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*\*Applications for admission pro hac vice forthcoming  
\*\*Admitted pursuant to Ariz. Sup. Ct. R. 38(f)*

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

Planned Parenthood Arizona, Inc.; Eric Reuss,  
M.D., M.P.H.; Paul A. Isaacson, M.D.; Desert  
Star Family Planning, LLC; DeShawn Taylor,  
M.D.,

Plaintiffs,

v.

Mark Brnovich, Arizona Attorney General, in  
his official capacity; Cara M. Christ, Director of  
the Arizona Department of Health Services, in

**COMPLAINT FOR INJUNCTIVE  
AND DECLARATORY RELIEF**

Civil Action No. \_\_\_\_\_

1 her official capacity; Patricia E. McSorley,  
2 Executive Director of the Arizona Medical  
3 Board, in her official capacity; Richard T. Perry,  
4 M.D., Medical Board Chair, in his official  
5 capacity; James Gillard, M.D., Medical Board  
6 Vice Chair, in his official capacity; Jodi A. Bain,  
7 Medical Board Member, in her official capacity;  
8 Marc D. Berg, M.D., Medical Board Member, in  
9 his official capacity; Donna Brister, Medical  
10 Board Member, in her official capacity; R.  
11 Screven Farmer, M.D., Medical Board Member,  
12 in his official capacity; Gary R. Figge, M.D.  
13 Medical Board Member, in his official capacity;  
14 Robert E. Fromm, M.D., Medical Board  
15 Member, in his official capacity; Paul S.  
16 Gerding, Medical Board Member, in his official  
17 capacity; Lois Krahn, M.D., Medical Board  
18 Member, in her official capacity; Edward G.  
19 Paul, M.D., Medical Board Member, in his  
20 official capacity; Wanda J. Salter, Medical  
21 Board Member, in her official capacity; Jenna  
22 Jones, Executive Director of the Arizona Board  
23 of Osteopathic Examiners in Medicine and  
24 Surgery, in her official capacity; Scott Steingard,  
25 D.O., Board of Osteopathic Examiners in  
26 Medicine and Surgery President, in his official  
27 capacity; Douglas Cunningham, D.O., Board of  
28 Osteopathic Examiners in Medicine and Surgery  
29 Vice President, in his official capacity; Gary  
30 Erbstoesser, D.O., Board of Osteopathic  
31 Examiners in Medicine and Surgery Member, in  
32 his official capacity; Jerry G. Landau, Board of  
33 Osteopathic Examiners in Medicine and Surgery  
34 Member, in his official capacity; Martin B.  
35 Reiss, D.O., Board of Osteopathic Examiners in  
36 Medicine and Surgery Member, in his official  
37 capacity; Lew Riggs, Board of Osteopathic  
38 Examiners in Medicine and Surgery Member, in  
39 his official capacity; Vas Sabeeh, D.O., Board of  
40 Osteopathic Examiners in Medicine and Surgery  
41 Member, in his official capacity,

Defendants.



1           3. In addition, the Act requires that women seeking an abortion receive false,  
2 misleading, and/or irrelevant information, which is harmful to Plaintiffs’ patients, in  
3 violation of those patients’ Fourteenth Amendment rights.

4           4. To protect their constitutional rights and the rights of their patients, Plaintiffs  
5 seek a judgment declaring that these new requirements of Arizona law are  
6 unconstitutional and enjoining their enforcement.

7           **II. JURISDICTION AND VENUE**

8           5. Jurisdiction is conferred on this Court by 28 U.S.C. §§ 1331 and 1343(a)(3).  
9 Plaintiffs’ claims for declaratory and injunctive relief are authorized by  
10 28 U.S.C. §§ 2201 and 2202, by Rules 57 and 65 of the Federal Rules of Civil Procedure,  
11 and by the general legal and equitable powers of this Court.

12           6. Venue is appropriate under 28 U.S.C. §§ 1391(b)(1) and (2) because events  
13 giving rise to this action occur in this District and Defendants are located in this District.

