EXHIBIT E

IN THE IOWA DISTRICT COURT FOR JOHNSON COUNTY

PLANNED PARENTHOOD OF THE HEARTLAND, INC., *et al.*, Petitioners, v. KIM REYNOLDS, ex rel. STATE OF IOWA, *et al*., Respondents.	Equity Case No. _____ **AFFIDAVIT OF JILL MEADOWS, M.D. IN SUPPORT OF PETITIONERS' MOTION FOR TEMPORARY INJUNCTIVE RELIEF**

I, Jill Meadows, M.D., declare as follows:

1. I am an obstetrician and gynecologist ("OB/GYN") licensed to practice in the state of Iowa, and I have been practicing since 1999. I earned my medical degree from the University of Iowa in 1995, and completed my residency in obstetrics and gynecology at Beth Israel Medical Center in 1999. I have been certified by the American Board of Obstetrics and Gynecology since 2002. I have been the Medical Director of Planned Parenthood of the Heartland ("PPH") since 2010, and have worked full time at PPH since then. Prior to this position, I was an Associate Professor in the Department of Obstetrics and Gynecology at the University of Iowa. Currently, I am an adjunct clinical faculty member and continue to train medical students and residents from the University of Iowa and other institutions. In addition, I have given academic presentations on medical abortion to family medicine and gynecology physicians.

2. PPH is a not-for-profit corporation organized under the laws of Iowa. It operates in both Iowa and Nebraska. In Iowa, PPH operates eight health centers, all of which provide a wide range of reproductive and sexual health services to patients, including but not limited to services such as cancer screenings, birth control counseling, Human papillomarvirus (HPV) vaccines,

annual gynecological exams, pregnancy care, contraception, adoption referral, and miscarriage management. Additionally, five of the eight Iowa Health Centers (the Ames Center, Cedar Falls Center, Council Bluffs Center, Rosenfeld Center in Des Moines, and the Iowa City Center) provide medication abortion care through 11 weeks, 0 days of pregnancy LMP, and two Health Centers (Rosenfeld Center in Des Moines, and the Iowa City Center) provide in-clinic abortion procedures through 19 weeks, 6 days LMP and 20 weeks, 6 days LMP, respectively.

3. In my current role at PPH, I contribute to the leadership of abortion services, and lead the Sedation and Ultrasound programs. This includes responsibility for the quality assurance of those medical services, as well for the promulgation of and adherence to the medical protocols pursuant to which the services are provided. I also provide abortion care.

4. I submit this declaration in support of Petitioners' motion for temporary injunctive relief, which seeks to enjoin Section One of the Proclamation of Disaster Emergency, issued March 26, 2020 ("Proclamation"), by Governor Kim Reynolds, as interpreted on March 27, 2020 in a statement by the Governor's office to ban all previability in-clinic abortion procedures (also known as surgical abortions) in the state. I am familiar with the Proclamation and the statement by the Governor's office interpreting it.

5. The facts and opinions included here are based on my education, training, practical experience, information, and personal knowledge I have obtained as an OB/GYN and an abortion provider; my attendance at professional conferences; review of relevant medical literature; and conversations with other medical professionals. If called and sworn as a witness, I could and would testify competently thereto.

6. My curriculum vitae, which sets forth my experience and credentials more fully, is attached as Exhibit 1.

The Proclamation and Threatened Enforcement

7. On March 26, 2020, Iowa Governor Kim Reynolds issued a Proclamation of Disaster Emergency, relating to hospital capacity, among other things, during the COVID-19 pandemic. The March 26, 2020 Proclamation is attached as Exhibit A to Petitioners' Motion for Temporary Injunctive Relief. That order went into effect as of 5:00 p.m. on March 27, 2020 and is in effect until 11:59 p.m. on April 16, 2020, although by its terms it may be extended. Specifically as it pertains to this motion, the Proclamation directs that "[a]ll nonessential or elective surgeries and procedures that utilize personal protective equipment (PPE) must not be conducted by any hospital, outpatient surgery provider, or outpatient procedure provider, whether public, private, or nonprofit." Proclamation at § One. The Proclamation defines a nonessential surgery or procedure as "one that can be delayed without undue risk to the current or future health of a patient, considering all appropriate factors including, but not limited to any:

(1) threat to the patient's life if the surgery or procedure is not performed;
(2) threat of permanent dysfunction of an extremity or organ system;
(3) risk of metastasis or progression of staging; and
(4) risk of rapidly worsening to severe symptoms."

Id.

8. The Proclamation further states that "[e]ach hospital, outpatient surgery provider, and outpatient procedure provider shall limit all nonessential individuals in surgery and procedure suites and patient care areas where PPE is required. Only individuals essential to conducting the surgery or procedure shall be present in such areas," and that "[e]ach hospital, outpatient surgery provider, and outpatient procedure provider shall establish an internal governance structure to ensure that the principles outlined above are followed." *Id.*

9. Although the Proclamation does not define PPE, I understand that term to refer to surgical masks, N95 respirators (a face covering that is designed to block at least ninety-five percent of very small test particles and which, when used appropriately, is a more effective filtration system than a surgical mask), sterile and non-sterile gloves, protective eyewear, gowns, and shoe covers.

10. On March 27, 2020 PPH adopted a policy, a true and correct copy of which is attached as Exhibit 2, to implement the relevant sections of the Proclamation identified above. Under that policy, PPH intended to determine on a case-by-base basis whether to provide procedures, including in-clinic abortion procedures, consistent with the Proclamation's purpose and plain language and the views of trusted national medical organizations.

11. The Proclamation does not specify penalties for noncompliance. However, it is my understanding that physicians may be liable for both criminal and civil penalties for noncompliance with an Emergency Proclamation like this one, including but not limited to arrest, jail time, and license revocation.

12. On Friday, March 27, 2020, the *Des Moines Register* quoted a one-sentence statement by the office of the Governor interpreting the Proclamation. A true and correct copy of that article is attached to Petitioners' Motion for Temporary Injunctive Relief as Exhibit B.

13. The statement suggests the Proclamation's suspension of non-essential medical procedures includes "all surgical abortions."

14. Therefore, while I believe as a physician that all abortion care is time-sensitive and essential, and therefore exempted from the Proclamation, the Governor's enforcement threat has forced us to suspend our provision of in-clinic abortion procedures.

