IN THE SUPREME COURT OF PENNSYLVANIA

MIDDLE DISTRICT

No. 26 MAP 2021

ALLEGHENY REPRODUCTIVE HEALTH CENTER, et al.,

Appellants,

V.

PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES, et al.,

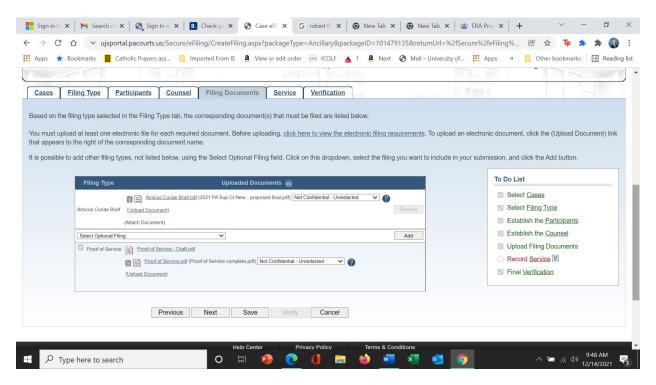
Appellees

Appeal from the Orders of the Commonwealth Court at 26 MD 2019, entered on January 28, 2020, and March 26, 2021

PETITION FOR PERMISSION TO FILE AMICI CURIAE BRIEF

Amici curiae, New Wave Feminists and Feminist Choosing Life New York through their counsel, Teresa Stanton Collett, request permission to file their amici curiae brief in support of appellees. The brief is attached to this petition as Appendix A.

Counsel for *amici curiae* attempted to file the brief yesterday as reflected in the screen shot below:



Counsel mistakenly believed that all necessary steps had been completed for submission of the brief. Counsel discovered her mistake only after failing to receive email confirmation by 9 a.m. this morning. Counsel immediately contacted the office of the prothonotary and was advised that there was no record of submission. Counsel then contacted the helpdesk to determine if the filing was in progress only to learn that submission was not complete due to counsel's failure to provide email addresses for the amici who did not have email addresses reflected in the court's service record. Counsel has moved expeditiously to correct her mistake as evidenced by this filing within 10 hours of counsel's mistake.

Wherefore, *amici* requests that this Court grant permission for the filing of the attached *amici curiae* brief in the above captioned case

Respectfully submitted,

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Brief of *Amici Curiae* New Wave Feminists and Feminists Choosing Life of New York in Support of Appellees

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Counsel for Amici Curiae

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INTEREST OF THE AMICI*

New Wave Feminists (NWF) is a consistent life organization that focuses on promoting non-violence throughout human life – from the moment of conception until the moment of natural death. NWF does this by promoting systemic change in areas including but not limited to immigration, racial justice, and human trafficking, while providing pre-natal and postnatal resources for women. NWF seeks to end the dehumanization and insufficient support that leads to the coercion or exploitation of marginalized and vulnerable groups.

Feminists Choosing Life of New York (FCLNY) is a human rights coalition that embraces and promotes pro-life feminism and the consistent life ethic. FCLNY's public advocacy draws connections between the root causes of violence, inequality, and the social forces that dehumanize the human person. FCLNY believes that the judicially-created right to abortion has oppressed rather than empowered women, and that state-funding of abortion perpetuates such oppression.

^{*} No person or entity other than the *amici curiae*, their members or counsel paid for the preparation of the *amicus curiae* brief in whole or in part or authored the *amicus* brief in whole or in part.

SUMMARY OF ARGUMENT

The Commonwealth Court properly ruled that Petitioners lacked standing to pursue claims on behalf of their patients for public funding of elective abortions. Standing to pursue state constitutional challenges on behalf of third parties requires a close relationship between the litigant and the real party in interest. The enjoyment of the alleged right of the real party must be "inextricably bound up" with the activity the litigant seeks to pursue; and there must be a showing that some obstacle exists that prevents the real party in interest from asserting her own rights. *Harrisburg School Dist. v Harrisburg Educ. Ass'n*, 379 A2d 893, 896 (Pa Commw Ct 1977) (*en banc*). Petitioners have failed to adequately establish both elements.

Any corporate injuries suffered by Petitioners are the product of their business practices — practices endemic to the healthcare industry. The injuries are unrelated to the sex or gender of patients, which is the legal basis of their claims. The Commonwealth Court correctly determined that the injuries Petitioners allege on their own behalf are not "inextricably bound up" with their claims that funding limits for elective abortions violate patients' right to equal protection and to be free of sex-based discrimination by the government.

Assuming *arguendo* that Petitioners satisfy the first element for third party representation, nowhere in the Petition for Review, R. 113a-145a, is there any allegation that obstacles prevent Medical Assistance-eligible women from asserting their own claims. To the contrary, the absence of such obstacles is well established by the number of funding claims women have pursued in other state and federal courts. Because Petitioners did not and cannot credibly allege that Medical Assistance-eligible women are unable to assert their own interests, the case was properly dismissed.

ARGUMENT

I.

PETITIONERS HAVE FAILED TO ALLEGE DIRECT COGNIZABLE INJURIES TO THEMSELVES OR THEIR CORPORATE INTERESTS.

Petitioners are corporations that provide a variety of services including elective abortions.¹ Five of the Petitioners are "for profit" corporations,², while the

¹ R. 116a, ¶2 (Allegheny Reproductive Health Center "Allegheny Reproductive"); 117a, ¶ 5 (Allentown Women's Center "AWC"); R. 118(a), ¶ 9 (Berger & Benjamin); id. at ¶ 13 (Delaware County Women's Center "DCWC"); R. 119(a), ¶ 17 (Philadelphia Women's Center "PWC"); R. 120(a), ¶ 21 (Planned Parenthood Keystone "PPKeystone"); R. 121(a), ¶ 25 (Planned Parenthood Southeastern Pennsylvania "PPSP"); and R. 122a, ¶ 29 (Planned Parenthood Western Pennsylvania "PPWP").

