

IN THE SUPREME COURT OF IOWA

No. 23-1145

PLANNED PARENTHOOD OF THE HEARTLAND, INC.,
EMMA GOLDMAN CLINIC, and SARAH TRAXLER, M.D.,

Appellees,

v.

KIM REYNOLDS ex rel. STATE OF IOWA,
and IOWA BOARD OF MEDICINE,

Appellants.

On appeal from the Iowa District Court for Polk County
Case No. EQCE089066
The Honorable Joseph Seidlin

**BRIEF OF AMICUS CURIAE
ALLIANCE FOR HIPPOCRATIC MEDICINE
IN SUPPORT OF APPELLANTS**

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IDENTITY AND INTEREST OF AMICUS CURIAE¹

Amicus curiae the Alliance for Hippocratic Medicine is a professional alliance of the American Association of Pro-Life Obstetricians and Gynecologists, American College of Pediatricians, The Catholic Medical Association, The Christian Medical and Dental Associations, and the Coptic Medical Association. These five organizations, which worked together informally for over a decade, formally allied to form the Alliance for Hippocratic Medicine in 2022 to uphold and promote the fundamental principles of Hippocratic Medicine. They created the Alliance for Hippocratic Medicine to be able to respond to the imminent threat to medical professionals who want to practice according to the Hippocratic Oath.

The Hippocratic Oath has five fundamental commitments which the medical professional promises to their patients, in the presence of all that the medical professional holds sacred. These five promises are:

- I will always seek the physical and emotional well-being of my patients, according to my best ability and judgment, being careful to cause no intentional harm.

¹ All parties have consented in writing to the filing of this brief (see attached addendum, noting blanket consent to all amicus briefs). No party's counsel authored it in whole or in part, and no person other than amicus and its counsel made any monetary contribution to fund its preparation or submission.

- I will not participate in euthanasia or help a patient to commit suicide, nor will I suggest such courses of action. Similarly, I will not help a woman obtain an abortion. In purity and holiness I will maintain the utmost respect for human life from the moment of fertilization until the moment of natural death, carefully guarding my role as a healer.
- When indicated, I will seek the counsel of those with appropriate special skills for the treatment of my patient.
- I will always act for the benefit of the sick, treating all with professional and moral integrity, with respect and dignity. I will avoid all sexual involvement with my patients.
- Those things that I learn from or about my patient in confidence, I will hold in strict confidence.

The Hippocratic Oath formed the basis of western medical ethics for 2,500 years. The Oath long formed the actual basis of the doctor patient relationship. As a historical matter, the Hippocratic Oath is the reason that you can trust your physician not to kill you.

But in the last few years physicians who practice according to the Hippocratic Oath are now targeted for elimination from the medical profession. The Alliance for Hippocratic Medicine is committed to defending

the ideals of the Hippocratic Oath, and to preserving the ability of persons of good faith who are committed to these ideals to continue in the practice of medicine.

One of the key foundational ideals of the Hippocratic Oath is the physician's explicit commitment not to engage in the active killing of any human being, including through abortion or euthanasia. For over 2,500 years, these commitments preserved the physician's fundamental identity as a healer, not a killer. In recent decades, the widespread practice of elective abortion has gravely eroded this ideal and this fundamental conception of the physician's role. As discussed in this brief, this departure from the Hippocratic tradition, turning physicians into technical killers instead of healers, presents a grave threat to the integrity, ethics, and public reputation of the medical profession.

ARGUMENT

I. As the U.S. Supreme Court Has Recognized, Killing Unborn Children Presents a Grave Threat to the Integrity, Ethics, and Public Reputation of the Medical Profession.