PPH's Provision of Abortion Care

15. Legal abortion is one of the safest medical procedures in the United States.[1] There are two main methods of abortion: medication abortions and in-clinic abortion procedures. Both methods are effective in terminating a pregnancy.[2] Complications from both medication abortion and in-clinic abortion procedures are rare, and when they occur they can usually be managed in an outpatient clinic setting, either at the time of the abortion or during a follow-up visit. Major complications—defined as complications requiring hospital admission, surgery, or blood transfusion—occur in less than one-quarter of one percent (0.23%) of all abortion cases: in 0.31% of medication abortion cases, in 0.16% of first-trimester procedural abortion cases, and in 0.41% of procedural cases in the second trimester or later.[3] Abortion-related emergency room visits constitute just 0.01% of all emergency room visits in the United States.[4] By comparison, as many as 10% of women who carry to term are hospitalized for complications associated with pregnancy aside from hospitalization for delivery.[5]

16. Medication abortion involves the patient ingesting a combination of two medications: mifepristone and misoprostol.[6] The patient takes the first medication in the health center and then, typically twenty-four to forty-eight hours later, takes the second medication at a

[1] Nat'l Acads. of Scis. Eng'g & Med., The Safety & Quality of Abortion Care in the United States 77–78, 162–63 (2018).

[2] Luu Doan Ireland et al., *Medical Compared With Surgical Abortion for Effective Pregnancy Termination in the First Trimester*, 126 Obstetrics & Gynecology 22 (2015).

[3] Ushma Upadhyay, et al., *Incidence of Emergency Department Visits and Complications After Abortion*, 125 Obstetrics & Gynecology 175 (2015).

[4] Ushma Upadhyay, et al., *Abortion-related Emergency Room Visits in the United States: An Analysis of a National Emergency Room Sample,* 16(1) BMC Med. 1, 1 (2018).

[5] Anne Elixhauser & Lauren M. Wier, Agency for Healthcare Research & Quality, *Complicating Conditions of Pregnancy and Childbirth, 2008 (Statistical Brief #113)* (2011).

[6] Nat'l Acads., *supra* note 1, at 51.

location of their choosing, most often at their home, after which they expel the contents of the pregnancy in a manner similar to a miscarriage. Medication abortion is not a "procedure."

17. Current medical evidence demonstrates that medication abortion is safe and effective through eleven weeks LMP. PPH provides medication abortion through 11 weeks, 0 days LMP.

18. After 11 weeks, 0 days LMP, abortions are typically performed as an in-clinic procedure. Additionally, some patients with pregnancies less than 11 weeks, 0 days LMP have an in-clinic abortion procedure because of an underlying medical condition, such as an increased risk of bleeding, that makes this the safer option.[7]

19. While sometimes referred to as "surgical abortion," an in-clinic abortion procedure is not what is commonly understood to be "surgery"; it involves no incision, no need for general anesthesia, and no requirement of a sterile field. Up to approximately fifteen weeks LMP, physicians use the aspiration abortion technique, which involves dilating the natural opening of the cervix using medications and/or small rods, inserting a narrow tube into the uterus, and emptying the uterus through suction. This procedure typically takes five to ten minutes. To perform abortions after that gestational point in pregnancy, physicians must dilate the cervix further and use instruments to empty the uterus, which is called the dilation and evacuation ("D&E") technique. Later in the second trimester, the physician may begin cervical dilation the day before the procedure itself. In the state of Iowa, PPH performs in-clinic abortion procedures up to 20 weeks, 6 days LMP.

[7] *Id.* at 51–52.

20. In 2019, PPH performed 3,170 abortions in the state of Iowa. Of those, 380 occurred beyond eleven weeks LMP, and were therefore necessarily performed as in-clinic abortion procedures.

21. In January and February 2020, PPH performed 604 abortions in the state of Iowa, 54 of which occurred beyond eleven weeks LMP and were therefore necessarily performed as in-clinic abortion procedures.

22. Individuals seek abortion for a multitude of complicated and personal reasons. By way of example, some patients have abortions because they conclude it is not the right time to become a parent or have additional children,[8] they desire to pursue their education or career, or they lack the necessary financial resources or a sufficient level of partner or familial support or stability.[9] Other patients seek abortions because continuing with the pregnancy could pose a greater risk to their health.[10] Indeed, while much is unknown about COVID-19, including whether it can complicate pregnancy, some pregnant people may be exposed to additional health risks from the disease. The American College of Obstetricians & Gynecologists ("ACOG") has warned that "pregnant women are known to be at greater risk of severe morbidity and mortality from other respiratory infections such as influenza and SARS-CoV. As such, pregnant women should be

[8] Indeed, a majority of women having abortions in the United States already have at least one child. Guttmacher Inst., Induced Abortions in the United States 1 (2018), https://www.guttmacher.org/sites/default/files/factsheet/fb_induced_abortion.pdf; *see also* Jenna Jerman, Rachel K. Jones & Tsuyoshi Onda, Guttmacher Inst., Characteristics of U.S. Abortion Patients in 2014 and Changes Since 2008, at 6, 7 (2016), https://www.guttmacher.org/sites/default/files/report_pdf/characteristics-us-abortion-patients-2014.pdf.

[9] That strain is all the more apparent if one considers that the vast majority—approximately seventy-five percent—of abortion patients nationwide are poor or have low incomes. Guttmacher Inst., Induced Abortions in the United States 1, *supra* note 8.

[10] M. Antonia Biggs et al., *Understanding Why Women Seek Abortions in the US*, 13 BMC Women's Health 7 (2013).

considered an at-risk population for COVID-19."[11] Additionally, new studies suggest the virus might be able to cross through the placenta to a fetus during pregnancy.[12]

23. The window during which a patient can obtain an abortion in Iowa is limited. Pregnancy is generally forty weeks in duration, but Iowa prohibits abortion after twenty-two weeks LMP. Iowa Code § 146B.2.[13]

24. Although abortion is a very safe medical procedure, the health risks associated with it increase with gestational age.[14] As ACOG and other well-respected medical professional organizations have observed, abortion "is an essential component of comprehensive health care" and "a time-sensitive service for which a delay of several weeks, or in some cases days, may increase the risks [to patients] or potentially make it completely inaccessible."[15]

25. Patients generally seek abortion as soon as they are able, but many face logistical obstacles that can delay access to abortion care. Patients will need to schedule an appointment,

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[11] ACOG, *Practice Advisory - Novel Coronavirus 2019 (COVID-19)* (last updated Mar. 13, 2020), https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/03/novel-coronavirus-2019; *see also* Ctrs. for Disease Control & Prevention, *Information for Healthcare Providers: COVID-19 and Pregnant Women* (last updated Mar. 16, 2020), https://www.cdc.gov/coronavirus/2019-ncov/hcp/pregnant-women-faq.html.