14           **III. THE PARTIES**

15           **A. Plaintiffs**

16           7. Plaintiff PPAZ is a nonprofit corporation organized under the laws of Arizona  
17 and is the largest provider of reproductive health services in Arizona, operating 11 health  
18 centers throughout the state and providing a broad range of reproductive and sexual  
19 health services, including cervical cancer screening, breast exams, testing and treatment  
20 for sexually transmitted infections, contraception, and surgical and medication abortion.  
21 PPAZ also provides abortion services, both surgical and medication abortion, at four of  
22 its health centers, which are licensed by the Arizona Department of Health Services  
23 (“ADHS”). In 2014, PPAZ provided more than 6500 abortions, approximately 32 percent  
24 of which were early medication abortions using a regimen comprised of the medications  
25 mifepristone and misoprostol and 68 percent of which were surgical. PPAZ brings this  
26 action on behalf of itself, its patients, and the physicians it employs to provide services to  
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1 its patients, who are licensed to practice medicine by the Arizona Medical Board and the  
2 Arizona Board of Osteopathic Examiners in Medicine and Surgery.

3 8. Plaintiff Eric Reuss, M.D., M.P.H., is a board-certified obstetrician and  
4 gynecologist licensed to practice medicine in Arizona. He has a private, solo, general  
5 obstetrics and gynecology practice, Scottsdale Obstetrics & Gynecology, P.C., in  
6 Scottsdale, Arizona. Dr. Reuss has practiced medicine for 15 years. He is a Diplomate of  
7 the American College of Obstetrics and Gynecology, Treasurer of that organization's  
8 Arizona Section, and immediate past Chair of Obstetrics and Gynecology at Scottsdale  
9 Healthcare Osborn. Dr. Reuss provides his patients with the full range of general  
10 obstetrics and gynecology care, including well-woman care; prenatal care; labor and  
11 delivery care for approximately 150 women per year; family planning services; and  
12 abortion care, both medication and surgical, for approximately 20 women per year. Dr.  
13 Reuss sues as an individual on his own behalf and on behalf of his patients seeking  
14 abortion.

15 9. Plaintiff Paul A. Isaacson, M.D., is a board-certified obstetrician and  
16 gynecologist licensed to medicine practice in Arizona. For more than twenty years, Dr.  
17 Isaacson has provided reproductive health care to thousands of women in Phoenix,  
18 including delivering babies and providing abortions. He is currently a physician at Family  
19 Planning Associates Medical Group, a private medical practice in Phoenix, of which he is  
20 the co-owner. At Family Planning Associates, Dr. Isaacson provides a wide range of  
21 reproductive health care services, including both surgical and medication abortion. Last  
22 year, Family Planning Associates provided approximately 1900 abortions, of which about  
23 17 percent were medication abortions. Dr. Isaacson sues on his own behalf and on behalf  
24 of his patients seeking abortion.

25 10. Plaintiff Desert Star Family Planning, LLC, is a private physician practice  
26 located in Phoenix, Arizona, which provides comprehensive family planning, well  
27 woman, and basic men's sexual health services. This includes medication and surgical  
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1 abortion, and miscarriage management. Desert Star Family Planning is licensed by  
2 ADHS. Plaintiff DeShawn Taylor, M.D., is Desert Star’s owner and medical director, and  
3 is a board-certified obstetrician and gynecologist licensed to practice medicine in  
4 Arizona. Desert Star and Dr. Taylor sue on their own behalves and on behalf of their  
5 patients seeking abortion.

6 **B. Defendants**

7 11. Defendant Mark Brnovich is the Attorney General of the State of Arizona,  
8 and is sued in his official capacity. Defendant Brnovich has the authority to enforce the  
9 Act. As “chief legal officer of the state,” he is “the legal advisor of the departments of  
10 this state and render[s] such legal services as the departments require.” Ariz. Rev. Stat. §  
11 41-192. The Attorney General is charged with certain obligations in connection with  
12 enforcement of licensing provisions for all health care institutions (including abortion  
13 clinics), including bringing actions to revoke a license or enjoin the operation of a  
14 licensee, *id.* § 36-429(B), and actions to recover civil penalties for violation of licensing  
15 obligations, *id.* § 36-431.01(E). Further, the Attorney General may petition to enjoin the  
16 practice of osteopathic medicine by a physician to prevent irreparable damage to the  
17 public health and safety. *Id.* § 32-1857.