For many years, the U.S. Supreme Court has emphasized that killing living, innocent, unborn human fetuses—especially those with recognizably human features—presents a grave threat to the “integrity and ethics of the medical profession.” *Gonzales v. Carhart*, 550 U.S. 124, 157 (2007) (quoting

Washington v. Glucksberg, 521 U.S. 702, 731 (1997)). It is axiomatic that a State has a “legitimate concern for maintaining high standards of professional conduct, which “extends beyond initial licensing.” *Barsky v. Bd. of Regents of Univ.*, 347 U.S. 442, 451 (1954). “Realizing the importance of high standards of character and law observance on the part of practicing physicians, [a] State” may “protect the public against the practice of medicine by those” unsuited to do so by questions of ethics, integrity, and character. *Id.*

The Supreme Court has repeatedly reaffirmed that “[t]he State ... has an interest in protecting the integrity and ethics of the medical profession.” *Glucksberg*, 521 U.S. at 731. This interest extends to prohibiting physicians from participating in conduct that “is fundamentally incompatible with the physician’s role as a healer.” *Id.* (quoting *American Medical Association, Code of Ethics* § 2.211 (1994)). For example, the tragic experiences of the twentieth century demonstrated that “the societal risks of involving physicians in medical interventions to cause patients’ deaths is too great.” *Id.* (quoting Council on Ethical and Judicial Affairs, *Decisions Near the End of Life*, 267 J.A.M.A. 2229, 2233 (1992)). Involving the medical profession of deliberate killing of humans—even under morally difficult circumstances—“could ... undermine the trust that is essential to the doctor-patient relationship by blurring the time-honored line between healing and harming.” *Id.* In a world

where physicians are involved in active killing of human beings, “[t]he patient’s trust in the doctor’s whole-hearted devotion to his best interests will be hard to sustain.” *Id.* (quoting *Assisted Suicide in the United States, Hearing before the Subcommittee on the Constitution of the House Committee on the Judiciary*, 104th Cong., 2d Sess., 355–356 (1996) (testimony of Dr. Leon R. Kass)).

The State has a strong interest in shielding the public from these threats to the integrity and ethics of the medical profession. The U.S. Supreme Court has “recognized ... the real risk of subtle coercion and undue influence in end-of-life situations,” *id.* at 732—a concern that is equally applicable in cases of crisis pregnancy. The State’s concern for the integrity and ethics of the medical profession extends to preventing their degradation by slippery-slope downward progression. *Id.* at 732-33. “[T]he State may fear that permitting” one form of physician-involved killing naturally “will start it down the path to” additional “voluntary and perhaps even involuntary” forms of killing, such as the euthanasia of “severely disabled neonates and elderly persons suffering from dementia.” *Id.* at 732, 734. Such expanded forms of physician-involved killing “could prove extremely difficult to police and contain,” and thus the State may enact policies to “prevent[] such erosion.” *Id.* at 733. These

interests in preventing physicians from becoming active killers are “unquestionably important and legitimate” state interests. *Id.* at 735.

These interests apply with particular force in the context of abortion, which involves the active killing of a distinct human being that is new, unique, developing, innocent, human, and alive. In *Gonzales*, the U.S. Supreme Court recognized the validity and force of these concerns in the specific context of abortion, upholding the federal ban on partial-birth abortions. 550 U.S. at 156. In *Gonzales*, the Supreme Court described the partial-birth procedure with particular emphasis on the visible, objective, verifiably and visibly *human* characteristics of the unborn child whose life was terminated. Contrasting the sanitized, technical, and “clinical description” provided by a physician who performs the procedures, the Court quoted at length from a nurse’s more human, eyewitness account of the killing process:

[The doctor performing the abortion] went in with forceps and grabbed the baby’s legs and pulled them down into the birth canal. Then he delivered the baby’s body and the arms—everything but the head. The doctor kept the head right inside the uterus.... The baby’s little fingers were clasp[ing] and unclasp[ing], and his little feet were kicking. Then the doctor stuck the scissors in the back of his head, and the baby’s arms jerked out, like a startle reaction, like a flinch, like a baby does when he thinks he is going to fall. The doctor opened up the scissors, stuck a high-powered suction tube into the opening, and sucked the baby’s brains out. Now the baby went completely limp.... [The doctor] cut the umbilical cord and delivered the placenta. He threw the baby in a pan, along with the placenta and the instruments he had just used.

Id. at 138-39 (quoting H.R. Rep. No. 108–58, p. 3 (2003)). The Court’s emphasis on the recognizably human features of the fetus—*e.g.*, “[t]he baby’s little fingers were clasping and unclasping, and his little feet were kicking ... the baby’s arms jerked out,” *id.*—reflect its concern with the direct involvement of physicians in a recognizable act of killing innocent human life.

