whether psychological, physical or financial, including loss of companionship and support, resulting from the violation of subsection A OR B of this section.**

~~D.~~ **E. A physician, physician's assistant, nurse, counselor or other medical or mental health professional who knowingly does not report known violations of this section to appropriate law enforcement authorities shall be subject to a civil fine of not more than ~~ten thousand dollars~~ \$10,000.**

~~E.~~ **F. A woman on whom a sex-selection or race-selection abortion OR AN ABORTION BECAUSE OF A CHILD'S GENETIC ABNORMALITY is performed is not subject to criminal prosecution or civil liability for any violation of this section or for a conspiracy to violate this section.**

~~F.~~ **G. For the purposes of this section: ~~7~~**

1. "Abortion" has the same meaning prescribed in section 36-2151.

2. "GENETIC ABNORMALITY":

(a) MEANS THE PRESENCE OR PRESUMED PRESENCE OF AN ABNORMAL GENE EXPRESSION IN AN UNBORN CHILD, INCLUDING A CHROMOSOMAL DISORDER OR MORPHOLOGICAL MALFORMATION OCCURRING AS THE RESULT OF ABNORMAL GENE EXPRESSION.

(b) DOES NOT INCLUDE A LETHAL FETAL CONDITION. FOR THE PURPOSES OF THIS SUBDIVISION, "LETHAL FETAL CONDITION" HAS THE SAME MEANING PRESCRIBED IN SECTION 36-2158.

3. "MEDICAL EMERGENCY" HAS THE SAME MEANING PRESCRIBED IN SECTION 36-2151.

Sec. 3. Repeal

Section 13-3604, Arizona Revised Statutes, is repealed.

Sec. 4. Title 15, chapter 1, article 1, Arizona Revised Statutes, is amended by adding section 15-115.01, to read:

15-115.01. Public educational institution facility; prohibition; definitions

A. A FACILITY THAT IS RUN BY OR THAT OPERATES ON THE PROPERTY OF A PUBLIC EDUCATIONAL INSTITUTION MAY NOT PERFORM OR PROVIDE AN ABORTION, UNLESS THE ABORTION IS NECESSARY TO SAVE THE LIFE OF THE WOMAN HAVING THE ABORTION.

B. FOR THE PURPOSES OF THIS SECTION:

1. "ABORTION" HAS THE SAME MEANING PRESCRIBED IN SECTION 36-2151.

2. "MEDICAL EMERGENCY" HAS THE SAME MEANING PRESCRIBED IN SECTION 36-2151.

3. "PUBLIC EDUCATIONAL INSTITUTION" MEANS ANY OF THE FOLLOWING:

(a) A COMMUNITY COLLEGE AS DEFINED IN SECTION 15-1401.

(b) A UNIVERSITY UNDER THE JURISDICTION OF THE ARIZONA BOARD OF REGENTS.

(c) A SCHOOL DISTRICT, INCLUDING ITS SCHOOLS.

(d) A CHARTER SCHOOL.

(e) AN ACCOMMODATION SCHOOL.

(f) THE ARIZONA STATE SCHOOLS FOR THE DEAF AND THE BLIND.

Sec. 5. Section 35-196.04, Arizona Revised Statutes, is amended to read:

35-196.04. Use of public monies prohibited; human cloning research involving fetal remains from abortion; other prohibited research; definition

A. Notwithstanding any other law, tax monies of this state or any political subdivision of this state, federal monies passing through the state treasury or the treasury of any political subdivision of this state or any other public monies shall not be used by any person or entity, including any state funded institution or facility, for human somatic cell nuclear transfer, commonly known as human cloning.

B. NOTWITHSTANDING ANY OTHER LAW, PUBLIC MONIES OR TAX MONIES OF THIS STATE OR ANY POLITICAL SUBDIVISION OF THIS STATE, ANY FEDERAL MONIES PASSING THROUGH THE STATE TREASURY OR THE TREASURY OF ANY POLITICAL SUBDIVISION OF THIS STATE OR MONIES PAID BY STUDENTS AS PART OF TUITION OR FEES TO A STATE UNIVERSITY OR A COMMUNITY COLLEGE SHALL NOT BE EXPENDED OR ALLOCATED FOR OR GRANTED TO OR ON BEHALF OF AN EXISTING OR PROPOSED RESEARCH PROJECT THAT INVOLVES FETAL REMAINS FROM AN ABORTION OR HUMAN SOMATIC CELL NUCLEAR TRANSFER OR ANY RESEARCH THAT IS PROHIBITED BY TITLE 36, CHAPTER 23.

~~B~~ C. This section does not restrict areas of scientific research that are not specifically prohibited by this section, including research in the use of nuclear transfer or other cloning techniques to produce molecules, deoxyribonucleic acid, cells other than human embryos, tissues, organs, plants or animals other than humans.

~~C~~ D. For the purposes of this section, "human somatic cell nuclear transfer" means human asexual reproduction that is accomplished by introducing the genetic material from one or more human somatic cells into a fertilized or unfertilized oocyte whose nuclear material has been removed or inactivated so as to produce an organism, at any stage of development, that is genetically virtually identical to an existing or previously existing human organism.

Sec. 6. Section 36-449.01, Arizona Revised Statutes, is amended to read:

36-449.01. Definitions

In this article, unless the context otherwise requires:

1. "Abortion" means the use of any means with the intent to terminate a woman's pregnancy for reasons other than to increase the probability of a live birth, to preserve the life or health of the child after a live birth, to terminate an ectopic pregnancy or to remove a dead fetus. Abortion does not include birth control devices or oral contraceptives.

2. "Abortion clinic" means a facility, other than a hospital, in which five or more first trimester abortions in any month or any second or third trimester abortions are performed.