18 12. Defendant Cara Christ, M.D., is the Director of ADHS, and is sued in her  
19 official capacity. She has the power and duty to administer and enforce licensure  
20 requirements for healthcare institutions, including abortion clinics. *See, e.g., id.* § 36-  
21 427(A)(1) (“The director may . . . suspend or revoke, in whole or in part, the license of  
22 any health care institution if its owners, officers, agents, or employees . . . [v]iolate this  
23 chapter or the rules of the department adopted pursuant to this chapter.”); § 36-431.01(A)  
24 (“The director may assess a civil penalty against a person who violates this chapter or a  
25 rule adopted pursuant to this chapter . . . .”); § 36-449.02 (“If an inspection . . . reveals  
26 that an abortion clinic is not adhering to this article or any other law or rule concerning  
27 abortion, the director may take action . . . .”).

1           13. Defendant Patricia E. McSorley, is the Executive Director of the Arizona  
2 Medical Board (“AMB”), and, as such, has the duty to “[i]nitiate an investigation if  
3 evidence appears to demonstrate that a physician may be engaged in unprofessional  
4 conduct,” *id.* § 32-1405(C)(12). In addition, Defendant McSorley must “sign and execute  
5 disciplinary orders, rehabilitative orders and notices of hearings as directed by the  
6 board[,]” and review any complaint alleging unprofessional conduct. *Id.* § 32-  
7 1405(C)(14) and (21). Defendant McSorley is sued in her official capacity.

8           14. Defendants Richard T. Perry, M.D., AMB Chair; James Gillard, M.D., AMB  
9 Vice Chair; Jodi A. Bain; Marc D. Berg, M.D.; Donna Brister; R. Screven Farmer, M.D.;  
10 Gary R. Figge, M.D.; Robert E. Fromm, M.D.; Paul S. Gerding; Lois Krahn, M.D.;  
11 Edward G. Paul, M.D.; and Wanda J. Salter, are members of the AMB, an agency of the  
12 State of Arizona. Each is named herein and sued herein in his or her official capacity. The  
13 AMB has the primary duty to ensure the safe and appropriate practice of allopathic  
14 medicine “through licensure, regulation and rehabilitation of the profession in this state,”  
15 *id.* § 32-1403. The AMB member Defendants have the power and duty to initiate  
16 investigations, to determine if a physician has engaged in unprofessional conduct, and to  
17 discipline and rehabilitate licensed medical doctors. *See id.* § 32-1403(A)(2) and (5).

18           15. Defendant Jenna Jones is the Executive Director of the Arizona Board of  
19 Osteopathic Examiners in Medicine and Surgery (“BOE”), and, as such, has the duty to  
20 “[i]nitiate an investigation if evidence appears to demonstrate that a physician may be  
21 engaged in unprofessional conduct,” *id.* § 32-1804(B)(14). In addition, Defendant Jones  
22 shall also “provide assistance to the attorney general in preparing and executing  
23 disciplinary orders, rehabilitation orders and notices of hearings” as directed by the BOE.  
24 *Id.* § 32-1804(B)(16). Defendant Jones is sued in her official capacity.

25           16. Defendants Scott Steingard, D.O., BOE President; Douglas Cunningham,  
26 D.O., BOE Vice President; Gary Erbstoesser, D.O.; Jerry G. Landau; Martin B. Reiss,  
27 D.O.; Lew Riggs; and Vas Sabeeh, D.O., are members of the BOE, an agency of the State  
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1 of Arizona. Each is named herein and sued in his official capacity. The BOE member  
2 Defendants are charged with the power and duty to ensure the safe and appropriate  
3 practice of osteopathic medicine, *id.* § 32-1803(A)(1), which includes the power and duty  
4 to “conduct hearings, place physicians on probation, revoke or suspend licenses, enter  
5 into stipulated orders, issue letters of concern or decrees of censure and administer and  
6 enforce [chapter 17],” *id.* § 32-1803(A)(2). Further, the BOE member Defendants have  
7 the duty and power to “[d]iscipline and rehabilitate osteopathic physicians,” *id.* § 32-  
8 1803(A)(6).

#### 9 **IV. FACTUAL ALLEGATIONS**

##### 10 **A. State-Mandated Informed Consent Process in Arizona**

11 17. Existing Arizona law states that an abortion shall not be performed or  
12 induced without the voluntary and informed consent of a patient. Specifically, the law  
13 requires that patients seeking an abortion meet in person with a physician at least 24  
14 hours before their abortion to receive certain state-mandated information, including  
15 accurate medical information about a patient’s individual pregnancy, and various  
16 statements about Arizona law and policy, including that ADHS maintains a website about  
17 abortion. Ariz. Rev. Stat. § 36-2153(A).