Gonzales placed great emphasis on this interest in protecting the integrity, ethics, and public reputation of the medical profession. It highlighted that “Congress was concerned ... with the effects on the medical community and on its reputation caused by the practice of partial-birth abortion.” *Id.* at 157. The Court quoted Congress’s findings that the method of abortion in question “confuses the medical, legal, and ethical duties of physicians to preserve and promote life, as the physician acts directly against the physical life of a child ... in order to end that life.” *Id.* at 157 (quoting § 2(7), 117 Stat. 1202, notes following 18 U.S.C. § 1531 (2000 ed., Supp. IV), ¶ (14)(J)). The Court reaffirmed *Glucksberg*’s holding that “[t]here can be no doubt the government ‘has an interest in protecting the integrity and ethics of the medical profession.’” *Id.* (quoting *Glucksberg*, 521 U.S. at 731). Thus, “the State may use its regulatory power to bar certain procedures and substitute others, all in furtherance of its legitimate interests in regulating the

medical profession in order to promote respect for life, including life of the unborn.” *Id.* at 158.

Prohibiting abortion procedures that involve physicians in an act of killing unborn human life advances these interests. An abortion that involves the physician in killing an unborn child, especially one with recognizably human features, “is a procedure itself laden with the power to devalue human life.” *Id.* Such a procedure “implicates additional ethical and moral concerns that justify a special prohibition.” *Id.* This is especially true where the procedure in question “had a disturbing similarity to the killing of a newborn infant.” *Id.* (quotation marks and citation omitted). A clear prohibition advances the State’s interest in “drawing a bright line” against other forms of killing. *Id.* “The Court has ... confirmed the validity of drawing boundaries to prevent certain practices that extinguish life and are close to actions that are condemned,” including other forms of “voluntary and perhaps even involuntary” killing. *Id.* These concerns are maximal when the operation involves killing an “unborn child, a child *assuming the human form.*” *Id.* at 160 (emphasis added).

For all these reasons, the U.S. Supreme Court affirmed the government’s ability to prohibit an abortion procedure that “undermines the public’s perception of the appropriate role of a physician during the delivery

process, and perverts a process during which life is brought into the world.”

Id. at 160.

II. Prohibiting the Abortion of Fetuses with Detectable Heartbeats Protects the Integrity, Ethics, and Public Reputation of the Medical Profession.

The prohibition against doctors killing their patients is one of the foundation stones of the Hippocratic tradition in medicine, which itself is one of the greatest contributions of Western civilization to world history. The original Hippocratic Oath, which originated in ancient Athens, states, “I will give no deadly medicine to anyone if asked, nor suggest any such counsel; and in like manner *I will not give to a woman a pessary to produce abortion.* With purity and holiness I will pass my life and practice my Art.” The Editors, “Hippocratic Oath”, ENCYCLOPAEDIA BRITANNICA (updated Oct. 13, 2023), *available at* <https://www.britannica.com/topic/Hippocratic-oath> (emphasis added).

Addressing the Hippocratic Oath, the influential anthropologist Margaret Mead reportedly stated: “With the Greeks ... the distinction was made clear. One profession ... [was] to be dedicated completely to life under all circumstance, regardless of rank, age or intellect—the life of a slave, the life of the Emperor, the life of a foreign man, the life of a defective child... This is a priceless possession which we cannot afford to tarnish.” MAURICE

LEVINE, PSYCHIATRY AND ETHICS 324 (1972) (quoting a personal communication from Margaret Mead) (“Mead”). Prior to this innovation, physicians in early societies had been both healers and killers, but the classical Greek tradition repudiated that combination of roles: “For the first time in our tradition, there was a complete separation between killing and curing. Throughout the primitive world, the doctor and sorcerer tended to be the same person. He with the power to kill had the power to cure....” *Id.* This Hippocratic distinction, however, is threatened with erosion in virtually every generation: “But society is always attempting to make the physician into a killer-to kill the defective child at birth, to leave the sleeping pills beside the bed of the cancer patient.... *It is the duty of society to protect the physician from such requests.*” *Id.* (emphasis added). Society, therefore, has a “duty ... to protect the physician” from temptations to violate the principles of the Hippocratic Oath. *Id.*