[12] Apoorva Mandavilli, *Shielding the Fetus From the Coronavirus*, N.Y. Times, Mar. 27, 2020, https://www.nytimes.com/2020/03/27/health/shielding-the-fetus-from-the-coronavirus.html.

[13] Iowa Code section 146B.2(2)(a) prohibits abortion when "the probable post- fertilization age of the unborn child is 20 or more weeks." "Post-fertilization age" means "the age of the unborn child as calculated from fertilization," and fertilization is in turn defined as "the fusion of a human spermatozoon with a human ovum," Iowa Code § 146B.1, which occurs approximately two weeks after the first day of a patient's last menstrual period. Thus, twenty weeks post-fertilization is twenty-two weeks LMP.

[14] Nat'l Acads., *supra* note 1, at 77–78, 162–63.

[15] ACOG et al., *Joint Statement on Abortion Access During the COVID-19 Outbreak* (Mar. 18, 2020), https://www.acog.org/news/news-releases/2020/03/joint-statement-on-abortion-access-during-the-covid-19-outbreak.

gather the resources to pay for the abortion and related costs,[16] and arrange transportation to a clinic, time off of work (often unpaid, due to a lack of paid time off or sick leave), and possibly childcare during appointments.[17]

26. The COVID-19 pandemic has only exacerbated these obstacles for patients seeking abortion care.[18] It has shuttered schools and businesses, causing layoffs, and otherwise limited patients' options for childcare support and finances during a time of recommended social-

[16] Iowa prohibits public insurance, including Medicaid, from covering abortion services except in the very limited circumstances where a patient's physical health or life is at risk, where the pregnancy is a result of rape or incest that has been reported to law enforcement, or where "the fetus is physically deformed, mentally deficient or afflicted with a congenital illness." Iowa Admin. Code 441-78.1(249A)(17); 441-87.8(217).

[17] Jerman et al., *supra* note 8; Sarah E. Baum et al., *Women's Experience Obtaining Abortion Care in Texas After Implementation of Restrictive Abortion Laws: A Qualitative Study*, 11 PLoS One 1, 7–8, 11 (2016); Lawrence B. Finer, Lori F. Frohwirth, Lindsay A. Dauphinee, Susheela Singh, & Ann M. Moore, *Timing of Steps and Reasons for Delays in Obtaining Abortions in the United States*, 74 Contraception 334, 335 (2006).

[18] Organizations across the country that provide financial and logistical assistance to women seeking abortion care have reported enormous increases in the volume of requests they receive, due to the widespread economic hardship caused by the pandemic. Paige Alexandria, *Paying for an Abortion Was Already Hard. The COVID-19 Economic Downturn Has Made It Even Harder*, Rewire, Mar. 27, 2020, https://rewire.news/article/2020/03/27/paying-for-an-abortion-was-already-hard-the-covid-19-economic-downturn-has-made-it-even-harder/.

distancing and economic turbulence.[19] Indeed, jobless claims are soaring due to the virus.[20]

PPH's Efforts to Prevent COVID-19 Spread and Conserve Needed Resources

27. PPH is committed to doing its part to reduce the spread of COVID-19 and to otherwise help ensure that our public health system has sufficient resources to meet the challenge of responding to a potential surge of illness.

28. Since the COVID-19 outbreak, PPH has taken steps to preserve much-needed medical resources and help prevent the spread of COVID-19 in the communities where we offer services.

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[19] Press Release, Office of the Governor of Iowa, Gov. Reynolds Recommends Iowa Schools Close for Four Weeks, Will Hold a Press Conference Tomorrow (Mar. 15, 2020), https://governor.iowa.gov/press-release/gov-reynolds-recommends-iowa-schools-close-for-four-weeks-will-hold-a-press-0; Iowa Proclamation of Disaster Emergency dated March 17, 2020, https://governor.iowa.gov/sites/default/files/documents/Public%20Health%20Proclamation%20-%202020.03.17.pdf (ordering closures of restaurants and bars, senior citizen centers, and any gatherings of ten or more people); Iowa Proclamation of Disaster Emergency dated March 22, 2020, https://governor.iowa.gov/sites/default/files/documents/Public%20Health%20Proclamation%20-%202020.03.22.pdf (additionally closing salons and similar service establishments); Iowa Proclamation of Disaster Emergency dated March 26, 2020 (extending pre-existing closures to 11:59 p.m. on April 16, 2020); Lee Rood, *Iowa Day Care: You Want Us to Stay Open? We Need Supplies*, Des Moines Register, Mar. 23, 2020, https://www.desmoinesregister.com/story/news/2020/03/23/coronavirus-iowa-dhs-says-its-working-help-child-care-providers-get-cleaning-supplies-covid-19/2899758001/; *see also* White House, *The President's Coronavirus Guidelines for America* (Mar. 16, 2020), https://www.whitehouse.gov/wp-content/uploads/2020/03/03.16.20_coronavirus-guidance_8.5x11_315PM.pdf; Rebecca Shabad, *Fauci Predicts Americans Will Likely Need to Stay Home for at Least Several More Weeks*, NBC News, Mar. 20, 2020, https://www.nbcnews.com/politics/donald-trump/fauci-predicts-americans-will-likely-need-stay-home-least-several-n1164701.

[20] Tyler Jett, *As Businesses Shut Down to Stunt Coronavirus' Spread, Iowa Sees Record Weekly Unemployment Claims, Mirroring U.S. Increase*, Des Moines Register, Mar. 26, 2020, https://www.desmoinesregister.com/story/money/business/2020/03/26/covid-19-coronavirus-iowa-record-weekly-jobless-claims-unemployment/2896324001/ (noting 41,890 applications for unemployment benefits last week, almost three times as many as the previous state record for unemployment claims filed in a single week in the nearly thirty years the U.S. Department of Labor has been tracking such statistics).