3. "BODILY REMAINS" HAS THE SAME MEANING PRESCRIBED IN SECTION 36-2151.

~~3:~~ 4. "Director" means the director of the department of health services.

5. "FINAL DISPOSITION" HAS THE SAME MEANING PRESCRIBED IN SECTION 36-301.

~~4:~~ 6. "Medication abortion" means the use of any medication, drug or other substance that is intended to cause or induce an abortion.

~~5:~~ 7. "Perform" includes the initial administration of any medication, drug or other substance intended to cause or induce an abortion.

~~6:~~ 8. "Surgical abortion" has the same meaning prescribed in section 36-2151.

~~7:~~ 9. "Viable fetus" has the same meaning prescribed in section 36-2301.01.

Sec. 7. Section 36-449.03, Arizona Revised Statutes, is amended to read:

36-449.03. Abortion clinics; rules; civil penalties

A. The director shall adopt rules for an abortion clinic's physical facilities. At a minimum these rules shall prescribe standards for:

1. Adequate private space that is specifically designated for interviewing, counseling and medical evaluations.

2. Dressing rooms for staff and patients.

3. Appropriate lavatory areas.

4. Areas for preprocedure hand washing.

5. Private procedure rooms.

6. Adequate lighting and ventilation for abortion procedures.

7. Surgical or gynecologic examination tables and other fixed equipment.

8. Postprocedure recovery rooms that are supervised, staffed and equipped to meet the patients' needs.

9. Emergency exits to accommodate a stretcher or gurney.

10. Areas for cleaning and sterilizing instruments.

11. Adequate areas ~~for the secure storage of~~ **TO SECURELY STORE** medical records and necessary equipment and supplies.

12. The display in the abortion clinic, in a place that is conspicuous to all patients, of the clinic's current license issued by the department.

B. The director shall adopt rules to prescribe abortion clinic supplies and equipment standards, including supplies and equipment that are required to be immediately available for use or in an emergency. At a minimum these rules shall:

1. Prescribe required equipment and supplies, including medications, required ~~for the~~ **TO** conduct, in an appropriate fashion, ~~of~~ any abortion procedure that the medical staff of the clinic anticipates performing and ~~for monitoring~~ **TO MONITOR** the progress of each patient throughout the procedure and recovery period.

2. Require that the number or amount of equipment and supplies at the clinic is adequate at all times to ~~assure~~ **ENSURE** sufficient quantities of clean and sterilized durable equipment and supplies to meet the needs of each patient.

3. Prescribe required equipment, supplies and medications that shall be available and ready for immediate use in an emergency and requirements for written protocols and procedures to be followed by staff in an emergency, such as the loss of electrical power.

4. Prescribe required equipment and supplies for required laboratory tests and requirements for protocols to calibrate and maintain laboratory equipment at the abortion clinic or operated by clinic staff.

5. Require ultrasound equipment.

6. Require that all equipment is safe for the patient and the staff, meets applicable federal standards and is checked annually to ensure safety and appropriate calibration.

C. The director shall adopt rules relating to abortion clinic personnel. At a minimum these rules shall require that:

1. The abortion clinic designate a medical director of the abortion clinic who is licensed pursuant to title 32, chapter 13, 17 or 29.

2. Physicians performing abortions are licensed pursuant to title 32, chapter 13 or 17, demonstrate competence in the procedure involved and are acceptable to the medical director of the abortion clinic.

3. A physician is available:

(a) For a surgical abortion who has admitting privileges at a health care institution that is classified by the director as a hospital pursuant to section 36-405, subsection B and that is within thirty miles of the abortion clinic.

(b) For a medication abortion who has admitting privileges at a health care institution that is classified by the director as a hospital pursuant to section 36-405, subsection B.

4. If a physician is not present, a registered nurse, nurse practitioner, licensed practical nurse or physician assistant is present and remains at the clinic when abortions are performed to provide postoperative monitoring and care, or monitoring and care after inducing a medication abortion, until each patient who had an abortion that day is discharged.

5. Surgical assistants receive training in counseling, patient advocacy and the specific responsibilities of the services the surgical assistants provide.

6. Volunteers receive training in the specific responsibilities of the services the volunteers provide, including counseling and patient advocacy as provided in the rules adopted by the director for different types of volunteers based on their responsibilities.

D. The director shall adopt rules relating to the medical screening and evaluation of each abortion clinic patient. At a minimum these rules shall require:

1. A medical history, including the following:

(a) Reported allergies to medications, antiseptic solutions or latex.

(b) Obstetric and gynecologic history.

(c) Past surgeries.

2. A physical examination, including a bimanual examination estimating uterine size and palpation of the adnexa.

3. The appropriate laboratory tests, including:

(a) Urine or blood tests for pregnancy performed before the abortion procedure.

(b) A test for anemia.

(c) Rh typing, unless reliable written documentation of blood type is available.

(d) Other tests as indicated from the physical examination.

4. An ultrasound evaluation for all patients. The rules shall require that if a person who is not a physician performs an ultrasound examination, that person shall have documented evidence that the person completed a course in ~~the operation of~~ OPERATING ultrasound equipment as prescribed in rule. The physician or other health care professional shall review, at the request of the patient, the ultrasound evaluation results with the patient before the abortion procedure is performed, including the probable gestational age of the fetus.

5. That the physician is responsible for estimating the gestational age of the fetus based on the ultrasound examination and obstetric standards in keeping with established standards of care regarding the estimation of fetal age as defined in rule and shall write the estimate in the patient's medical history. The physician shall keep original prints of each ultrasound examination of a patient in the patient's medical history file.