² Allegheny Reproductive, R. 116a, ¶2; AWC, 117a, ¶ 5; Berger & Benjamin, R. 118(a), ¶ 9; DCWC, id. at ¶ 13; and PWC, R. 119(a), ¶ 17.

remaining three are non-profit corporations.³ The corporations allege they are frequently financially harmed by performing abortions Medical Assistance-eligible women at a financial loss to the organization, and "invest[ing] their own time and resources to identify and secure private funding sources to assist low-income women to pay for their abortion, resulting in a loss of time and productivity for Petitioners' staff." R. 123a, ¶ 36. See also R. 139-140, ¶¶ 84-86. Yet, the practice of discounting the costs of services, as well as assisting patients obtain financial assistance, are common in the healthcare industry. In some cases, these practices are legally required. See e.g., I.R.C. § 501(r)(4) (requiring all federally tax-exempt hospital organizations to establish written financial assistance policies). Notwithstanding this market reality, Petitioners claim their common business practices establish legally cognizable injuries.

To be legally cognizable, however, the injuries must arise from an interest protected by the legal provisions the party relies upon. *Wm. Penn Parking Garage, Inc. v City of Pittsburgh*, 464 Pa 168, 201, 346 A2d 269, 285 (1975) *citing Louden Hill Farm, Inc. v Milk Control Comm'n.*, 420 Pa 548, 551, 217 A2d 735, 737 (1966). Petitioners' claims do not meet this requirement.

In the present case, Petitioners, as corporate entities, having neither sex nor

³ PPKeystone, R. 120(a), \P 21, PPSP, R. 121(a), \P 25, and PPWP, R. 122a, \P 29.

gender, therefore they are not within the protection of the Pennsylvania Equal Rights Amendment, Article I, Section 28, which states: "Equality of rights under the law shall not be denied or abridged in the Commonwealth of Pennsylvania because of the sex of the individual." As this Court noted twenty years ago, "a court will not heed objections to the constitutionality of a statute unless the complainant is harmed by the particular feature alleged to be unconstitutional; that is, the complainant must be harmed by the particular defect that is claimed to make the statute unconstitutional." *Philadelphia Facilities Management Corporation v. Biester*, 60 Pa. Cmwlth. 366, 374, 431 A.2d 1123, 1128 (1981).

Similarly, while corporate interests in greater profitability and productivity are concrete, they are not cognizable interests protected against uniformly administered funding limits. *Cf. In re Musser's Estate*, 341 Pa 1, 6-7, 17 A2d 411, 414 (1941) (interest in fees to be earned is not one which the law protects against the action of the beneficiaries in terminating trust). The Petition for Review contains no allegation that any similarly situated corporations or abortion providers receive state funding for elective abortions. The statutory limitations contained in 18 Pa. C.S. § 3215(c) & (j) are uniformly applied to providers as required by equal protection under Article I, Sections I and 26, and Article III, Section 32 of the Pennsylvania Constitution. *See Zauflik v. Pennsbury School Dist.*, 629 Pa. 1, 104

A.3d 1096, 1117 (2014). The Commonwealth Court was correct in dismissing the case due to a lack of standing.

II.

PETITIONERS HAVE FAILED TO ALLEGE THE REQUISTE RELATIONSHIP TO REPRESENT PATIENT INTERESTS.

Notwithstanding this absence of any direct legally cognizable interests, Petitioners invoke the putative rights of their patients in the corporate quest to overturn Pennsylvania law. The Petition for Review alleges that all Petitioners have patients who are enrolled in or eligible for Medical Assistance benefits, including "women who seek abortions but who, due to the Pennsylvania coverage ban, cannot use their insurance to cover the [abortion] procedure." Strikingly absent is any allegation that any of Petitioners' patients have been denied abortions due to a lack of ability to pay, nor is there any allegation that any clinic has refused to provide an abortion on the basis of a patient's inability to pay. Instead, Petitioners allege that "in some cases" women delay their abortion procedures, which in turn may necessitate the performance of a surgical abortion due to the gestational age of the unborn child. R. 124a, ¶ 37. In other cases, they allege that women forego the abortion entirely, continuing the pregnancy to term.

 $^{^4}$ R. 116a, \P 4; R. 117a, \P 8; R. 118a, \P 12; R. 119a, \P 16; R. 119a-120a, \P 20; R. 121a, \P 24; R. 122a, \P 28; and R. 123a, \P 32.

R. 124a, ¶ 38. In neither case, however, is there any statement that due to the absence of public funding for abortion *Petitioners' patients* have been harmed due to limited public funding for abortion.

It could be inferred from the allegations that are in the Petition for Review that Petitioners' business practices of discounting the cost of services and assistance in identifying financing are uniformly successful, but such an inference destroys any claim of injury to Petitioners' patients and supports the dismissal of this case by the Commonwealth Court. Generally, a "party may not contest the constitutionality of a statute because of its effect on the putative rights of other persons or entities." *Philadelphia Facilities Management Corporation v. Biester*, 60 Pa. Cmwlth. 366, 431 A.2d 1123, 1131 (1981) (citations omitted).

Petitioners seek to circumvent this fatal omission by noting that paragraph 39 of the Petition for Review, R. 124a, ¶ 3, alleges "[Providers] sue on behalf of their patients who seek abortions and who are enrolled in or eligible for Medical Assistance, but whose abortions are not covered because of the Pennsylvania coverage ban." Brief for Appellants at 23. This bare allegation is insufficient to cure the absence of any allegation that *Petitioners' patients* have suffered the harms alleged to have been experienced by "some women" in other paragraphs of the Petition for Review or described in expert declarations attached to the Petition.

Wm. Penn Parking Garage, 464 Pa. at192, 346 A2d at 280 ("person who is not adversely affected in any way by the matter he seeks to challenge is not 'aggrieved' thereby and has no standing to obtain a judicial resolution of his challenge").

III.

PETITIONERS CLAIM THAT THIS CASE IS "FACTUALLY IDENTICAL" TO SINGLETON v. WULFF IS FALSE.

Petitioners argue *Singleton v. Wulff*, 428 U.S. 106 (1976) supports recognition of their standing to represent the interest of their patients because *Singleton* is "factually identical" to the case at bar. This is demonstrably false.