As Mead recognized, the Hippocratic Oath rests in an ethical tradition that relies on objective norms, assuming that certain actions are good and other actions are wrong; that physicians have a duty to act rightly toward their patients; and that acting rightly toward the patient results in health for both the patient and the physician. The Hippocratic Oath requires the physician to act only for the benefit of the patient: “I will use those ... regimens which will

benefit my patients according to my greatest ability and judgment, and I will do no harm or injustice to them... Into whatever homes I go, I will enter them for the benefit of the sick.” The Editors, “Greek Medicine”, NATIONAL INSTITUTES OF HEALTH (Feb. 7, 2012), at https://www.nlm.nih.gov/hmd/greek/greek_oath.html. It forbids the physician from actively taking human life: “I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan; and similarly I will not give a woman a pessary to cause an abortion.” *Id.* It prohibits sexual relations between the physician and the patient: “[A]voiding any voluntary act of impropriety or corruption, including the seduction of women or men, whether they are free men or slaves.” *Id.* And it holds physicians to the strictest standards of confidentiality toward their patient’s information: “Whatever I see or hear in the lives of my patients, whether in connection with my professional practice or not, which ought not to be spoken of outside, I will keep secret, as considering all such things to be private.” *Id.*

Dr. Leon Kass, the medical ethicist quoted by the Supreme Court in *Gonzales v. Carhart*, *see supra*, notes that the prohibition against “doctors killing patients” is part of the medical profession's “intrinsic ethic, which a physician true to his calling will not violate, either for love or for money.” Leon R. Kass, *Neither for Love Nor for Money: Why Doctors Must Not Kill*,

94 THE PUBLIC INTEREST 25, 29 (1989). According to Kass, the medical ethic that guides a physician must include the “absolute and unexceptionable rule[]” that “[d]octors must not kill.” *Id.*

One problem with the physician-as-killer model is that it drives a wedge between the physician and patient, in a relationship that requires the greatest level of trust for the patient’s benefit: “The psychological burden of the license to kill (not to speak of the brutalization of the physician-killers) could very well be an intolerably high price to pay ... , especially if it also leads to greater remoteness, aloofness, and indifference as defenses against the guilt associated with harming those we care for.” *Id.* at 35-36. This reality calls for the imposition of external standards to preserve the physician’s traditional role as healer: “The wise setting of boundaries is based on discerning the excesses to which the power [to kill], unrestrained, is prone.” *Id.* at 36. “Applied to the professions, this principle would establish strict outer limits—indeed, inviolable taboos—against those ‘occupational hazards’ to which each profession is especially prone.” *Id.* Those “outer limits themselves are fixed, firm, and nonnegotiable.” *Id.*

Kass asks, “What are those limits for medicine? At least three are set forth in the venerable Hippocratic Oath: no breach of confidentiality, no sexual relations with patients, no dispensing of deadly drugs.” *Id.* at 36-37.

“These unqualified, self-imposed restrictions are readily understood in terms of the temptations to which the physician is most vulnerable, temptations in each case regarding an area of vulnerability and exposure that the practice of medicine requires of patients.” *Id.* at 37. “Patients necessarily divulge and reveal private and intimate details of their personal lives; patients necessarily expose their naked bodies to the physician’s objectifying gaze and investigating hands; patients necessarily entrust their very lives to the physician’s skill, technique, and judgment.” *Id.* “Mindful of the meaning of such nonmutual exposure, the physician voluntarily sets limits on his own conduct, pledging not to take advantage of or to violate the patient’s intimacies, sexuality, or life itself.” *Id.*

The prohibition against killing by physicians has a special force because it also involves disciplining the enormous technical power of medicine to heal and kill alike: “The prohibition against killing patients rests also on a narrower ground, related not only to the meaning of the doctor-patient relationship, but also, once again, to the potentially deadly moral neutrality of medical technique....” *Id.* “For this reason, it stands as the first promise of self-restraint sworn to in the Hippocratic Oath, as medicine’s primary taboo: ‘I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect....’” *Id.* at 37-38. “But in

forswearing the giving of poison when asked for it, the Hippocratic physician rejects the view that the patient's choice for death can make killing him right." *Id.* at 38. "For the physician, at least, human life in living bodies commands respect and reverence—by its very nature." *Id.*