E. The director shall adopt rules relating to the abortion procedure. At a minimum these rules shall require:

1. That medical personnel is available to all patients throughout the abortion procedure.

2. Standards for the safe conduct of abortion procedures that conform to obstetric standards in keeping with established standards of care regarding the estimation of fetal age as defined in rule.

3. Appropriate use of local anesthesia, analgesia and sedation if ordered by the physician.

4. The use of appropriate precautions, such as ~~the establishment of~~ ESTABLISHING intravenous access at least for patients undergoing second or third trimester abortions.

5. The use of appropriate monitoring of the vital signs and other defined signs and markers of the patient's status throughout the abortion procedure and during the recovery period until the patient's condition is deemed to be stable in the recovery room.

6. For abortion clinics performing or inducing an abortion for a woman whose unborn child is the gestational age of twenty weeks or more, minimum equipment standards to assist the physician in complying with section 36-2301. For the purposes of this paragraph, "abortion" and "gestational age" have the same meanings prescribed in section 36-2151.

F. THE DIRECTOR SHALL ADOPT RULES RELATING TO THE FINAL DISPOSITION OF BODILY REMAINS. ♦ AT A MINIMUM THESE RULES SHALL REQUIRE THAT:

1. THE FINAL DISPOSITION OF BODILY REMAINS FROM A SURGICAL ABORTION BE BY CREMATION OR INTERMENT.

2. FOR A SURGICAL ABORTION, THE WOMAN ON WHOM THE ABORTION IS PERFORMED HAS THE RIGHT TO DETERMINE THE METHOD AND LOCATION FOR FINAL DISPOSITION OF BODILY REMAINS.

~~F.~~ **G.** The director shall adopt rules that prescribe minimum recovery room standards. At a minimum these rules shall require that:

1. For a surgical abortion, immediate postprocedure care, or care provided after inducing a medication abortion, consists of observation in a supervised recovery room for as long as the patient's condition warrants.

2. The clinic arrange hospitalization if any complication beyond the management capability of the staff occurs or is suspected.

3. A licensed health professional who is trained in ~~the management of~~ **MANAGING** the recovery area and **WHO** is capable of providing basic cardiopulmonary resuscitation and related emergency procedures remains on the premises of the abortion clinic until all patients are discharged.

4. For a surgical abortion, a physician with admitting privileges at a health care institution that is classified by the director as a hospital pursuant to section 36-405, subsection B and that is within thirty miles of the abortion clinic remains on the premises of the abortion clinic until all patients are stable and are ready to leave the recovery room and to facilitate the transfer of emergency cases if hospitalization of the patient or viable fetus is necessary. A physician shall sign the discharge order and be readily accessible and available until the last patient is discharged.

5. A physician discusses RhO(d) immune globulin with each patient for whom it is indicated and ~~assures~~ **ENSURES THAT** it is offered to the patient in the immediate postoperative period or that it will be available to her within seventy-two hours after completion of the abortion procedure. ♦ If the patient refuses, a refusal form approved by the department shall be signed by the patient and a witness and included in the medical record.

6. Written instructions with regard to postabortion coitus, signs of possible problems and general aftercare are given to each patient. ♦ Each patient shall have specific instructions regarding access to medical care for complications, including a telephone number to call for medical emergencies.

7. There is a specified minimum length of time that a patient remains in the recovery room by type of abortion procedure and duration of gestation.

8. The physician ~~assures~~ **ENSURES** that a licensed health professional from the abortion clinic makes a good faith effort to contact the patient by telephone, with the patient's consent, within twenty-four hours after a surgical abortion to assess the patient's recovery.

9. Equipment and services are located in the recovery room to provide appropriate emergency resuscitative and life support procedures pending the transfer of the patient or viable fetus to the hospital.

~~G.~~ **H.** The director shall adopt rules that prescribe standards for follow-up visits. At a minimum these rules shall require that:

1. For a surgical abortion, a postabortion medical visit is offered and, if requested, scheduled for three weeks after the abortion, including a medical examination and a review of the results of all laboratory tests. ♦ For a medication abortion, the rules shall require that a postabortion medical visit is scheduled between one week and three weeks after the initial dose for a medication abortion to confirm the pregnancy is completely terminated and to assess the degree of bleeding.

2. A urine pregnancy test is obtained at the time of the follow-up visit to rule out continuing pregnancy. If a continuing pregnancy is suspected, the patient shall be evaluated and a physician who

performs abortions shall be consulted.

~~H~~ I. The director shall adopt rules to prescribe minimum abortion clinic incident reporting. At a minimum these rules shall require that:

1. The abortion clinic records each incident resulting in a patient's or viable fetus' serious injury occurring at an abortion clinic and shall report them in writing to the department within ten days after the incident. For the purposes of this paragraph, "serious injury" means an injury that occurs at an abortion clinic and that creates a serious risk of substantial impairment of a major body organ and includes any injury or condition that requires ambulance transportation of the patient.

2. If a patient's death occurs, other than a fetal death properly reported pursuant to law, the abortion clinic reports it to the department not later than the next department work day.

3. Incident reports are filed with the department and appropriate professional regulatory boards.

~~I~~ J. The director shall adopt rules relating to enforcement of this article. At a minimum, these rules shall require that:

1. For an abortion clinic that is not in substantial compliance with this article and the rules adopted pursuant to this article and section 36-2301 or that is in substantial compliance but refuses to carry out a plan of correction acceptable to the department of any deficiencies that are listed on the department's statement of deficiency, the department may do any of the following:

- (a) Assess a civil penalty pursuant to section 36-431.01.
- (b) Impose an intermediate sanction pursuant to section 36-427.
- (c) Suspend or revoke a license pursuant to section 36-427.
- (d) Deny a license.
- (e) Bring an action for an injunction pursuant to section 36-430.