The plaintiffs in *Singleton*, were George J. L. Wulff, Jr. and Michael Freiman, both "physicians licensed by the State of Missouri, engaging in the practice of obstetrics and gynecology." *Wulff v State Bd. of Registration for Healing Arts*, 380 F Supp 1137, 1138 (ED Mo 1974) ("*Wulff*"), rev'd sub nom. *Wulff v Singleton*, 508 F2d 1211 (8th Cir 1974), rev'd, 428 US 106 (1976). Petitioners are corporations providing abortion services.

Dr. Wulff and Dr. Freiman performed abortions on indigent women who subsequently submitted applications for payments through medical assistance and whose applications were denied. *Wulff*, 380 F Supp at 1142. Petitioners in this case

do not, and cannot, allege that they have performed abortions on Medical Assistance eligible women, nor do they allege that they or their patients have submitted applications for state funding that have been denied due to state funding limitations.

In *Wulff* Drs. Wulff and Freiman alleged that the wording of the Missouri limitations on abortion funding was vague and "deprive[d] plaintiffs of their right to practice medicine according to the highest standards of medical practice . . . [and] infringe[d] upon plaintiffs' right to render and their patients' right to receive safe and adequate medical advice and treatment." *Wulff*, 380 F Supp at 1139.

In this case, none of the Petitioners have a physician-patient relationship with any pregnant woman seeking an abortion. Pennsylvania law prohibits non-physicians from performing abortions. "No abortion shall be performed except by a physician after medical consultation." 18 Pa. C.S. § 3204. No Petitioner claimed that they practice medicine or that its practice of medicine has been harmed by state funding limits. See 63 Pa. C.S. § 422.10 (defining the unauthorized practice of medicine or surgery). Similarly, they did not and cannot allege that they unable to render adequate medical advice and treatment to pregnant women patients. Id. Instead, in this case, Petitioners claims are lost profitability and productivity in their corporate operations — claims not afforded

constitutional consideration equal to those of Drs. Wulff and Freiman.

These important legal and factual differences are obscured by Petitioners' use of the phrase "abortion provider," "physician," and "doctor" interchangeably in their Petition for Review. Yet the legal status of "providers" differs substantially based on whether the provider is a physician, a medical professional, or a facility. Petitioners' linguistic sight of hand obfuscates instead of clarifying the issue of their legal standing. This is best illustrated by the distinction made in the Pennsylvania Abortion Control Act's use of the term "abortion facilities" for abortion clinics like those operated by Petitioners, 18 Pa. C.S. § 3204, and "physician", 19 Pa. C.S. § 3203, in describing who is authorized to perform abortions. Thus, when Petitioners argue that "eleven state supreme courts have addressed this issue and specifically held that abortion providers have standing to litigate on behalf of their patients," Brief for Appellants at 29, they fail to note that eight of the eleven cases cited include physicians as plaintiffs, 5 and of the

⁵ Cases cited by Petitioners that involve physicians as plaintiffs are Feminist Women's Health v. Burgess, 651 S.E.2d 36 (Ga. 2007); State v. Planned Parenthood of Alaska, 35 P.3d 30 (Alaska 2001); Armstrong v. State, 989 P.2d 364 (Mont. 1999); Pro-Choice Miss. v. Fordice, 716 So. 2d 645 (Miss. 1998); N.M. Right to Choose v. Johnson, 975 P.2d 841 (N.M. 1998); Davis v. Fieker, 952 P.2d 505 (Okla. 1997); Cheaney v. State, 285 N.E.2d 265 (Ind. 1972); and Ballard v. Anderson, 484 P.2d 1345 (Cal. 1971). Cases cited by Petitioners without physician plaintiffs are Comprehensive Health of Planned Parenthood of Kan. and Mid-Mo. v. Kline, 197 P.3d3 70 (Kan. 2008); Planned Parenthood League v. Bell, 677 N.E.2d 204 (Mass. 1997); Planned Parenthood of Kan. and Mid-Mo. v. Nixon, 220

remaining three, at least one involved enforcement of clinic buffer zones, having little or nothing to do with the actual performance of abortions. It is equally telling that the three Pennsylvania cases Petitioners regularly cite in their brief specifically refer to "physicians", not "providers." *Robinson Township v. Commonwealth*, 83 A.3d 901, 987 (Pa. 2013); *Thierfelder v. Wolfert*, 52 A.3d 1251, 1274 (Pa. 2012) (recognizing the "relationship based on trust and the general duty of care that any doctor owes to his patients"); *Althaus v. Cohen*, 756 A.2d 1166, 1169-70 (Pa. 2000) (describing the "professional obligations and legal duties" related to the care a doctor provides to the patient); *see also Fischer v. Department of Public Welfare*, 502 A.2d 114, 120 (Pa. 1985).

Unlike the physicians and women who were before this Court in *Fischer*, and the doctors who were plaintiffs in *Wulff*, this case is brought by corporate abortion facilities whose primary claim is loss of profitability and productivity. Their attempt to parlay their claim into one of constitutional stature by allegations the "some women" have been harmed by Pennsylvania's abortion funding limits was properly rejected by the Commonwealth Court.

INDIGENT WOMEN ROUTINELY REPRESENT THEIR OWN INTERESTS IN SEEKING PUBLIC FUNDING OF THEIR ABORTIONS.

Third party standing is disfavored. Harrisburg School Dist. v Harrisburg Educ. Ass'n, 379 A.2d 893, 895 (Pa Commw. Ct 1977) quoting with approval Singleton v. Wulff, 428 U.S. 106, 113 (1976) ("Federal courts must hesitate before resolving a controversy, even one within their constitutional power to resolve, on the basis of the rights of third persons not parties to the litigation."). Litigants seeking to represent third parties must show "two 'factual elements' for consideration in determining whether the general rule that one may not claim standing to vindicate the constitutional rights of others should not apply; the first, whether the relationship of the litigant to the third party is such that enjoyment of the right by the third party is inextricably bound up with the activity the litigant seeks to pursue; and the second, whether there is some obstacle to the assertion by the third party of his own right." Harrisburg School Dist., 379A.2d at 896. Just as Petitioners fail to identify any of their patients who have not been denied abortions or who have suffered delays due to public funding limitations, the Petition for Review also fails to identify any obstacles to women asserting their own putative claims to public funding of elective abortions.