18 18. The Act challenged here would radically expand this requirement,  
19 compelling physicians, or designated health care professionals acting on their behalf, to  
20 “inform” *every* woman seeking an abortion, orally and in person, at least 24 hours before  
21 the procedure, that “it may be possible to reverse the effects of a medication abortion if  
22 the woman changes her mind but that time is of the essence,” and that “information on  
23 and assistance with reversing the effects of a medication abortion is available on the  
24 department of health services’ website.” S.B. 1318, § 4 (to be codified at Ariz. Rev. Stat.  
25 § 36-2153(A)(2)(h), (i)).

26 19. The Act also directs the ADHS to post on its website “information on the  
27 potential ability of qualified medical professionals to reverse a medication abortion,  
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1 including information directing women where to obtain further information and  
2 assistance in locating a medical professional who can aid in the reversal of a medication  
3 abortion.” *Id.* (to be codified at Ariz. Rev. Stat. § 36-2153(C)(8)).

4 20. Plaintiffs face extreme consequences if they do not comply with the Act.  
5 Under Ariz. Rev. Stat. § 36-2153(I), a physician’s failure to comply with the Act  
6 constitutes “an act of unprofessional conduct and the physician is subject to license  
7 suspension or revocation.” Under Ariz. Rev. Stat. § 36-449.02 and § 36-449.03, ADHS  
8 has the authority to assess a penalty, revoke a clinic license, or take other disciplinary  
9 action against a clinic for violating the Act. Plaintiffs face severe licensing consequences  
10 enforceable by other state agents as well. *See, e.g.*, Ariz. Rev. Stat. §§ 36-429, 36-430,  
11 32-1857(C). The Act also confers a private right of action on patients, their spouses, and  
12 the parents of patients under the age of 18, enabling potential litigation against Plaintiffs  
13 and others similarly situated. Ariz. Rev. Stat. § 36-2153(J).

14 **B. Medical Facts About Abortion**

15 21. Women seek abortions for a variety of medical, psychological, emotional,  
16 familial, economic, and personal reasons.

17 22. Approximately one in three women in the United States will have an  
18 abortion by age 45.

19 23. Plaintiffs provide their patients with both surgical and medication (i.e. non-  
20 surgical) abortion options.

21 24. About three-fourths of abortions provided in Arizona are surgical.

22 25. The most common form of medication abortion is a regimen of a  
23 combination of two prescription drugs, mifepristone and misoprostol, which is available  
24 through the first 9-10 weeks of pregnancy measured from the first day of the woman’s  
25 last menstrual period (the “mifepristone/misoprostol regimen” or “early medication  
26 abortion”).

1           26. Mifepristone, also known as “RU-486” or by its commercial name Mifeprex,  
2 works first by temporarily blocking the hormone progesterone, which is necessary to  
3 maintain pregnancy, and by increasing the efficacy of the second medication in the  
4 regimen, misoprostol. Misoprostol, which is taken up to 72 hours after mifepristone,  
5 causes the uterus to contract and expel its contents.

6           27. This regimen is extremely effective.

7           28. Both mifepristone and misoprostol are also each independently capable of  
8 terminating a pregnancy in a smaller percentage of cases. However, because the  
9 combination of the drugs, using the regimen provided by Plaintiffs, is far more effective  
10 in terminating a pregnancy, Plaintiffs only administer the drugs in combination when  
11 providing an early medication abortion.

12           29. In addition to providing early medication abortion, Plaintiffs sometimes  
13 provide abortions later in pregnancy using only medications to terminate the pregnancy.  
14 For example, sometimes misoprostol alone is used to induce abortion in a hospital  
15 setting; this is called an “induction.” Another abortion method sometimes performed later  
16 in pregnancy involves using a medication called digoxin to cause fetal demise prior to the  
17 surgical removal of the pregnancy.

18           30. As part of their ethical and legal obligation to obtain informed consent  
19 before performing an abortion, Plaintiffs discuss with each patient relevant information to  
20 assist her with the decision of whether to have an abortion. The discussion includes the  
21 patient’s options and alternatives (including carrying the pregnancy to term, adoption,  
22 and abortion), the abortion procedures that are available to her depending on the  
23 gestational age of the pregnancy and her medical history, and the risks and benefits  
24 associated with each procedure. The goal of the informed consent process is to provide  
25 each of Plaintiffs’ patients with the information necessary to enable her to make the right  
26 decision for herself.