29. For example, we reduced our patient volume to ensure that we comply with current social-distancing recommendations, including by making individualized determinations as to how soon a patient needs to be seen in light of these recommendations. In addition, although in normal times we welcome support companions accompanying abortion patients, we have made the difficult decision not to allow such companions (except parents accompanying minors) to enter our health centers in order to reduce the number of overall people exposed to one another.

30. We have also made dramatic changes to the flow of our patient care. Before patients may enter a health center, we screen them for COVID-19 symptoms, including by checking for fever. Only those individuals who are thoroughly screened can proceed to the front desk to check in and provide their phone number. Patients are then often asked to wait in their cars, where a staff member will call them to do as much intake as possible by phone. Or, alternatively, we gather required intake information over the phone before their appointment. Patients are only permitted to reenter the health center when a room has opened for them and a staff member is available to see them. We also made another significant change, which was already set to take effect by Monday, March 30, that all patients eligible for a medication abortion cannot elect to undergo an in-clinic abortion procedure, to further reduce COVID-19 exposure.

31. Following the advice of national leaders in public health, we have also curtailed other non-abortion care services that our health team decided can safely be delayed, such as annual gynecological exams and vasectomies.

32. In general, the in-clinic procedures PPH provides are straightforward outpatient procedures requiring little PPE. Typically, to provide an aspiration abortion, which is by far the most common in-clinic abortion procedure, physicians use a single face shield per shift, cleaning it in between procedures per CDC guidelines to preserve PPE. The physician also typically wears

a cloth lab jacket, which is laundered after use. Gloves are used during the procedure and then discarded.[21] Registered nurses use gloves to place IVs and they wear masks with each procedure, given their closer contact with the patients.

33. The overwhelming majority of in-clinic abortion procedures are performed during a single clinic visit. PPH does not use N95 respirators, which I understand are the PPE in shortest supply during the COVID-19 pandemic.

34. By comparison, treating the patients who are denied abortion care will require far more PPE. Even if a prenatal care provider reduces the scheduling of such care for pregnant patients during the COVID-19 outbreak, this care will still involve use of masks, sterile gloves, and potentially other PPE during *multiple* visits—especially if, as is common, the patient has other conditions that heighten the risk of the pregnancy.[22] A patient continuing a pregnancy will thus require significantly more PPE than a patient presenting for abortion. Furthermore, every time a pregnant person presents to the hospital or clinic for evaluation prior to labor, which could happen

[21] Per CDC guidance, PPH also provides patients for whom there is a concern for COVID-19 or other upper respiratory disease with a mask. Ctrs. for Disease Control & Prevention, *Frequently Asked Questions about Personal Protective Equipment* (Mar. 14, 2020), https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html.

[22] ACOG, *Examples of Alternate or Reduced Prenatal Care Schedules* (Mar. 24, 2020), https://www.acog.org/en/Clinical%20Information/Physician%20FAQs/-/media/287cefdb936e4cda99a683d3cd56dca1.ashx; Jennifer Brown, *Iowa Wins Major Federal Grant to Improve Maternal Health Care*, Univ. of Iowa Health Care (Oct. 1, 2019), https://medicine.uiowa.edu/content/iowa-wins-major-federal-grant-improve-maternal-health-care (noting that maternal mortality has increased in Iowa in recent years, with "increased maternal age, higher levels of obesity and related health complications, and societal problems such as substance abuse and mental health, all playing a role."); Stephen K. Hunter, Iowa Dep't of Health, Health Challenges – During Pregnancy and Labor & Delivery 27 (Sept. 17, 2019), https://idph.iowa.gov/Portals/1/userfiles/38/OB%20Summit/Hunter%20Health%20Challenges%20%20During%20Pregnancy%20and%20Labor%20%26.pdf (noting more pregnant patients presenting with medical complications associated with advanced maternal age, prevalence of obesity, and other comorbidities).

multiple times, this will require the use of masks and sterile gloves. An actual birth could involve multiple gowns, masks, and sterile gloves.

35. On March 27, 2020, after the March 26 Proclamation, we issued a new policy, attached as Exhibit 2, to ensure that consistent with the Proclamation we would only provide procedures that in our medical judgment were essential.

36. Thus, in my opinion, providing abortion care not only is essential to my patients' health and well being but in fact will help patients avoid needing more intensive care, including hospitalization, that would in fact require more PPE than what we need to provide abortion care.

Harms Caused by the Proclamation Order and the Statement from the Governor's Office

37. Based on the Governor's statement suggesting that she considers all in-clinic abortion procedures to be nonessential under her Proclamation, PPH has been forced to suspend in-clinic abortion procedures at its health centers in Des Moines and Iowa City.

38. PPH has already cancelled or is in the process of cancelling services for eighteen patients scheduled for in-clinic abortion procedures during the week of March 30, 2020.

39. PPH will cancel future in-clinic abortion procedures unless and until the Proclamation expires or is rescinded, or unless the Court grants relief.

40. This means that approximately seventeen patients will be deprived of care each week. Assuming the Proclamation is not renewed, many of these patients will require a comparatively more complicated procedural abortion method using the D&E technique. That technique requires more time in the clinic and a larger number of staff than aspiration abortion. Moreover, because these patients would continue to be pregnant for a longer period of time, they would also be at increased risk of negative health outcomes if they are diagnosed with COVID-

19.[23] Other patients could be foreclosed from receiving an abortion altogether because the delay of the Proclamation would extend their pregnancies beyond the legal gestational limit for abortion in Iowa, which is a violation of their constitutional rights.

41. Without access to abortion services in Iowa after eleven weeks, some patients will be forced to travel hundreds of miles across state lines to try to access abortion care. Given the logistical hurdles of traveling out-of-state, particularly during the COVID-19 pandemic, these patients are likely to obtain abortions later than they would have had they accessed care from PPH, which necessarily entails greater risks than an earlier procedure.[24] Efforts to travel are also likely to expose both patients and other people to additional risk of contagion, at a time when states have given urgent directives to their citizens to stay home as much as possible to avoid inadvertently spreading the COVID-19 virus.