There have been twenty-two abortion funding cases in state courts outside of Pennsylvania.⁶ Women patients were plaintiffs in almost two-thirds or fourteen of these cases.⁷

Similarly, multiple federal cases have been prosecuted by women plaintiffs related to funding of elective abortions. In preparation for an amicus brief filed on behalf of Concerned Women of American and the Charlotte Lozier Institute in *June Medical Services, LLC v. Russo*, 140 S. Ct. 2103 (2020), counsel for *amici* in the present case examined 637 federal cases decided after January 1, 1973 and before

⁶ This number includes seven trial court decisions that were never reviewed by a state appellate or supreme court.

⁷ Doe v. Maher, 515 A.2d 134, 135 (Conn. Super. Ct. 1986); Renee B. v. Florida Agency for Health Care Administration, 790 So.2d 1036, 1037 (Fla. 2001); A Choice for Women, Inc. v. Florida Agency for Health Care Administration, 872 So.2d 970 (Fla. Dist. Ct. App. 2004); Jane Roe v. Harris, Case No. 96977, Memorandum Decision, February 1, 1994 (Idaho District Court for the Fourth Judicial District, Ada County) (judgment was not appealed); Jane Doe v. Wright, Case No. 91 CH 1958, Order, December 2, 1994 (Circuit Court of Cook County, Illinois); Mary Doe v. Childers, No. 94CI02183, Order, August 3, 1995 (Jefferson County Circuit Court); Moe v. Secretary of Administration & Finance, 417 N.E.2d 387, 387-88 (Mass. 1981); Doe v. Dep't of Social Services, 487 N.W.2d 166, 166-67 (Mich. 1992); Women of the State of Minnesota v. Gomez, 542 N.W.2d 17, 20 n. 2 (Minn. 1995); Jeannette R. v. Ellery, Cause No. BDV-94-811, Order on Motions for Summary Judgment, May 19, 1995 (filed May 22, 1995) (Montana First Judicial District Court, Lewis and Clark County); Right to Choose v. Byrne, 450 A.2d 925, 929 (N.J. 1982); Hope v. Perales, 634 N.E.2d 183, 185 (N.Y. 1994); Rosie J. v. North Carolina Dep't of Human Resources, 491 S.E.2d 535 (N.C. 1997); and Jane Doe v. Celani, Docket No. S81-84ChC (Vt. Chancery Court), Opinion and Order (May 26, 1986) (Chittenden Superior Court). A brief description of the cases is attached to this brief as App. A.

December 2019. The results of this examination were summarized and submitted as an appendix to the brief.⁸ In each case, plaintiffs challenged laws or regulations perceived to interfere with abortion rights. The study did not include state cases and federal cases involving tort or criminal charges brought against individual doctors for providing abortions, wrongful birth actions, immigration and/or asylum cases involving abortions that took place in another country, clinic protest cases, and general birth control access actions.

In the three years between 1973, when *Roe v. Wade* was decided, and 1976, when *Singleton v. Wulff* was decided, women were more likely than doctors, hospitals, or clinics to file challenges to abortion-related laws. Thirty-three federal cases were brought by women or minors alone, while only twenty-two cases were brought by providers. Lozier App. 1. Since 1976, there have been sixteen years in which there were no cases filed by women alone, and thirteen years in which they have brought only one. *Id*.

Since the *Singleton* opinion was handed down in 1976, year after year providers have filed more lawsuits challenging abortion-related laws than have the

⁸ Brief *amici curiae* of Concerned Women for America & Charlotte Lozier Institute filed (in 18-1460) (Dec. 27, 2019) ("Lozier appendix"), available as "Other" at https://www.supremecourt.gov/DocketPDF/18/18-1323/126948/20191227182204197_39139%20pdf%20Collett%20appendix.pdf. For the convenience of the Court a copy is attached to this brief as Appendix B.

women purportedly affected. From 1973 to 2019, there has been an annual average of 2.1 women filing lawsuits alone; providers average 9.1 cases per year; women and providers have joined in the same lawsuit in 1.6 cases per year. *Id*.

Women are most likely to file lawsuits seeking public funding for abortion or challenging laws that require parental, spousal, or judicial consent. Lozier app.

2. In contrast, there are almost no cases filed by women alone challenging conscience rights, informed consent requirements, fetal disposition laws, and provider regulations generally. *Id*.

This study confirms Justice Thomas' observation in *Whole Woman's Health* v. *Hellerstedt*, "women seeking abortions have successfully and repeatedly asserted their own rights before the Supreme Court." 136 S.Ct. 2292, 2322 & n.1 (2016) (Thomas, J. dissenting).

Clearly abortion patients today continue to challenge abortion regulations in their own names, *see McCormack v. Herzog*, 788 F.3d 1017 (9th Cir. 2015), or through legal guardians, *see Azar v. Garza*, 138 S. Ct. 1790 (2018). The historical record of abortion litigation since 1973 "disprove[s]" any hindrance as a matter of law. *Kowalski v. Tesmer*, 543 U.S. 125, 131–132 (2004); *see also Hodak v. City of St. Peters*, 535 F.3d 899, 904 (8th Cir. 2008) (collecting cases). Indeed, as the Commonwealth Court observed in dismissing this case, indigent women

challenged Pennsylvania's abortion funding limits in *Fischer v. Dept. of Public Welfare*, 66 Pa. Cmwlth. 70, 444 A.2d 774 (1982) (*Fischer I*). "The history of the *Fischer* litigation shows that women enrolled in Medical Assistance are fully able to pursue the constitutional claims raised in the instant petition for review without the assistance of their medical providers." *Allegheny Reproductive Health Ctr. v Pennsylvania Dept. of Human Services*, 249 A3d 598, 607-08 (Pa Commw Ct 2021). There is simply no reason to presume that women are incapable of asserting their own interests.