1           31. Plaintiffs advise each of their patients that the decision to have an abortion is  
2 hers alone to make, and not to start an abortion, medication or surgical, unless and until  
3 she is firm in her decision to terminate the pregnancy.

4           32. Although mifepristone is not considered an effective abortifacient on its own  
5 (as compared to the combined regimen), Plaintiffs counsel their patients to be certain in  
6 their decision to terminate their pregnancies when starting the mifepristone/misoprostol  
7 regimen, mainly because mifepristone alone will cause termination in a significant  
8 percentage of pregnancies.

9           **C. Facts About “Medication Abortion Reversal”**

10           33. Although the Act directs ADHS to post on its website “information on the  
11 potential ability of qualified medical professionals to reverse a medication abortion,  
12 including information directing women where to obtain further information and  
13 assistance in locating a medical professional who can aid in the reversal of a medication  
14 abortion,” SB 1318 § 4 (to be codified at Ariz. Rev. Stat. § 36-2153(C)(8)), ADHS has  
15 not yet done so.

16           34. On April 21, 2015, Plaintiff PPAZ’s President and CEO wrote to ADHS  
17 then-Interim Director Cory Nelson requesting information about what ADHS intends to  
18 post on its website in response to the Act’s directive, and requested a response by May  
19 22, 2015. After receiving no response to its first letter, on May 22, Plaintiff PPAZ’s  
20 President and CEO followed up again, this time with current ADHS Director Christ, to  
21 request the same information. Plaintiff PPAZ requested a response by May 29.

22           35. On June 1, Plaintiff PPAZ’s President and CEO received a letter from  
23 ADHS Director Christ stating, “[g]iven the impact of [S.B. 1318] the Department is still  
24 working through the requirements and vetting potential language,” and that the  
25 information required under the Act would be posted by July 3, and possibly available  
26 sooner, by June 19.

1           36. There is no credible evidence that a medication abortion can be reversed.  
2 This is true as to the most common type of medication abortion (the combined  
3 mifepristone/misoprostol regimen) as well as a medication abortion via labor induction or  
4 digoxin.

5           37. Indeed, once an abortion has occurred, whether by medication abortion or by  
6 any other means, a woman is no longer pregnant, which cannot be reversed.

7           38. Upon information and belief, there are no physicians in Arizona offering any  
8 treatment to reverse a medication abortion after a woman has taken the combined  
9 mifepristone/misoprostol regimen.

10          39. Upon information and belief, there are no physicians in Arizona offering any  
11 treatment to reverse a medication abortion via induction or digoxin.

12          40. As the Legislature considered and debated the Act, a physician from Arizona  
13 testified about an experimental practice proposed by a physician in San Diego, who  
14 believes he can “reverse” the effects of mifepristone.

15          41. Upon information and belief, a small number of physicians in Arizona, and  
16 other physicians elsewhere, have experimented with this practice, which involves  
17 injecting large doses of progesterone in patients who have taken mifepristone, but have  
18 not yet taken the second drug in the regimen, misoprostol.

19          42. The fact that there are physicians experimenting with using progesterone to  
20 counteract mifepristone does not constitute credible, medically accepted evidence that the  
21 experimental practice is effective or safe.

22          43. Upon information and belief, the use and/or study of this experimental  
23 practice has not been reviewed or sanctioned by any independent ethics committee or  
24 board or any major medical association.

25          44. This experimental practice is opposed by the nation’s leading women’s  
26 medical association, ACOG, because its safety and efficacy have not been established.

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1           45. Because there is no evidence that a medication abortion can be reversed,  
2 Plaintiffs do not tell their patients that it may be possible to reverse a medication  
3 abortion, nor do they tell their patients that information and assistance is available to  
4 reverse a medication abortion.

5           **D. Impact of the Act**

6           46. The Act compels Plaintiffs, unwillingly and against their best medical  
7 judgment, to convey to their patients, orally and in person, in a private medical setting, a  
8 state-mandated message that is neither medically nor scientifically supported.