42. For other patients, travel to another state will simply not be possible, even if travel remains legal during the pandemic. As a result, these patients will be forced to carry unwanted pregnancies to term, resulting in a deprivation of their fundamental right to determine when and whether to have a child or to add to their existing families, as well as greater health and other risks to them and their children. Individuals forced to carry an unwanted pregnancy to term, and their newborns, are at risk of negative health consequences such as reduced use of prenatal care, lower breastfeeding rates, and poor maternal and neonatal outcomes.[25] Additionally, patients who seek

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[23] Ctrs. for Disease Control & Prevention, *Information for Healthcare Providers: COVID-19 and Pregnant Women*, *supra* note 11.

[24] County officials have asked the governor to issue a stay-at-home order, Travis Breese, *Johnson County to Urge Governor for an Order Keeping People Home*, KWWL, Mar. 27, 2020, https://kwwl.com/2020/03/27/johnson-county-to-urge-governor-for-a-stay-at-home-order/, and the Governor has recommended that schools close, Press Release, Office of the Governor of Iowa, *supra* note 19.

[25] A.P. Mohllajee et al., *Pregnancy Intention and Its Relationship to Birth and Maternal Outcomes*, 109 Obstetrics & Gynecology 678 (2007); Jessica D. Gipson, Michael A. Koenig &

abortion care but are unable to access that care face large and persistent negative consequences for their financial well-being, as compared to their counterparts who received wanted abortions.[26]

43. The effects of the Proclamation will be especially harmful for patients who are suffering from reproductive coercion and/or other forms of intimate partner violence. These patients will, in many cases, face increased difficulty escaping that relationship (because of new financial, emotional, and legal ties with that partner).[27] The social distancing policies that have been put in place to combat the pandemic have isolated many victims of intimate partner violence from social support organizations or friends or family who may otherwise provide support and protection from violence. As family members spend more time in close contact and cope with the stress of the pandemic and its attendant effects, the likelihood that women in an abusive relationship will be exposed to violence is "dramatically increased."[28]

44. We also know that, when patients are prevented from accessing abortion care, some of them will attempt to self induce, including by dangerous methods.[29]

Michelle J. Hindin, *The Effects of Unintended Pregnancy on Infant, Child, and Parental Health: A Review of the Literature*, 39 Stud. Fam. Plan. 18 (2008).

[26] Sarah Miller, Laura R. Wherry & Diana Greene Foster, Nat'l Bureau of Econ. Res. (NBER), NBER Working Paper No. 26662, *The Economic Consequences of Being Denied an Abortion* 26 (Jan. 2020), *available at* https://www.nber.org/papers/w26662.pdf (Finding that the impact of being denied an abortion on unpaid bills being reported to collection aencies is as large as the effect of being evicted, and "the impact on unpaid bills is several times larger than the effect of losing health insurance.").

[27] Sarah C.M. Roberts et al., *Risk of Violence From the Man Involved in the Pregnancy After Receiving or Being Denied an Abortion*, 12 BMC Med. 144 (2014).

[28] World Health Org., COVID-19 and Violence Against Women: What the Health Sector/System Can Do (Mar. 26 2020), https://www.who.int/reproductivehealth/publications/emergencies/COVID-19-VAW-full-text.pdf. Such an increase has already been recorded in China. *Id.*; *see also* Tanya Selvaratnam, *Where Can Domestic Violence Victims Turn During COVID-19?*, N.Y. Times, Mar. 23, 2020, https://www.nytimes.com/2020/03/23/opinion/covid-domestic-violence.html.

[29] Daniel Grossman et al., *Self-Induction of Abortion Among Women in the United States*, 18 Reprod. Health Matters 136 (2010) (women listing barriers to accessing abortion care as one a reason why they attempted to self-induce abortion); Daniel Grossman et al., *The Public Health*

45. By forcing patients to remain pregnant and undergo childbirth against their will, the Proclamation will only further burden Iowa's already limited and over-taxed resources. Iowa in particular has extremely depleted obstetrical resources. Iowa has the second-lowest number of obstetricians per capita in the country;[30] indeed sixty-six Iowa counties no longer have a single practicing OB/GYN.[31] Almost forty labor and delivery units in Iowa's 118 critical access hospitals have closed since 2000.[32]

46. Even if some patients affected by the Proclamation *are* able to obtain an abortion after it is lifted, they will still suffer increased risks to their health by the delay in access to abortion care.[33] Many will also face increased costs related to abortion, as their abortion access is pushed to later gestational points when abortion is more expensive and may require a two-day procedure, instead of a one-day procedure. These costs, in turn, will likely lead to additional delay and present an even greater hardship to vulnerable populations during the economic fallout of the COVID-19 pandemic.

47. The Governor issued her March 26 Proclamation with the goals of "preserv[ing] . . . personal protective equipment to protect our healthcare workforce and . . . preserv[ing] . . . critical

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Threat of Anti-Abortion Legislation, 89 Contraception 72 (2014) (finding increased incidence of attempts to self-induce abortion where access to abortion was severely limited).

[30] Ass'n of Am. Med. Colls., 2019 Iowa Physician Workforce Profile, available at https://www.aamc.org/system/files/2019-12/state-physician-Iowa-2019%5B1%5D.pdf (In 2019, Iowa had only one OB/GYN per 11,272 people); *see also* Marygrace Elson, Iowa Med. Soc'y, Maternity Workforce in Iowa (2019), *available at* https://idph.iowa.gov/Portals/1/userfiles/38/OB%20Summit/Elson_Maternity%20Workforce%20IDPH%20mge.pdf (Iowa Medical Society analysis of AAMC data found that Iowa ranked 52nd for OB/GYNs per 100,000 people, behind forty-eight states, Washington, D.C., and Puerto Rico).

[31] News Release, Iowa Senate Democrats, Healthy Moms and Babies Act Will Address Growing Maternal Health Concerns (Feb. 19, 2020), https://www.senate.iowa.gov/democrats/2020/02/healthy-moms-and-babies-act-will-address-growing-maternal-health-concerns/.