Unlike empowering abortion providers to assert the interests of patients through third party standing, protecting the right of indigent women to speak for themselves ensures that *their* interests, and not the commercial or ideological interests of the providers, are the basis of any claim. This approach also guarantees that women's interests are asserted at the time and in the manner that women wish to assert them, and with women's input into the remedies crafted by the courts when relief is warranted. *Cf. Singleton*, 428 U.S. at 114-15 (plurality opinion). Here, the assumption that Pennsylvania women are unable to speak for themselves—and in fact depend on corporate abortion providers seeking to sell them medical services to speak for them—deprives them of their voice. Vulnerabilities of indigent abortion patients should make this Court more, not less,

suspicious of self-appointed advocates purporting to represent them. *Wash. v. Glucksberg*, 521 U.S. 702, 731–32 (1997) (discussing "the real risk of subtle coercion and undue influence" on "disadvantaged persons" who might be subject to "prejudice, negative and inaccurate stereotypes, and 'societal indifference"").

In short, the requirements for third party standing are not met, and Petitioners thus lack standing to assert claims on behalf of their patients.

CONCLUSION

For the foregoing reasons, the judgment of the Commonwealth Court should be affirmed.

Respectfully submitted,

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Pursuant to Rule 531 of the Pennsylvania Rules of Appellate Procedure, I certify that this brief contains 3192 words.

/s/Teresa S. Collett Teresa S. Collett

Dated: December 13, 2021

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/s/Teresa S. Collett

Teresa S. Collett

Dated: December 13, 2021

APPENDIX A STATE FUNDING CASES WITH PATIENT PLAINTIFFS

Connecticut

Doe v. Maher, 515 A.2d 134, 135 (Conn. Super. Ct. 1986) (named plaintiffs in class action challenging abortion funding restrictions were a Medicaid-eligible woman, suing under a pseudonym, and her physician) (judgment was not appealed).

Florida

Renee B. v. Florida Agency for Health Care Administration, 790 So.2d 1036, 1037 (Fla. 2001) (describing plaintiffs as "three Medicaid-eligible women, seven reproductive health clinics that provide abortions, two physicians and a nonprofit organization that provides financial aid to women who cannot afford abortions").

A Choice for Women, Inc. v. Florida Agency for Health Care Administration, 872 So.2d 970 (Fla. Dist. Ct. App. 2004) (named plaintiffs included a health clinic, a physician and a Medicaid- eligible woman patient seeking a publicly funded abortion) (Florida Supreme Court later denied review).

Idaho

Jane Roe v. Harris, Case No. 96977, Memorandum Decision, February 1, 1994 (Idaho District Court for the Fourth Judicial District, Ada County) (judgment was not appealed) (according to a subsequent appeal involving a collateral issue in the case (the denial of an award of attorney fees), the Idaho Supreme Court described the plaintiffs in the case as "two individual Medicaid-eligible women in need of abortions, a nonprofit health organization, two clinics, and two physicians who provide abortions," Roe v. Harris, 917 P.2d 403, 404 (Idaho 1996)).

Illinois

Jane Doe v. Wright, Case No. 91 CH 1958, Order, December 2, 1994 (Circuit Court of Cook County, Illinois) (judgment was appealed, but not until after the

time for filing a notice of appeal had expired and the appeal was dismissed) (the complaint was filed on behalf of "Jane Doe," a Medicaid-eligible woman seeking a publicly funded abortion, and other plaintiffs).

Kentucky

Mary Doe v. Childers, No. 94CI02183, Order, August 3, 1995 (Jefferson County Circuit Court) (the named plaintiff was a Medicaid-eligible woman seeking a publicly funded abortion, who was joined by an intervening plaintiff, Jane Poe) (judgment was not appealed).

Massachusetts

Moe v. Secretary of Administration & Finance, 417 N.E.2d 387, 387–88 (Mass. 1981) (describing plaintiffs as "Medicaid-eligible pregnant women, who desired medically necessary abortions that were not necessary to avoid their death, and physicians who were willing to perform such abortions").

Michigan

Doe v. Dep't of Social Services, 487 N.W.2d 166, 166-67 (Mich. 1992) (describing plaintiffs as a "minor eligible for medical assistance under [the] state Medicaid program and her mother, who was also eligible for [Medicaid] assistance").

Minnesota

Women of the State of Minnesota v. Gomez, 542 N.W.2d 17, 20 n. 2 (Minn. 1995) (identifying the plaintiffs as including, among others, "Jane Doe," "an African-American mother of two who . . . was eligible for medical assistance ('MA') at the time of the complaint").

Montana

Jeannette R. v. Ellery, Cause No. BDV-94-811, Order on Motions for Summary Judgment, May 19, 1995 (filed May 22, 1995) (Montana First Judicial District Court, Lewis and Clark County) (plaintiffs also included physicians) (judgment was not appealed).

New Jersey

Right to Choose v. Byrne, 450 A.2d 925, 929 (N.J. 1982) (describing plaintiffs as including, among others, "four women who were pregnant when their complaint or amended complaint was filed").

New York

Hope v. Perales, 634 N.E.2d 183, 185 (N.Y. 1994) (identifying lead plaintiffs as "PCAP [Prenatal Care Assistance Program]-eligible women Jane Hope and Jane Moe").

North Carolina

Rosie J. v. North Carolina Dep't of Human Resources, 491 S.E.2d 535 (N.C. 1997) (identifying plaintiffs as including, among others, "indigent women" seeking state-funded abortions).

Vermont

Jane Doe v. Celani, Docket No. S81-84ChC (Chancery Court), Opinion and Order (May 26, 1986) (Chittenden Superior Court) (plaintiff was a Medicaid-eligible patient who sued on her own behalf and on behalf of all other members of a class of Medicaid-eligible women) (there were no other named plaintiffs) (judgment was not appealed).

APPENDIX B

Appendices to Brief *amici curiae* of Concerned Women for America & Charlotte Lozier Institute filed (in 18-1460) (Dec. 27, 2019) ("Lozier appendix"), available as "Other" at https://www.supremecourt.gov/DocketPDF/18/18-1323/126948/20191227182204197_39139%20pdf%20Collett%20appendix.pdf.