2. In determining the appropriate enforcement action, the department consider the threat to the health, safety and welfare of the abortion clinic's patients or the general public, including:

- (a) Whether the abortion clinic has repeated violations of statutes or rules.
- (b) Whether the abortion clinic has engaged in a pattern of noncompliance.
- (c) The type, severity and number of violations.

~~J~~ K. The department shall not release personally identifiable patient or physician information.

~~K~~ L. The rules adopted by the director pursuant to this section do not limit the ability of a physician or other health professional to advise a patient on any health issue.

Sec. 8. Section 36-2151, Arizona Revised Statutes, is amended to read:

36-2151. Definitions

In this article, unless the context otherwise requires:

1. "Abortion" means the use of any means to terminate the clinically diagnosable pregnancy of a woman with knowledge that the termination by those means will cause, with reasonable likelihood, the death of the unborn child. Abortion does not include birth control devices, oral contraceptives used to inhibit or prevent ovulation, conception or the implantation of a fertilized ovum in the uterus or the use of any means to save the life or preserve the health of the unborn child, to preserve the life or health of the child after a live birth, to terminate an ectopic pregnancy or to remove a dead fetus.

2. "Auscultation" means the act of listening for sounds made by internal organs of the unborn child, specifically for a heartbeat, using an ultrasound transducer and fetal heart rate monitor.

3. "BODILY REMAINS" MEANS THE PHYSICAL REMAINS, CORPSE OR BODY PARTS OF AN UNBORN CHILD WHO HAS BEEN EXPELLED OR EXTRACTED FROM HIS OR HER MOTHER THROUGH ABORTION.

~~3~~ 4. "Conception" means the fusion of a human spermatozoon with a human ovum.

5. "FINAL DISPOSITION" HAS THE SAME MEANING PRESCRIBED IN SECTION 36-301.

6. "GENETIC ABNORMALITY" HAS THE SAME MEANING PRESCRIBED IN SECTION 13-3603.02.

~~4~~ 7. "Gestational age" means the age of the unborn child as calculated from the first day of the last menstrual period of the pregnant woman.

~~5~~ 8. "Health professional" has the same meaning prescribed in section 32-3201.

~~6~~ 9. "Medical emergency" means a condition that, on the basis of the physician's good faith clinical judgment, so complicates the medical condition of a pregnant woman as to necessitate the immediate abortion of her pregnancy to avert her death or for which a delay will create serious risk of substantial and irreversible impairment of a major bodily function.

~~7~~ 10. "Medication abortion" means the use of any medication, drug or other substance that is intended to cause or induce an abortion.

~~8~~ 11. "Physician" means a person who is licensed pursuant to title 32, chapter 13 or 17.

~~9~~ 12. "Pregnant" or "pregnancy" means a female reproductive condition of having a developing unborn child in the body and that begins with conception.

~~10~~ 13. "Probable gestational age" means the gestational age of the unborn child at the time the abortion is planned to be performed and as determined with reasonable probability by the attending physician.

~~11~~ 14. "Surgical abortion" means the use of a surgical instrument or a machine to terminate the clinically diagnosable pregnancy of a woman with knowledge that the termination by those means will cause, with reasonable likelihood, the death of the unborn child. ~~◆~~ Surgical abortion does not include the use of any means to increase the probability of a live birth, to preserve the life or health of the child after a live birth, to terminate an ectopic pregnancy or to remove a dead fetus. ~~◆~~ Surgical abortion does not include patient care incidental to the procedure.

~~12~~ 15. "Ultrasound" means the use of ultrasonic waves for diagnostic or therapeutic purposes to monitor a developing unborn child.

~~13~~ 16. "Unborn child" means the offspring of human beings from conception until birth.

Sec. 9. Section 36-2153, Arizona Revised Statutes, is amended to read:

36-2153. Informed consent; requirements; information; website; signage; violation; civil relief; statute of limitations

A. An abortion shall not be performed or induced without the voluntary and informed consent of the woman on whom the abortion is to be performed or induced. Except in the case of a medical emergency and in addition to the other requirements of this chapter, consent to an abortion is voluntary and informed only if all of the following are true:

1. At least twenty-four hours before the abortion, the physician who is to perform the abortion or the referring physician has informed the woman, orally and in person, of:

(a) The name of the physician who will perform the abortion.

(b) The nature of the proposed procedure or treatment.

(c) The immediate and long-term medical risks associated with the procedure that a reasonable patient would consider material to the decision of whether or not to undergo the abortion.

(d) Alternatives to the procedure or treatment that a reasonable patient would consider material to the decision of whether or not to undergo the abortion.

(e) The probable gestational age of the unborn child at the time the abortion is to be performed.

(f) The probable anatomical and physiological characteristics of the unborn child at the time the abortion is to be performed.

(g) The medical risks associated with carrying the child to term.

2. At least twenty-four hours before the abortion, the physician who is to perform the abortion, the referring physician or a qualified physician, physician assistant, nurse, psychologist or licensed behavioral health professional to whom the responsibility has been delegated by either physician has informed the woman, orally and in person, that:

(a) Medical assistance benefits may be available for prenatal care, childbirth and neonatal care.

(b) The father of the unborn child is liable to assist in the support of the child, even if he has offered to pay for the abortion. ~~◆~~ In the case of rape or incest, this information may be omitted.

(c) Public and private agencies and services are available to assist the woman during her pregnancy and after the birth of her child if she chooses not to have an abortion, whether she chooses to keep the child or place the child for adoption.

(d) It is unlawful for any person to coerce a woman to undergo an abortion.