All these principles are equally applicable to procured abortion, which the Hippocratic Oath rejects in the same sentence as voluntary euthanasia. "The deepest ethical principle restraining the physician's power is not the autonomy or freedom of the patient; neither is it his own compassion or good intention." *Id.* "Rather, it is the dignity and mysterious power of human life itself, and, therefore, also what the Oath calls the purity and holiness of the life and art to which he has sworn devotion." *Id.* "A person can choose to be a physician, but he cannot choose what physicianship means." *Id.*

Indeed, the concept of an absolute prohibition against elective abortion was a foundational insight of the Hippocratic Oath. Allen Verhey, *The Doctor's Oath—and a Christian Swearing It*, 51 *LINACRE Q.* 139, 141-42 (1984) (explaining that whereas "ancient physicians . . . had counted abortifacients among the tools of their trade," the Hippocratic Oath "reform[ed] the condition of medicine" by including an "absolute prohibition[] of abortion"). This is the unique and incalculably valuable contribution of the Hippocratic tradition—the recognition that physicians

should “first do no harm” and take no action to harm or kill even the most helpless of human beings, fetuses in the womb. *See, e.g.,* Roger J. Bulger & Anthony L. Barbato, *On the Hippocratic Sources of Western Medical Practice*, 30 HASTINGS CENTER REPORT 4, 5 (2000) (characterizing the prohibition against abortion as a specification of the Hippocratic Oath’s “general instruction” to “do no harm” and describing that instruction as what “particularly sets the Hippocratic tradition apart”). The modern proliferation of physician involvement in elective abortion constitutes a radical and destructive departure from that explicit tradition. *See* FARR CURLIN & CHRISTOPHER TOLLEFSEN, *THE WAY OF MEDICINE: ETHICS AND THE HEALING PROFESSION* 132 (2021) (concluding that “abortion . . . contradicts [the medical] profession’s commitment never to intentionally damage or destroy the life or health of any human being”).

Imposing a prohibition against killing fetuses with detectable heartbeats provides a critical safeguard against the erosion of the role of physicians of healers, and thus preserves the integrity, ethics, and public reputation of the medical profession. Even those who maintain abortion is morally permissible recognize that the fetus is a living human being. *See, e.g.,* DAVID BOONIN, *A DEFENSE OF ABORTION* 20 (2003) (“Perhaps the most straightforward relation between you or me on the one hand and every human fetus from conception

onward on the other is this: All are living members of the same species, homo sapiens. *A human fetus, after all, is simply a human being at a very early stage in his or her development.*) (emphasis added). And even those who maintain abortion is morally permissible recognize that standard surgical and medical abortion techniques involve killing the fetus. See, e.g., JEFF MCMAHAN, *THE ETHICS OF KILLING: PROBLEMS AT THE MARGINS OF LIFE* 378 (2002) (“The standard methods for performing abortions clearly involve killing the fetus: the fetus dies by being mangled or poisoned in the process of being removed from the uterus.”). Thus, there is no dispute that the widespread killing of fetuses at the hands of physicians through elective abortion radically transforms the Hippocratic model of physician-as-healer.

Prohibiting abortion of fetuses with detectable heartbeat serves “*the duty of society to protect the physician from such requests.*” Mead, *supra*. In virtually every other context, the heartbeat is treated as one of the critical signs of an existing human life. D. Alan Shewmon, *Constructing the Death Elephant: A Synthetic Paradigm Shift for the Definition, Criteria, and Tests for Death*, 35 J. MED. & PHIL. 256, 273-74 (2010). The existence of a heartbeat is objective, recognizable, and verifiable. Killing a fetus with a detectable heartbeat presents a particularly grave violation of the Hippocratic tradition, because it involves the active killing of a human being who shares

one of the most universally recognized, objective indicia of human life. Even in a society with vigorously disputed views, it is killing by any definition.

CONCLUSION

The Court should uphold the prohibition against elective abortion of fetuses with detectable heartbeats.

Dated: November 15, 2023

Respectfully Submitted,

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CERTIFICATE OF SERVICE

I hereby certify that on November 15, 2023, the foregoing was electronically filed with the Clerk of the Supreme Court of Iowa using the Iowa Electronic Document Management System, which will accomplish service on the parties' counsel of record.