App. 1

APPENDIX 1 – SUMMARY OF ABORTION
CASES BY YEAR AND PLAINTIFF

1973-1982	Plaintiff				
			Provider &		
	Woman/		Woman/		Grand
<u>Year</u>		Provider ¹	Minor	Other	Total
1973	11	6	1		18
Abortion					
Procedure					
Limits	5	2	1		8
Feticide and					
Wrongful					
Death		1			1
Funding	1				1
Multiple	2				2
Parental					
Spousal					
or Court					
Involvement	1				1
Personhood	2				2
Provider					
Regulation		3			3
1974	9	11	3	1	24
Abortion					
Procedure					
Limits	2	4			6
Feticide and					
Wrongful					
Death		1			1

¹ Provider includes doctors, clinics, and hospitals, as well as provider organizations such as Planned Parenthood.

App. 2

			Provider		
	Woman/		& Woman/		Grand
Year	Minor	Provider	Minor	Other	
Funding	4	2	1	Other	7
Multiple		1	1		$\frac{1}{2}$
Parental		_	_		_
Spousal					
or Court					
Involvement	1				1
Provider					
Regulation	2	3	1	1	7
1975	15	5	4	2	26
Abortion					
Procedure					
Limits	3	2			5
Funding	5		1		6
Gestational					
and Anti-					
discrimination					
Limits			2		2
Multiple	1	2			3
Parental					
Spousal					
or Court					
Involvement	5		1		6
Provider					
Regulation	1	1		2	4
1976	9	6	3	1	19
Funding	4	2	1		7
Multiple	1	2	1		4

App. 3

			Provider &		
Year	Woman/ Minor	Provider	Woman/ Minor	Other	Grand Total
Parental					
Spousal					
or Court					
Involvement	4		1	1	6
Provider					
Regulation		2			2
1977	4	2 5	3	2	14
Abortion					
Procedure					
Limits	3				3
Funding	1		1	2	4
Parental					
Spousal					
or Court					
Involvement		1	2		3
Provider					
Regulation		4			4
1978	3	8	6		17
${f Abortion}$					
Procedure					
Limits	1				1
Funding	2	2	2		6
Multiple		1	1		2
Parental]
Spousal					
or Court					
Involvement			3		3
Provider					
Regulation		5			5

App. 4

			Provider &		
	Woman/		Woman/		Grand
Year	Minor	Provider	Minor	Other	Total
1979		13	2	2	17
Abortion					
Procedure					
Limits				1	1
Funding		2	2		4
Multiple		2			2
Parental					
Spousal					
or Court					
Involvement		4		1	5
Personhood		1			1
Provider					
Regulation		4			4
1980	3	10	9	2	24
Abortion					
Procedure					
Limits		1			1
Funding	3	4	5	2	14
Informed					
$\operatorname{Consent}$		1	1		5
Multiple		3	2		5
Provider					
Regulation		1	1		2
1981	2	12	3		17
Abortion					
Procedure					
Limits		1			1
Funding	1	2	1		4

App. 5

			Provider &		
	Woman/		Woman/		Grand
Year	Minor	Provider	Minor	Other	Total
Informed					
$\operatorname{Consent}$		1			1
Multiple		3	1		4
Parental					
Spousal					
or Court					
Involvement	1	2	1		4
Provider					
Regulation		3			3
1982		8	1		9
Funding		1			1
Informed					
$\operatorname{Consent}$		1			1
Multiple		1			1
Parental					
Spousal					
or Court					
Involvement	_	2			2
Provider					
Regulation		3	1		4
Grand Total	56	84	35	10	185

App. 6

1983-1992	Plaintiff					
			Provider &			
	Woman/		Woman/		Grand	
Year	Minor	Provider	Minor	Other		
1983		10		2	12	
Funding		3		2	5	
Multiple		4			4	
Parental						
Spousal						
or Court						
Involvement		1			1	
Provider						
Regulation		2			2	
1984		6	2	1	9	
Funding				1	1	
Gestational						
and Anti-						
discrimination						
Limits		1			1	
Multiple		1	2		3	
Parental						
Spousal						
or Court						
Involvement		2			2	
Provider						
Regulation		2			2	
1985	1	5	2	1	9	
Abortion						
$\operatorname{Procedure}$						
Limits		1			1	
Funding	_	_		1	1	

App. 7

	Woman/		Provider & Woman/		Grand
Year	Minor	Provider	Minor	Other	
Parental					
Spousal					
or Court					
Involvement	1	2	1		4
Provider					
Regulation		2 6	1		3
1986	3	6	2	2	13
Fetal Remains			1		1
Funding		$\frac{2}{1}$		1	3
Multiple		1		1	2
Parental					
Spousal					
or Court					
Involvement	3	2	1		6
Provider					
Regulation		1			1
1987	1	4	1		6
Multiple		1	1		2
Parental					
Spousal					
or Court					
Involvement	1	3			4
1988		7	3	1	11
Funding		2		1	3
Multiple		1			1
Parental					
Spousal					
or Court					
Involvement		3	1		4

App. 8

			Provider &		
	Woman/		Woman/		Grand
Year	Minor	Provider		Other	
Provider					
Regulation		1	2		3
1989	1	3	2	2	8
Funding		2		2	4
Multiple		1	1		2
Parental					
Spousal					
or Court					
Involvement	1		1		2
1990	3	7	1	2	13
Fetal Remains		1			1
Funding		2		1	3
Multiple		1		1	2
Parental					
Spousal					
or Court					
Involvement	3	1	1		5
Personhood		1			1
Provider					
Regulation		1			1
1991	3	5		1	9
Abortion					
Procedure					
Limits	1				1
Funding				1	1
Multiple		1			1
Parental					
Spousal					
or Court					
Involvement	2	3			5

App. 9

			Provider &		
57	Woman/	D	Woman/	041	Grand
Year	Minor	Provider	Minor	Other	Total
Provider					
Regulation		1			1
1992	5	5		1	11
Abortion					
Procedure					
Limits	2	1		1	4
Funding		1			1
Gestational					
and Anti-					
discrimination					
Limits	1				1
Multiple	1	1			2
Parental					
Spousal					
or Court					
Involvement		2			2
Personhood	1				1
Grand Total	17	5 8	13	13	101