(e) The woman is free to withhold or withdraw her consent to the abortion at any time without affecting her right to future care or treatment and without the loss of any state or federally funded benefits to which she might otherwise be entitled.

(f) The department of health services maintains a website that describes the unborn child and lists the agencies that offer alternatives to abortion.

(g) The woman has ~~a~~ THE right to review the website and that a printed copy of the materials on the website will be provided to her free of charge if she chooses to review these materials.

(h) **IN THE CASE OF A SURGICAL ABORTION, THE WOMAN HAS THE RIGHT TO DETERMINE FINAL DISPOSITION OF BODILY REMAINS AND TO BE INFORMED OF THE AVAILABLE OPTIONS FOR LOCATIONS AND METHODS FOR DISPOSITION OF BODILY REMAINS.**

3. The information in paragraphs 1 and 2 of this subsection is provided to the woman individually and in a private room to protect her privacy and to ensure that the information focuses on her individual circumstances and that she has adequate opportunity to ask questions.

4. The woman certifies in writing before the abortion that the information required to be provided pursuant to paragraphs 1 and 2 of this subsection has been provided.

5. IN THE CASE OF A SURGICAL ABORTION, IF THE WOMAN DESIRES TO EXERCISE HER RIGHT TO DETERMINE FINAL DISPOSITION OF BODILY REMAINS, THE WOMAN INDICATES IN WRITING HER CHOICE FOR THE LOCATION AND METHOD OF FINAL DISPOSITION OF BODILY REMAINS.

B. If a woman has taken mifepristone as part of a two-drug regimen to terminate her pregnancy, has not yet taken the second drug and consults an abortion clinic questioning her decision to terminate her pregnancy or seeking information regarding the health of her fetus or the efficacy of mifepristone alone to terminate a pregnancy, the abortion clinic staff shall inform the woman that the use of mifepristone alone to end a pregnancy is not always effective and that she should immediately consult a physician if she would like more information.

C. If a medical emergency compels the performance of an abortion, the physician shall inform the woman, before the abortion if possible, of the medical indications supporting the physician's judgment that an abortion is necessary to avert the woman's death or to avert substantial and irreversible impairment of a major bodily function.

D. The department of health services shall establish and shall annually update a website that includes a link to a printable version of all materials listed on the website. ♦ The materials must be written in an easily understood manner and printed in a typeface that is large enough to be clearly legible. The website must include all of the following materials:

1. Information that is organized geographically by location and that is designed to inform the woman about public and private agencies and services that are available to assist a woman through pregnancy, at childbirth and while her child is dependent, including adoption agencies. ♦ The materials shall include a comprehensive list of the agencies, a description of the services they offer and the manner in which these agencies may be contacted, including the agencies' telephone numbers and website addresses.

2. Information on the availability of medical assistance benefits for prenatal care, childbirth and neonatal care.

3. A statement that it is unlawful for any person to coerce a woman to undergo an abortion.

4. A statement that any physician who performs an abortion on a woman without obtaining the woman's voluntary and informed consent or without affording her a private medical consultation may be liable to the woman for damages in a civil action.

5. A statement that the father of a child is liable to assist in the support of that child, even if the father has offered to pay for an abortion, and that the law allows adoptive parents to pay costs of prenatal care, childbirth and neonatal care.

6. Information that is designed to inform the woman of the probable anatomical and physiological characteristics of the unborn child at two-week gestational increments from fertilization to full term, including pictures or drawings representing the development of unborn children at two-week gestational increments and any relevant information on the possibility of the unborn child's survival. The pictures or drawings must contain the dimensions of the unborn child and must be realistic and appropriate for each stage of pregnancy. The information provided pursuant to this paragraph must be objective, nonjudgmental and designed to convey only accurate scientific information about the unborn child at the various gestational ages.

7. Objective information that describes the methods of abortion procedures commonly employed, the medical risks commonly associated with each procedure, the possible detrimental

psychological effects of abortion and the medical risks commonly associated with carrying a child to term.

8. Information explaining the efficacy of mifepristone taken alone, without a follow-up drug as part of a two-drug regimen, to terminate a pregnancy and advising a woman to immediately contact a physician if the woman has taken only mifepristone and questions her decision to terminate her pregnancy or seeks information regarding the health of her fetus.

E. An individual who is not a physician shall not perform a surgical abortion.

F. A person shall not write or communicate a prescription for a drug or drugs to induce an abortion or require or obtain payment for a service provided to a patient who has inquired about an abortion or scheduled an abortion until the ~~expiration of the~~ twenty-four-hour reflection period required by subsection A of this section **EXPIRES**.

G. A person shall not intimidate or coerce in any way any person to obtain an abortion. ~~◆~~ A parent, a guardian or any other person shall not coerce a minor to obtain an abortion. If a minor is denied financial support by the minor's parents, guardians or custodian due to the minor's refusal to have an abortion performed, the minor is deemed emancipated for the purposes of eligibility for public assistance benefits, except that the emancipated minor may not use these benefits to obtain an abortion.

H. An abortion clinic as defined in section 36-449.01 shall conspicuously post signs that are visible to all who enter the abortion clinic, that are clearly readable and that state it is unlawful for any person to force a woman to have an abortion and a woman who is being forced to have an abortion has the right to contact any local or state law enforcement or social service agency to receive protection from any actual or threatened physical, emotional or psychological abuse. The signs shall be posted in the waiting room, consultation rooms and procedure rooms.

I. A person shall not require a woman to obtain an abortion as a provision in a contract or as a condition of employment.

J. A physician who knowingly violates this section commits an act of unprofessional conduct and is subject to license suspension or revocation pursuant to title 32, chapter 13 or 17.