9           47. The law forces Plaintiffs to discuss with their patients the possibility of  
10 reversing a medication abortion, and to refer patients to information about where to get  
11 assistance with possible reversal—despite the fact that there is no evidence that a  
12 medication abortion can be reversed. The Act thus forces Plaintiffs to violate their ethical  
13 obligations to their patients, undermines the establishment of a relationship of trust and  
14 confidence between a patient and her physician, and distorts the informed consent  
15 process.

16           48. The Act also compels Plaintiffs, against their best medical judgment, to  
17 endorse and advertise to their patients an experimental practice that violates the standard  
18 of care and that is opposed by ACOG.

19           49. The Act’s mandated discussion about “medication abortion reversal” and  
20 about the fact that assistance and information is available from ADHS’s website  
21 encourages patients to wrongly believe that “medication abortion reversal” is an  
22 established medical treatment, when no reliable, medically accepted evidence exists that  
23 the experimental practice works. Therefore, the Act requires patients to receive untruthful  
24 and/or misleading information.

25           50. The Act thus harms Plaintiffs’ patients who are considering an early  
26 medication abortion.

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1           51. The Act compels Plaintiffs to convey, as part of the informed consent  
2 process, the medically unsupported message that a medication abortion may be reversible  
3 and that information and assistance is available to do so. The state-mandated message  
4 directly contradicts the critical message Plaintiffs seek to convey to their patients: that  
5 they must be certain about terminating their pregnancy before they begin the abortion  
6 process.

7           52. Thus, the Act creates a risk that a patient will choose to begin an abortion  
8 before she is ready to do so, and conflicts with the purpose of the informed consent  
9 process. In this additional respect, the Act is harmful to women.

10          53. Because the Act compels Plaintiffs to tell *every* abortion patient about the  
11 possibility of reversing a medication abortion, it compels Plaintiffs to convey a state  
12 message that is completely irrelevant (in addition to being untruthful) to patients who are  
13 only eligible for or interested in a surgical abortion. The majority of Plaintiffs' abortion  
14 patients receive a surgical abortion.

15          54. The Act's mandated information is also completely irrelevant (in addition to  
16 being untruthful) for patients receiving a medication abortion via induction or with  
17 digoxin.

18          55. The Act thus undermines the informed consent process by forcing Plaintiffs  
19 to provide to patients confusing, distracting and untruthful information that is not tailored  
20 to their specific medical situations.

21 **V. CLAIMS FOR RELIEF**

22 **COUNT I – FIRST AMENDMENT RIGHTS OF PHYSICIANS**

23          56. The allegations of paragraphs 1 through 55 are incorporated as though fully  
24 set forth herein.

25          57. The Act violates Plaintiffs' rights under the First Amendment to the U.S.  
26 Constitution by compelling them to tell their patients, orally and in person, in a private  
27 medical setting, a state-mandated message about an experimental medical treatment that  
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1 is not supported by credible evidence, that violates accepted ethical standards and best  
2 practices for medical informed consent, and that they would not otherwise tell their  
3 patients.

4 **COUNT II – FOURTEENTH AMENDMENT RIGHTS OF PATIENTS**

5 58. The allegations of paragraphs 1 through 55 are incorporated as though fully  
6 set forth herein.

7 59. The Act violates the rights of patients seeking abortions in Arizona under the  
8 Fourteenth Amendment to the U.S. Constitution by forcing them to receive information  
9 from their physician that is untruthful, misleading, and/or irrelevant to the decision to  
10 have an abortion.

11 **VI. REQUEST FOR RELIEF**

12 Plaintiffs respectfully request that this Court:

- 13 A. Issue a declaratory judgment that the Act is unconstitutional and  
14 unenforceable;
- 15 B. Issue preliminary and permanent injunctive relief restraining Defendants, and  
16 their employees, agents, and successors in office from enforcing the Act;
- 17 C. Grant Plaintiffs attorneys' fees, costs and expenses pursuant to 42 U.S.C.  
18 § 1988; and;
- 19 D. Grant such other and further relief as this Court may deem just, proper, and  
20 equitable.

21  
22 Dated: June 4, 2015

23 Respectfully submitted,

24  
25 By: s/Lawrence J. Rosenfeld

26 Lawrence Rosenfeld  
27 AZ Bar No. 004426

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*\*\*Admitted pursuant to Ariz. Sup. Ct. R. 38(f)*