[32] *Id.*

[33] Nat'l Acads., *supra* note 1, at 77–78, 162–63.

hospital capacity for Iowans impacted by the COVID-19 outbreak or needing other essential medical care." If enforced against all in-clinic abortion procedures, I fear it will in fact undermine these stated goals. By banning in-clinic abortion procedures, Defendants will delay abortion care for patients, increasing the need for intensive and/or emergency care, and will force patients to travel to other states, even though public health experts have advised the public to minimize activities outside the home.

48. If the Proclamation, as interpreted in the Governor's statement to the press, is enforced, it will deprive PPH's patients of the freedom to make a very personal decision, in consultation with their families and doctors, regarding whether to continue or end their pregnancies. It will harm patients' physical, emotional, and financial wellbeing and the wellbeing of their families.

49. Although the Proclamation indicates that it will expire on April 16, 2020, I fear it is likely to be extended. Certainly it is clear that the pandemic, as well as the PPE shortage, is likely to continue well beyond this period.[34] If that happens, many more of my patients will be forced to remain pregnant and give birth against their will. Not only would that be profoundly harmful for them, but it would force them into the hospital system, putting them at further risk and further depleting the PPE, personnel and facilities needed to fight this pandemic and mitigate its deadly impact. Using this crisis as a justification for banning in-clinic abortion procedures is one of the most irrational, and frankly dangerous, public health arguments I have ever encountered.

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[34] *See, e.g.*, Denise Grady, *Not His First Epidemic: Dr. Anthony Fauci Sticks to the Facts*, N.Y. Times, Mar. 8, 2020, https://www.nytimes.com/2020/03/08/health/fauci-coronavirus.html (federal officials and medical professionals expecting the pandemic to last for a year or eighteen months); Ctrs. for Disease Control & Prevention, *Healthcare Supply of Personal Protective Equipment*, (last updated Mar. 14, 2020), https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html (CDC anticipating shortage of PPE to last for three to four months).

50. I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding is true and correct.

3/29/2020
Date

Jill Meadows, M.D.

EXHIBIT 1

JILL LYNELLE MEADOWS, MD
Medical Director
Planned Parenthood of the Heartland
850 Orchard Street
Iowa City, IA 52246

EDUCATION

B.S., Macalester College, St. Paul, MN-1991
M.D., University of Iowa College of Medicine, Iowa City, IA-1995
Resident, Obstetrics and Gynecology, Beth Israel Medical Center, New York, NY-1995-1999

PLANNED PARENTHOOD OF THE HEARTLAND

Medical Director-July, 2010 to present
Abortion Services Director-2010 to present
Early Pregnancy Complications Director-2010 to present
Sedation Program Director-2010 to present
Ultrasound Director-2011 to present
Preceptor for medical students and residents-2010 to present
Laboratory Director-2013 to present
LEEP Program Director-2012 to 2014
Colposcopy Program Director-2013 to 2014
Principal Investigator-Mixed Methods Study of Women's Experiences with Second-Trimester Abortion Care
Principal Investigator-Open-Label Study of a Levonorgestrel-Releasing Intrauterine System for Long-Term Reversible Contraception-2015-present
Principal Investigator-Non-Surgical Alternatives to Treatment of Failed Medical Abortion-2016-present

PROFESSIONAL HISTORY

Academic Positions

Clinical Assistant Professor, University of Iowa Carver College of Medicine, Dept. of OB/Gyn-1999-2005
Clinical Associate Professor, University of Iowa Carver College of Medicine, Dept. of OB/Gyn-2005-2010
Clinical Adjunct Faculty, University of Iowa Carver College of Medicine, Dept. of OB/Gyn-2010 to present

Certification

American Board of Obstetrics and Gynecology-2002

Current Licensure

Iowa-1999
Nebraska-2010

Professional Affiliations

American Medical Student Association-1991-1995; Chapter President, 1992-1993
American Congress of Obstetricians and Gynecologists, Junior Fellow/Fellow (2002)-1995 to present
Association of Reproductive Health Professionals-2007 to present

Offices

University of Iowa gynecology clinical consultant, Family Practice E-mail Consult Service-1999-2002
University of Iowa departmental Inform Patient Record "super-user"-1999-2004
University of Iowa Gynecology Pre-operative Educational Conference Coordinator-1999-2009
University of Iowa Dept. of OB/Gyn liaison to the Emma Goldman Clinic-1999-2010

Medical Director, Family Planning Council of Iowa Medical Review Committee-2002-2008
Reproductive Health Advisor for the medical student free Mobile Health Clinic-2003-2007
University of Iowa Fibroid Clinic Coordinator (multidisciplinary clinic with Interventional Radiology)-2003-2009
University of Iowa Women's Health Curriculum Task Force-2004
University of Iowa Medical Education Committee-2004-2006
Medical Consultant, Female Breast and Pelvic Exam Program Teaching Video and Simulated Patient Gynecologic Exam Program-2005-2008
University of Iowa Physician Assistant Program Review Committee-2005
University of Iowa First Case Start Improvement Project Committee-2005
Medical Director, University of Iowa Women's Health Clinic-2005-2007
University of Iowa OB/Gyn Resident Education Committee-2005-2007
Faculty Advisor, Medical Students for Choice-2005-2010; awarded Carver College of Medicine Medical Student Government Outstanding Student Organization, 2007-2008
University of Iowa liaison for the Family Practice resident OB/Gyn rotation-2006-2007
University of Iowa Perinatal Illicit Drug Screening Protocol Subcommittee-2006-2007
University of Iowa Protection of Persons Subcommittee-2006-2008
University of Iowa Hospitals and Clinics Quality and Safety Advisory Council-2006-2008
Reviewer, Obstetrics & Gynecology journal-2006-2010
Coordinator, University of Iowa Women's Health Center Procedure Clinic-2009
Medical Director, University of Iowa Ryan Residency Family Planning Training Program-2009
Board of Medical Directors, Physicians for Reproductive Health-2013-2019