K. In addition to other remedies available under the common or statutory law of this state, any of the following may file a civil action to obtain appropriate relief for a violation of this section:

1. A woman on whom an abortion has been performed without her informed consent as required by this section.

2. The father of the unborn child if the father was married to the mother at the time she received the abortion, unless the pregnancy resulted from the plaintiff's criminal conduct.

3. ~~The A maternal grandparents~~ **GRANDPARENT** of the unborn child if the mother was not at least eighteen years of age at the time of the abortion, unless the pregnancy resulted from the plaintiff's criminal conduct.

L. A civil action filed pursuant to subsection K of this section shall be brought in the superior court in the county in which the woman on whom the abortion was performed resides and may be based on a claim that failure to obtain informed consent was a result of simple negligence, gross negligence, wantonness, wilfulness, intention or any other legal standard of care. Relief pursuant to subsection K of this section includes the following:

1. Money damages for all psychological, emotional and physical injuries resulting from the violation of this section.

2. Statutory damages in an amount equal to ~~five thousand dollars~~ **\$5,000** or three times the cost of the abortion, whichever is greater.

3. Reasonable attorney fees and costs.

M. A civil action brought pursuant to this section must be initiated within six years after the violation occurred.

Sec. 10. Section 36-2157, Arizona Revised Statutes, is amended to read:

36-2157. Affidavit

A person shall not knowingly perform or induce an abortion before that person completes an affidavit that:

1. States that the person making the affidavit is not aborting the child because of the child's sex or race **OR BECAUSE OF A GENETIC ABNORMALITY OF THE CHILD** and has no knowledge that the child to be aborted is being aborted because of the child's sex or race **OR BECAUSE OF A GENETIC ABNORMALITY OF THE CHILD**.

2. Is signed by the person performing or inducing the abortion.

Sec. 11. Section 36-2158, Arizona Revised Statutes, is amended to read:

36-2158. Informed consent; fetal condition; website; unprofessional conduct; civil relief; statute of limitations; definitions

A. A person shall not perform or induce an abortion without first obtaining the voluntary and informed consent of the woman on whom the abortion is to be performed or induced. Except in the case of a medical emergency and in addition to the other requirements of this chapter, consent to an abortion is voluntary and informed only if all of the following occur:

1. In the case of a woman seeking an abortion of her unborn child diagnosed with a lethal fetal condition, at least twenty-four hours before the abortion the physician who is to perform the abortion or the referring physician has informed the woman, orally and in person, that:

(a) Perinatal hospice services are available and the physician has offered this care as an alternative to abortion.

(b) The department of health services maintains a website that lists perinatal hospice programs that are available both in this state and nationally and that are organized geographically by location.

(c) The woman has a right to review the website and that a printed copy of the materials on the website will be provided to her free of charge if she chooses to review these materials.

2. In the case of a woman seeking an abortion of her unborn child diagnosed with a nonlethal fetal condition, at least twenty-four hours before the abortion the physician who is to perform the abortion or the referring physician has informed the woman, orally and in person:

(a) Of up-to-date, evidence-based information concerning the range of outcomes for individuals living with the diagnosed condition, including physical, developmental, educational and psychosocial outcomes.

(b) That the department of health services maintains a website that lists information regarding support services, hotlines, resource centers or clearinghouses, national and local peer support groups and other education and support programs available to assist the woman and her unborn child, any national or local registries of families willing to adopt newborns with the nonlethal fetal condition and contact information for adoption agencies willing to place newborns with the nonlethal fetal condition with families willing to adopt.

(c) That the woman has a right to review the website and that a printed copy of the materials on the website will be provided to her free of charge if she chooses to review these materials.

(d) THAT SECTION 13-3603.02 PROHIBITS ABORTION BECAUSE OF THE UNBORN CHILD'S SEX OR RACE OR BECAUSE OF A GENETIC ABNORMALITY.

3. The woman certifies in writing before the abortion that the information required to be provided pursuant to this subsection has been provided.

B. The department of health services shall establish ~~a website within ninety days after the effective date of this section~~ and shall annually update ~~the A website.~~ **THE WEBSITE SHALL INCLUDE THAT INCLUDES** the information prescribed in subsection A, paragraph 1, subdivision (b) and paragraph 2, subdivision (b) of this section.

C. A physician who knowingly violates this section commits an act of unprofessional conduct and is subject to license suspension or revocation pursuant to title 32, chapter 13 or 17.

D. In addition to other remedies available under the common or statutory law of this state, any of the following individuals may file a civil action to obtain appropriate relief for a violation of this section:

1. A woman on whom an abortion has been performed without her informed consent as required by this section.

2. The father of the unborn child if the father **is WAS** married to the mother at the time she received the abortion, unless the pregnancy resulted from the father's criminal conduct.

3. ~~The A~~ maternal ~~grandparents~~ **GRANDPARENT** of the unborn child if the mother was not at least eighteen years of age at the time of the abortion, unless the pregnancy resulted from ~~either of~~ the maternal grandparent's criminal conduct.

E. A civil action filed pursuant to subsection D of this section shall be brought in the superior court in the county in which the woman on whom the abortion was performed resides and may be based on a claim that failure to obtain informed consent was a result of simple negligence, gross

negligence, wantonness, wilfulness, intention or any other legal standard of care.◆ Relief pursuant to this subsection includes the following:

1. Money damages for all psychological, emotional and physical injuries resulting from the violation of this section.

2. Statutory damages in an amount equal to ~~five thousand dollars~~ \$5,000 or three times the cost of the abortion, whichever is greater.