1993-2002		Plaintiff						
		Provider						
			&					
	Woman/		Woman/		Grand			
Year	Minor	Provider	Minor	Other	Total			
1993		3	1		4			
Abortion								
Procedure								
Limits		1			1			
Multiple		1	1		2			

App. 10

			Provider &		
	Woman/		Woman/		Grand
Year	Minor	Provider		Other	
Parental					
Spousal					
or Court					
Involvement		1			1
1994		5	3		8
Funding		2	2		4
Informed					
Consent		1			1
Multiple			1		1
Parental					
Spousal					
or Court					
Involvement		2			2
1995	1	7	2		10
Funding		3	2		5
Gestational					
and Anti-					
discrimination					
Limits	1				1
Informed					
Consent		1			1
Multiple		1			1
Parental					
Spousal					
or Court					
Involvement		1			1
Provider					
Regulation		1			1

App. 11

			Provider &		
	Woman/		Woman/		Grand
Year	Minor	Provider	Minor	Other	
1996	1	4	1	1	7
Funding			1		1
Gestational					
and Anti-					
discrimination					
Limits	1				1
Parental					
Spousal					
or Court					
Involvement		3		1	4
Provider					
Regulation		1			1
1997		11	2	1	14
Abortion					
Procedure					
Limits		3	1		4
Informed					
$\operatorname{Consent}$		1			1
Multiple		1			1
Parental					
Spousal					
or Court					
Involvement		4	1	1	6
Provider					
Regulation		2			2
1998		17	1		18
Abortion					
Procedure					
Limits		14	1		15
Multiple		1			1

App. 12

			Provider &		
	Woman/		Woman/		Grand
Year	Minor	Provider	Minor	Other	Total
Parental					
Spousal					
or Court					
Involvement		1			1
Provider					
Regulation		1			1
1999		16	1		17
${f Abortion}$					
Procedure					
Limits		9	1		10
Funding		1			1
Informed					
Consent		1			1
Parental					
Spousal					
or Court					
Involvement		2			2
Provider					
Regulation		3			3
2000		15	1		16
Abortion					
$\operatorname{Procedure}$					
Limits		11	1		12
Informed					
Consent		2			2
Parental					
Spousal					
or Court					
Involvement		1			1

App. 13

			Provider		
	**7 /		& /		α
V	Woman/	D	Woman/	041	Grand
Year	Minor	Provider	Minor	Other	Total
Provider		1			
Regulation	0	1			1
2001	2	9			11
Abortion					
Procedure					
Limits		5			$\frac{5}{1}$
Funding	1				1
Informed					
Consent		1			1
Parental					
Spousal					
or Court					
Involvement	1	1			2
Provider					
Regulation		2			2
2002	2	9		1	12
Abortion					
$\operatorname{Procedure}$					
Limits		1		1	2
Funding	1				$\begin{array}{c c} 2 \\ \hline 1 \end{array}$
Informed					
$\operatorname{Consent}$		2			2
Parental					
Spousal					
or Court					
Involvement	1	3			4
Provider					
Regulation		3			3
Grand Total	6	96	12	3	117

App. 14

2003-2012	Plaintiff				
	Woman/		Provider & Woman/		Grand
Year	Minor	Provider		Other	
2003	1	7	T/IIIOI	Other	8
Abortion					
Procedure					
Limits	1	2			3
Informed					
Consent		2			2
Parental					
Spousal					
or Court					
Involvement		1			1
Provider					
Regulation		2			2
2004	4	15	2		21
Abortion					
Procedure					
Limits	1	7	2		10
Funding	2				2
Gestational					
and Anti-					
discrimination					
Limits		1			1
Parental					
Spousal					
or Court					
Involvement	1	3			4
Provider					
Regulation		4			4

App. 15

			Provider &		
	 Woman/		Woman/		Grand
Year	Minor	Provider	Minor	Other	
2005	3	9	2		14
Abortion					
Procedure					
Limits		3	2		5
Funding	1				1
Informed					
$\operatorname{Consent}$		1			1
Multiple		1			1
Parental					
Spousal					
or Court					
Involvement	2	3			5
Provider					
Regulation		1			1
2006	1	10		2	13
Abortion					
Procedure					
Limits		3			3
Funding		1			1
Informed					
$\operatorname{Consent}$		2			2
Multiple		1			1
Parental					
Spousal					
or Court					
Involvement	1	2		1	4
Provider					
Regulation		1			1
Rights of					
Conscience				1	1

App. 16

			Provider		
	Woman/		& Woman/		Grand
Year	Minor	Provider		Other	Total
2007	1/111101	1	1	2	4
Abortion					
Procedure					
Limits		1	1	2	4
2008	1	5			6
Abortion					
$\operatorname{Procedure}$					
Limits		2			2
Informed					
$\operatorname{Consent}$		1			1
Parental					
Spousal					
or Court					
Involvement	1	1			2
Provider					
Regulation		1			1
2009		5			5
Abortion					
Procedure					
Limits		3			3
Informed					
Consent		2			2
2010		1		2	3
Funding				1	1
Multiple		1			1
Rights of					
Conscience				1	1

App. 17

			Provider		
	W		& W/		C 1
Year	Woman/ Minor	Provider	Woman/ Minor	Other	Grand
2011	1	8	MIIIOr	2	10tai 11
	1	ō		4	11
Abortion					
Procedure		1			-1
Limits		1		0	1
Funding		2		2	4
Informed		_			_
Consent		5			5
Multiple	1				1
2012	2	10		3	15
Abortion					
Procedure					
Limits	2				$\frac{2}{7}$
Funding		4		3	7
Gestational					
and Anti-					
discrimination					
Limits		1			1
Informed					
$\operatorname{Consent}$		3			3
Provider					
Regulation		2			2
Grand Total	13	71	5	11	100