University of Iowa Service Activities
Private gynecology and obstetric clinics-1999-2010
Teaching of medical students and residents-1999-2010
Staff resident continuity of care clinics-1999-2010
Staff Labor and Delivery-1999-2010
Staff Colposcopy/LEEP Clinic-1999-2010
Staff Ambulatory Surgery Center and Main OR-1999-2010
Staff Emma Goldman Clinic-1999-2010
Staff VAMC gynecology clinic/OR-1999-2009
Medical student shadow/AMWA mentor-1999-2010
Interview prospective medical students-2000-2008
Premedical student shadowing-2000-2008
Staff Fibroid Clinic-2003-2010
Medical student advisor-2005-2010
Medical Student Service Distinction Track Mentor-2007-2009
Staff Procedure Clinic-2009-2010

Publications
"Medication for Medical Abortion", Currents, Vol. 4, #4, pp. 9-10, Fall 2003
"Mixed-methods Study of Women's Experiences with Second-trimester Abortion," Poster, NAF annual meeting, April 2016.
"Mixed-methods investigation of women's experiences with second-trimester abortion care in the Midwest and Northeast United States," KellyBlanchard, Jill L.Meadows, Hialy R.Gutierrez, Curtiss PSHannum, Ella F.Douglas-Durham, Amanda J.Dennis. Contraception, 96: 401-410. December 2017.

Grants
University of Iowa New Clinical Initiative Grant for Fibroid Clinic-2005-2007
Ryan Residency Family Planning Training Grant-2009

Awards
The Elliot Blumenthal Award for best resident research project/presentation-1998
The University of Iowa Vagina Warrior Award-2004
Emma Goldman Clinic Golden Speculum Award-2005
The University of Iowa Jean Y. Jew Woman's Rights Award-2005
National Abortion Federation C. Lalor Burdick Award-2013

LECTURES

University of Iowa
Lectures to third-year medical students, “First Trimester Bleeding” (every six weeks)-1999-2001
Lecture to residents and medical students, “Ectopic Pregnancy”-4/25/00
Lecture to residents and medical students, “Evaluation and Treatment of Abnormal Bleeding in Perimenopausal Patient”-5/16/00, 6/16/0
Lecture to residents and medical students, “Chronic Pelvic Pain”-10/31/00
Obstetrics and Gynecology case studies-2000-2009
Lecture to Internal Medicine residents, ”Abnormal Uterine Bleeding”-9/28/00, 10/5/00, 1/4/01, 4/5/01
Lectures to 3rd year medical students, “Normal and Abnormal Uterine Bleeding” (every six weeks)-2001-2006
Clinician mentor to 2nd year medical students for Foundations of Clinical Practice-2002-2005
Lecture to residents and medical students, “Induced Abortion”-10/15/02
Lecture to residents and medical students, "Dysmenorrhea"-5/27/03
Lecture to residents and medical students, "Misoprostol in Obstetrics"-11/4/04
Lecture to residents and medical students, "Spontaneous Miscarriage, Evaluation and Treatment"-2/10/04
Faculty Facilitator, Foundations of Clinical Practice Personal and Professional Development-2005-2006
Lecture to 3rd year medical students, “Abortion and Women’s Health” (every six weeks)-2006-2010
Lecture to residents and medical students, “Management of Miscarriage”-2/13/07
Lecture to residents and medical students, “Abortion Overview”-7/8/08
Lecture to residents and medical students, “Dysmenorrhea”-10/21/08
Clinical Skills Workshop for third year medical students using papayas (every six weeks)-2009; for residents 1/13/09 and 6/09
Lecture to residents and medical students, “Induced Abortion”-7/8/08
Lecture to second year medical students (FCP). “Spontaneous and Induced Abortion Overview”-11/7/08
Lecture to reproductive epidemiology students, “Fibroids” and “Spontaneous and Induced Abortion Overview”-12/4/08
Lecture to residents and medical students, “Ryan Program Overview”-1/13/09
Lecture to residents and medical students, “Mifepristone/Misoprostol for Second Trimester Medical Abortion”-2/16/09
Lecture to residents and medical students, “DMPA for Contraception”-3/10/09
Lecture to residents and medical students, “First Trimester Medical Abortion”-6/9/09
Lecture to residents and medical students, “OCPs-The Basics”-8/11/09
Lecture to residents and medical students, “Primary Reproductive Health and the Law”-10/13/09
Journal Club with residents and medical students: “Rates of Serious Infection after Changes in Regimens for Medical Abortion,” NEJM-12/09

Planned Parenthood of the Heartland
Reversal Agents for Moderate Sedation-11/1/10
Sedation Basics Review-5/4/12
BHCG Review webinar-10/15/12
Miscarriage Management webinar-1/14/13
Delayed Post Abortion Complications webinar-3/11/13
Delayed Post Abortion Complications presentation, clinician meeting-9/9/14

2015 Medical Standards & Guidelines Abortion Update/Sedation webinar-2/15
Presentation on Abortion Services to PPHeartland Board-1/16
Delayed Post Abortion Complications presentation, clinician meeting-9/20/16
Post Abortion Complications and case presentations, clinician meeting-9/19/18

Invited Lectures

"Evaluation and Treatment of Abnormal Bleeding in The Perimenopausal Patient," Visiting Professor lecture, Broadlawns, Des Moines, IA-5/7/01
"RU-486 Update," Conference presentation, University of Iowa Family Practice refresher course, Iowa City, IA-4/6/01
"RU-486 Update," OB/Gyn Postgraduate Conference, Iowa City, IA-9/22/01
"Elective Induction of Labor," University of Iowa OB/Gyn Grand Rounds-5/22/02
"Ectopic Pregnancies," Visiting Professor lecture, Mason City, IA-10/13/04
"Misoprostol in Obstetrics," Visiting Professor lecture, Mason City, IA-10/13/04
"Abnormal Bleeding in the Perimenopausal Patient," Spring Nurse Conference, University of Iowa College of Nursing, Iowa City, IA-4/7/05
"Complications of Abortion, Current Controversies," University of Iowa OB/Gyn Grand Rounds-5/25/05
"Symptomatic Fibroid Treatment," Women's Health Conference, University of Iowa Dept. of Nursing Services and Patient Care-10/12/05
"This is God's Work," Panel participant, NAF Annual Conference, San Francisco, CA-4/25/06
"First Trimester Bleeding," Visiting Professor lecture, Davenport, IA-4/29/06
"Management of Spontaneous Abortion," Visiting Professor lecture, Davenport, IA-4/29/06
Periodic presentations to local AMWA and MSFC chapters-2000-2009
"Abnormal Uterine Bleeding," Iowa Nurse Practitioner Society Annual Conference, Des Moines, IA-10/19/07
"Management of Early Pregnancy Loss;" "Medication Abortion," Options for Early Pregnancy Loss or Therapeutic Abortion Workshop, Iowa City, IA-9/12/08
"Dysmenorrhea Treatment," Iowa Pharmacists CME, Iowa City, IA-9/16/08
"Carhart vs. Gonzalez: A Plaintiff's Perspective," Des Moines University-12/4/08
"Essure Hysteroscopic Tubal Occlusion: Sterilization and Beyond," University of Iowa OB/Gyn Grand Rounds-4/14/09
Implanon Training Session, Cedar Rapids, IA-4/21/09
"Induced Abortion," Reproductive Health Elective, Des Moines University-2/15/11
"Medical Students for Choice-Finding Your Voice," MSFC Regional Conference, Minneapolis, MN-3/24/12
Nebraska roundtable discussion on family planning education, sponsored by the Urban Institute-University of Nebraska Medical Center, 9/13