3. Reasonable attorney fees and costs.

F. A civil action brought pursuant to this section must be initiated within six years after the violation occurred.

G. For the purposes of this section:

1. "Lethal fetal condition" means a fetal condition that is diagnosed before birth and that will result, with reasonable certainty, in the death of the unborn child within three months after birth.

2. "Nonlethal fetal condition" means a fetal condition that is diagnosed before birth and that will not result in the death of the unborn child within three months after birth but may result in physical or mental disability or abnormality.

3. "Perinatal hospice" means comprehensive support to the pregnant woman and her family that includes supportive care from the time of diagnosis through the time of birth and death of the infant and through the postpartum period. Supportive care may include counseling and medical care by maternal-fetal medical specialists, obstetricians, neonatologists, anesthesia specialists, clergy, social workers and specialty nurses who are focused on alleviating fear and ensuring that the woman and her family experience the life and death of the child in a comfortable and supportive environment.

Sec. 12. Title 36, chapter 20, article 1, Arizona Revised Statutes, is amended by adding section 36-2160, to read:

36-2160. Abortion-inducing drugs; definition

A. AN ABORTION-INDUCING DRUG MAY BE PROVIDED ONLY BY A QUALIFIED PHYSICIAN IN ACCORDANCE WITH THE REQUIREMENTS OF THIS CHAPTER.

B. A MANUFACTURER, SUPPLIER OR PHYSICIAN OR ANY OTHER PERSON IS PROHIBITED FROM PROVIDING AN ABORTION-INDUCING DRUG VIA COURIER, DELIVERY OR MAIL SERVICE.

C. THIS SECTION DOES NOT APPLY TO DRUGS THAT MAY BE KNOWN TO CAUSE AN ABORTION BUT THAT ARE PRESCRIBED FOR OTHER MEDICAL INDICATIONS.

D. FOR THE PURPOSES OF THIS SECTION, "ABORTION-INDUCING DRUG" MEANS A MEDICINE OR DRUG OR ANY OTHER SUBSTANCE USED FOR A MEDICATION ABORTION.

Sec. 13. Section 36-2161, Arizona Revised Statutes, is amended to read:

36-2161. Abortions; reporting requirements

A. A hospital or facility in this state where abortions are performed must submit to the department of health services on a form prescribed by the department a report of each abortion performed in the hospital or facility. The report shall not identify the individual patient by name or include any other information or identifier that would make it possible to identify, in any manner or under any circumstances, a woman who has obtained or sought to obtain an abortion.◆ The report must include the following information:

1. The name and address of the facility where the abortion was performed.

2. The type of facility where the abortion was performed.

3. The county where the abortion was performed.

4. The woman's age.

5. The woman's educational background by highest grade completed and, if applicable, level of college completed.

6. The county and state in which the woman resides.

7. The woman's race and ethnicity.

8. The woman's marital status.

9. The number of prior pregnancies and prior abortions of the woman.

10. The number of previous spontaneous terminations of pregnancy of the woman.

11. The gestational age of the unborn child at the time of the abortion.

12. The reason for the abortion, including at least one of the following:

(a) The abortion is elective.

- (b) The abortion is due to maternal health considerations, including one of the following:
 - (i) A premature rupture of membranes.
 - (ii) An anatomical abnormality.
 - (iii) Chorioamnionitis.
 - (iv) Preeclampsia.
 - (v) Other.
 - (c) The abortion is due to fetal health considerations, including the fetus being diagnosed with at least one of the following:
 - (i) A lethal anomaly.
 - (ii) A central nervous system anomaly.
 - ~~(iii) Trisomy 18:~~
 - ~~(iv) Trisomy 21:~~
 - ~~(v) Triploidy:~~
 - ~~(vi)~~ (iii) Other.
 - (d) The pregnancy is the result of a sexual assault.
 - (e) The pregnancy is the result of incest.
 - (f) The woman is being coerced into obtaining an abortion.
 - (g) The woman is a victim of sex trafficking.
 - (h) The woman is a victim of domestic violence.
 - (i) Other.
 - (j) The woman declined to answer.
13. The type of procedure performed or prescribed and the date of the abortion.
14. Any preexisting medical conditions of the woman that would complicate pregnancy.
15. Any known medical complication that resulted from the abortion, including at least one of the following:
- (a) Shock.
 - (b) Uterine perforation.
 - (c) Cervical laceration requiring suture or repair.
 - (d) Heavy bleeding or hemorrhage with estimated blood loss of at least five hundred cubic centimeters.
 - (e) Aspiration or allergic response.
 - (f) Postprocedure infection.
 - (g) Sepsis.
 - (h) Incomplete abortion retaining part of the fetus requiring reevacuation.
 - (i) Damage to the uterus.
 - (j) Failed termination of pregnancy.
 - (k) Death of the patient.
 - (l) Other.
 - (m) None.
16. The basis for any medical judgment that a medical emergency existed that excused the physician from compliance with the requirements of this chapter.
17. The physician's statement if required pursuant to section 36-2301.01.
18. If applicable, the weight of the aborted fetus for any abortion performed pursuant to section 36-2301.01.
19. Whether a fetus or embryo was delivered alive as defined in section 36-2301 during or immediately after an attempted abortion and the efforts made to promote, preserve and maintain the life of the fetus or embryo pursuant to section 36-2301.
20. Statements by the physician and all clinical staff who observed the fetus or embryo during or immediately after the abortion certifying under penalty of perjury that, to the best of their knowledge, the aborted fetus or embryo was not delivered alive as defined in section 36-2301.
21. The medical specialty of the physician performing the abortion, including one of the following:
- (a) Obstetrics-gynecology.
 - (b) General or family practice.
 - (c) Emergency medicine.
 - (d) Other.
22. The type of admission for the patient, including whether the abortion was performed:

- (a) As an outpatient procedure in an abortion clinic.
- (b) As an outpatient procedure at a hospital.
- (c) As an inpatient procedure at a hospital.
- (d) As an outpatient procedure at a health care institution other than an abortion clinic or hospital.