App. 18

2013-2019	Plaintiff					
			Provider &		G 1	
Year	Woman/ Minor	D	Woman/	041	Grand	
2013	1	Provider 11	Minor 2	Other 4	10tai 18	
Abortion	1	11	4	12	10	
Procedure						
Limits	1				1	
Funding				3	3	
Gestational						
and Anti-						
discrimination						
Limits		2	2	1	5	
Informed						
Consent		1			1	
Multiple		1			1	
Provider						
Regulation		7			7	
2014		14	1		15	
Abortion						
Procedure						
Limits		2			2	
Gestational						
and Anti-						
discrimination						
Limits		1	1		2	
Informed						
Consent		3			3	
Multiple		1			1	
Provider						
Regulation		7			7	

App. 19

			Provider		
	XX7		& W/		C 1
V	Woman/	D	Woman/	041	Grand
Year	Minor 1	Provider 7	Minor 1	Other	
2015	l	1	1		9
Abortion					
Procedure	-				4
Limits	1				1
Gestational					
and Anti-					
discrimination					_
Limits		1	1		2
Provider					
Regulation		5			5
Rights of					
Conscience		1			1
2016		13	1		14
${f Abortion}$					
Procedure					
Limits			1		1
Fetal Remains		1			1
Funding		2			2
Informed					
Consent		1			1
Multiple		3			3
Parental					
Spousal					
or Court					
Involvement		1			1
Provider					
Regulation		5			5

App. 20

			Provider		
			&		
	Woman/		Woman/		Grand
Year	Minor	Provider	Minor	Other	Total
2017		18	1		19
${f Abortion}$					
$\operatorname{Procedure}$					
Limits		2	1		3
Fetal Remains		2			2
Gestational					
and Anti-					
discrimination					
Limits		1			1
Informed					
$\operatorname{Consent}$		2			2
Multiple		4			4
Parental					
Spousal					
or Court					
Involvement		2			2
Provider					
Regulation		5			5
2018	1	21	2		24
Abortion					
$\operatorname{Procedure}$					
Limits		1	1		2
Fetal Remains		2			2
Feticide and					
Wrongful					
Death	1				1
Funding		2			2
Gestational					
and Anti-					
discrimination					
Limits		5			5

App. 21

	Woman/		Provider & Woman/		Grand
Year	Minor	Provider	Minor	Other	
Informed					
$\operatorname{Consent}$		1			1
Multiple		1			1
Provider					
Regulation		8	1		9
Rights of					
Conscience		1			1
2019	2	26	2	5	35
Abortion					
Procedure					
Limits	1	5			6
Fetal Remains		1			1
Funding		3		2	5
Gestational					
and Anti-					
discrimination					
Limits		5	2		7
Informed					
$\operatorname{Consent}$	1	1			2
Multiple		2		1	3
Parental					
Spousal					
or Court					
Involvement		1			1
Provider					
Regulation		8			8
Rights of					
Conscience				2	2
Grand Total	5	110	10	9	134

App. 22 **TOTALS BY DECADES**

Decades	Woman/ Minor	Provider	Provider & Woman/ Minor	Other	Total
1973-82	56	84	35	10	185
1983-92	17	58	13	13	101
1993-2002	6	96	12	3	117
2003-2012	13	71	5	11	100
2013-2019	5	110	10	9	134
Total	97	419	75	46	637

App. 23

APPENDIX 2 – SUMMARY OF ABORTION
CASES BY SUBJECT AND PLAINTIFF

Plaintiff Di	Plaintiff Disposition per Abortion Challenge						
		Pl	aintiff				
			Provider				
			&				
	Woman/		Woman/		Grand		
Category	Minor	Provider	Minor	Other	Total		
Abortion							
Procedure							
Limits	24	88	13	5	130		
Live Dis-							
memberment		5			5		
Medical or							
Chemical	5	14	3	3	25		
Partial							
Birth		55	9	1	65		
Total Ban	7	3			10		
Unclassified	12	11	1	1	25		
Fetal							
Remains		7	1		8		
Unclassified		7	1		8		
Feticide							
and Wrong-							
ful Death	1	2			3		
Unclassified	1	2			3		
Funding	26	47	19	25	117		
Defunding PP		31		6	37		
Insurance							
Mandate	5			8	13		
Medicaid							
Expansion	21	16	19	7	63		

App. 24

			Provider		
			&		~ •
~ .	Woman/		Woman/	0.1	Grand
Category	Minor	Provider	Minor	Other	Total
Pregnancy					
Resource					
Center				1	1
Unclassified				3	3
Gestation					
and Anti-					
discrimi-					
nation					
Limits	3	18	8	1	30
Disability		2			1
Post-viability		1			
Race Based				1	1
Time					
Limited	3	10	6		15
Unclassified		5	6		11
Informed					
Consent	1	37	1		39
Reflection					
$\operatorname{Periods}$		4			4
Required					
Information		12			12
Ultrasound		9			9
Unclassified	1	12	1		14
Multiple	6	46	12	3	67
Admitting					
Requirements		2			2
Unclassified	6	44	12	3	65

App. 25

			Provider		
	Woman/		& Woman/		Grand
Category	Minor	Provider	Minor	Other	Total
Parental					
Spousal or					
Court In-					
volvement	30	61	14	5	110
3rd Party					
$\operatorname{Consent}$					
Required	14				14
Bypass	1	9			10
Liability		1			1
Parent					
$\operatorname{Consent}$	6	17	9	2	34
Parent					
Notification	4	24	4	3	35
Spousal					
Consent		1			1
Spousal					
Notification	2	3			5
Unclassified	3	6	1		10
Personhood		2			5
Unclassified	3	2			5
Provider					
Regulation	3	109	7	3	122
Admitting					
Requirements		30	2		32
Building					
and Zoning	2	19			21
Health &					
Safety	1	22	4	3	30
Licensure		25			25

App. 26

Category	Woman/ Minor	Provider	Provider & Woman/Minor	Other	Grand Total
Reporting		2			2
Unclassified		11	1		12
Rights of Conscience		2		4	6
Hospitals and Clinics		2			2
Physicians & Health Care Professionals				4	4
Grand Total	97	419	75	46	637