COMMUNITY SERVICE

Emma Goldman Clinic GBLT annual free clinic volunteer staff-2000-2008
Iowa City Area NOW Chapter President-2002-2005
Reproductive Health free mobile medical clinic volunteer staff, Broadway Neighborhood Center-2003-2006
Riverside Theatre actor housing host-2004-2005
Iowans Marching for Women's Lives Coalition Chair-2006
Church worship committee chair-2008
Iowa Abortion Access Fund board member-2008-2010; Development Committee-2008; Vice President and Policies & Procedures Committee Chair-2009; President-2010
Children's Moment church leader-2010-2016
First Christian Church Mission and Witness committee member-2012-2016; Chair-2014-2016
Coralville Ecumenical Food Pantry volunteer-2013-2015
First Christian Church Deacon/board member-2014-2017
Unity Center of Cedar Rapids Spiritual Care Team-October, 2018-present

EXHIBIT 2

COVID-19 POLICY IMPLEMENTING IOWA PROCLAMATION OF DISASTER EMERGENCY ("PROCLAMATION")

Iowa

Effective March 27, 2020 5:00pm

Planned Parenthood North Central States - PPH ("PPH") has implemented the following policies specifically related to the 2020 spread of COVID-19.

In light of the pandemic of COVID-19, On March 26, 2020, Governor Reynolds issued a Proclamation of Disaster Emergency ("Proclamation"). Section one of the Proclamation states in part: "All nonessential or elective surgeries and procedures that utilize personal protective equipment (PPE) must not be conducted by any hospital, outpatient surgery provider, or outpatient procedure provider, whether public, private, or nonprofit." A nonessential surgery or procedure is defined as "one that can be delayed without undue risk to the current or future health of a patient."

The Proclamation further states that "[e]ach hospital, outpatient surgery provider, and outpatient procedure provider shall limit all nonessential individuals in surgery and procedure suites and patient care areas where PPE is required. Only individuals essential to conducting the surgery or procedure shall be present in such areas" Finally, "[e]ach hospital, outpatient surgery provider, and outpatient procedure provider shall establish an internal governance structure to ensure that the principles outlined above are followed."

In order to comply with Proclamation, PPH hereby establishes the following policies which shall remain in effect until rescinded or modified:

1. In compliance with this Proclamation, PPH will not perform any nonessential or elective surgeries or procedures that utilize PPE as described in the Proclamation at its Iowa health centers.

2. While some procedures can be postponed, others are time sensitive and cannot be delayed without undue risk to the current or future health of a patient. Providers shall determine on a case-by-case basis whether a procedure can be delayed without undue risk to the current or future health of a patient and will perform only essential procedures.

3. In making such determinations, the provider (or physician, when required) shall use the provider's (or physician's, when required) best clinical judgment in consideration of the full clinical picture and individualized circumstances of each patient, as well as in consideration of the following:

- The duration of a possible delay, taking into account the Ambulatory Surgery Center Association's "COVID-19: Guidance for ASCs for Necessary Surgery," issued March 18, 2020, which states that consideration of whether delay of a surgery is appropriate must account for risk to the patient of delay, "including the expectation that a delay of 6–8 weeks or more may be required to emerge from an environment in which COVID-19 is less prevalent."

- The Joint Statement by the American College of Obstetricians and Gynecologists ("ACOG"), the American Association of Gynecologic Laparoscopists, *et al.*, on Elective Surgeries,[1] issued March 16, 2020, which states that "Obstetric and gynecologic procedures for which a delay will negatively affect patient health and safety should not be delayed. This includes gynecologic procedures and procedures related to pregnancy for which delay would harm patient health. Obstetrician–gynecologists and other health care practitioners should be aware of the unintended impact that policies responding to COVID-19 may have, including limiting access to time-sensitive obstetric and gynecological procedures."

- The Joint Statement by the ACOG, the American Board of Obstetrics & Gynecology, *et al.,* on Abortion Access During the COVID-19 Outbreak,[2] issued March 18, 2020, which states that to "the extent that hospital systems or ambulatory surgical facilities are categorizing procedures that can be delayed during the COVID-19 pandemic, abortion should not be categorized as such a procedure" because it "is an essential component of comprehensive health care" and "a time-sensitive service for which a delay of several weeks, or in some cases days, may increase the risks [to patients] or potentially make it completely inaccessible."

4. PPH will limit all nonessential individuals in surgery and procedure suites and patient care areas where PPE is required, in accordance with the Proclamation.

5. PPH will distribute this policy to relevant staff at its Iowa health centers to ensure it is being followed. The policy may be modified by either PPH's General Counsel/Chief Compliance Officer or Chief Medical Officer. The policy will be monitored for compliance by the Chief Medical Officer or her designee.

6. While performing the procedures allowed under this Proclamation, PPH will continue to take into consideration the nationwide COVID-19 response and the impact of the pandemic on health care resources and the potential for spread of the virus in health care facilities. PPH will continue to prioritize the health and safety of its patients and employees.

[1] Available at https://www.acog.org/news/news-releases/2020/03/joint-statement-on-elective-surgeries
[2] Available at https://www.acog.org/news/news-releases/2020/03/joint-statement-on-abortion-access-during-the-covid-19-outbreak