23. Whether anesthesia was administered to the mother.

24. Whether anesthesia was administered to the unborn child.

25. **WHETHER ANY GENETIC ABNORMALITY OF THE UNBORN CHILD WAS DETECTED AT OR BEFORE THE TIME OF THE ABORTION BY GENETIC TESTING, SUCH AS MATERNAL SERUM TESTS, OR BY ULTRASOUND, SUCH AS NUCHAL TRANSLUCENCY SCREENING, OR BY OTHER FORMS OF TESTING.**

26. **IF A SURGICAL ABORTION WAS PERFORMED, THE METHOD OF FINAL DISPOSITION OF BODILY REMAINS AND WHETHER THE WOMAN EXERCISED HER RIGHT TO CHOOSE THE FINAL DISPOSITION OF BODILY REMAINS.**

B. The hospital or facility shall request the information specified in subsection A, paragraph 12 of this section at the same time the information pursuant to section 36-2153 is provided to the woman individually and in a private room to protect the woman's privacy. The information requested pursuant to subsection A, paragraph 12 of this section may be obtained on a medical form provided to the woman to complete if the woman completes the form individually and in a private room.

C. If the woman who is seeking the abortion discloses that the abortion is being sought because of a reason described in subsection A, paragraph 12, subdivision (d), (e), (f), (g) or (h) of this section, the hospital or facility shall provide the woman with information regarding the woman's right to report a crime to law enforcement and resources available for assistance and services, including a national human trafficking resource hotline.

D. The report must be signed by the physician who performed the abortion or, if a health professional other than a physician is authorized by law to prescribe or administer abortion medication, the signature and title of the person who prescribed or administered the abortion medication. The form may be signed electronically and shall indicate that the person who signs the report is attesting that the information in the report is correct to the best of the person's knowledge. The hospital or facility must transmit the report to the department within fifteen days after the last day of each reporting month.

E. Any report filed pursuant to this section shall be filed electronically at an internet website that is designated by the department unless the person required to file the report applies for a waiver from electronic reporting by submitting a written request to the department.

Sec. 14. **Exemption from rulemaking**

For the purposes of this act, the department of health services is exempt from the rulemaking requirements of title 41, chapter 6, Arizona Revised Statutes, for one year after the effective date of this act.

Sec. 15. **Legislative findings and intent**

The Legislature finds that prohibiting persons from performing abortions knowing that the abortion is sought because of a genetic abnormality of the child advances at least three compelling state interests. First, this act protects the disability community from discriminatory abortions, including for example Down-syndrome-selective abortions. The Legislature finds that in the United States and abroad fetuses with Down syndrome are disproportionately targeted for abortions, with between 61 percent and 91 percent choosing abortion when it is discovered on a prenatal test. See Box v. Planned Parenthood of Indiana and Kentucky, Inc., 139 S. Ct. 1780, 1790-91 (2019) (Thomas, J., concurring). The Legislature intends to send an unambiguous message that children with genetic abnormalities, whether born or unborn, are equal in dignity and value to their peers without genetic abnormalities, born or unborn. Second, this act protects against coercive health care practices that encourage selective abortions of persons with genetic abnormalities. The Sixth Circuit Court of Appeals recently found that empirical reports from parents of children with Down syndrome attest that their doctors explicitly encouraged abortion or emphasized the challenges of raising children with Down syndrome, and there is medical literature to that effect. See Preterm-Cleveland v. McCloud, No. 18-3329, ___ F.3d ___, 2021 WL 1377279, at *2 (6th Cir. Apr. 13, 2021) (citing David A. Savitz, How Far Can Prenatal Screening Go in Preventing Birth Defects, 152 J. of Pediatrics 3, 3 (2008) (arguing that "selective pregnancy terminations and reduced birth prevalence [of Down

syndrome is] a desirable and attainable goal")).[◆] Third, this act protects the integrity and ethics of the medical profession by preventing doctors from becoming witting participants in genetic-abnormality-selective abortions. The Legislature finds that an industry that is associated with the view that some lives or potential lives are worth more than others is less likely to earn or retain the public's trust. All three of these purposes are also present for the similar prohibition in Arizona law on performing abortions knowing that the abortion is sought based on the sex or race of the child or the race of a parent of that child.[◆] The Legislature incorporates into its findings the statistics recently provided by this state and other states to the Supreme Court of the United States.[◆] See Brief of the States of Wisconsin et al. at pages 17-25, Box v. Planned Parenthood of Indiana and Kentucky, Inc., No. 18-483, 2018 WL 6042853, available at https://www.supremecourt.gov/DocketPDF/18/18-483/72184/20181115122354603_18-483%20Brief%20of%20States%20of%20Wisconsin%20et%20al%20Supporting%20Petitioners.pdf.

Sec. 16. Intervention

The Legislature, by concurrent resolution, may appoint one or more of its members who sponsored or cosponsored this act in the member's official capacity to intervene as a matter of right in any case in which the constitutionality of this act is challenged.

Sec. 17. Construction

This act does not create or recognize a right to an abortion and does not make lawful an abortion that is currently unlawful.

Sec. 18. Severability

If a provision of this act or its application to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of this act that can be given effect without the invalid provision or application, and to this end the provisions of this act are severable.

APPROVED BY THE GOVERNOR APRIL 27, 2021.

FILED IN THE OFFICE OF THE SECRETARY OF STATE APRIL 27, 2021.