/s/ Daniel A. Dlouhy

CERTIFICATE OF COMPLIANCE

This brief complies with the typeface requirements and type-volume limitation of Iowa Rs. App. P. 6.903(1)(e) and 6.903(1)(g) because this brief has been prepared in a proportionally spaced typeface using Times New Roman font in 14-point and contains 3,672 words, excluding those parts exempted by Iowa R. App. P. 6.903(1)(g).

/s/ Daniel A. Dlouhy

Dated: November 15, 2023

ADDENDUM

Written Consent of the Parties

From: Im, Peter <peter.im@ppfa.org>
Sent: Wednesday, November 8, 2023 9:39 AM
To: anichols@charislex.com
Cc: rita.bettis@aclu-ia.org
Subject: Re: Planned Parenthood of the Heartland, Inc. v. Reynolds ex rel. State of Iowa - consent for amicus brief

Good morning counsel,
As shown in the attached email, the parties have reached a blanket agreement to consent to all amicus briefs filed on both sides.

Thanks,
Peter

On Tue, Nov 7, 2023 at 5:35 PM <anichols@charislex.com> wrote:

Dear counsel:

I'm writing about *Planned Parenthood of the Heartland, Inc. v. Reynolds ex rel. State of Iowa*, pending in the Supreme Court of Iowa.

My client, the American Association of Pro-Life Obstetricians and Gynecologists, plans to file an amicus brief in support of the State.

May we tell the court that your client(s) consent?

Sincerely,

Andrew Nichols

Andrew C. Nichols

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10/17/23, 11:10 AM

Planned Parenthood Mail - [PPH v. Reynolds] Consent for Amicus Briefs



Im, Peter <peter.im@ppfa.org>

[PPH v. Reynolds] Consent for Amicus Briefs

3 messages

Im, Peter <peter.im@ppfa.org>

Tue, Oct 17, 2023 at 11:04 AM

To: "Wessan, Eric" <eric.wessan@ag.iowa.gov>, daniel.johnston@ag.iowa.gov, Rita Bettis Austen <rita.bettis@aclu-ia.org>, Sharon Wegner <sharon.wegner@aclu-ia.org>, Anjali Salvador <anjali.salvador@ppfa.org>, Dylan Cowit <dylan.cowit@ppfa.org>, Caitlin Slessor <CLS@shuttleworthlaw.com>, Sam Jones <SEJ@shuttleworthlaw.com>

Good morning counsel,

We have received a request for consent to file an amicus brief in support of the appellants in Planned Parenthood of the Heartland v. Reynolds. As we've done in previous cases, would you consent to a blanket agreement to consent to all amicus briefs filed for either side?

Thanks,
Peter

--

Peter Im (he/him)
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Tue, Oct 17, 2023 at 11:08 AM

To: "Im, Peter" <peter.im@ppfa.org>, "Johnston, Daniel" <Daniel.Johnston@ag.iowa.gov>, Rita Bettis <rita.bettis@aclu-ia.org>, Sharon Wegner <sharon.wegner@aclu-ia.org>, Anjali Salvador <anjali.salvador@ppfa.org>, Dylan Cowit <dylan.cowit@ppfa.org>, Caitlin Slessor <CLS@shuttleworthlaw.com>, "sej@shuttleworthlaw.com" <sej@shuttleworthlaw.com>

Dear Peter,

Yes, that makes sense to me. The State agrees to blanket consent. Thank you for affirmatively reaching out.

Best,
EHW

Eric Wessan
Solicitor General



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From: Im, Peter <peter.im@ppfa.org>

Sent: Tuesday, October 17, 2023 10:04:05 AM

To: Wessan, Eric <Eric.Wessan@ag.iowa.gov>; Johnston, Daniel <Daniel.Johnston@ag.iowa.gov>; Rita Bettis <rita.bettis@aclu-ia.org>; Sharon Wegner <sharon.wegner@aclu-ia.org>; Anjali Salvador <anjali.salvador@ppfa.org>; Dylan Cowit <dylan.cowit@ppfa.org>; Caitlin Slessor <CLS@shuttleworthlaw.com>; sej@shuttleworthlaw.com <sej@shuttleworthlaw.com>

Subject: [PPH v. Reynolds] Consent for Amicus Briefs

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Im, Peter <peter.im@ppfa.org>

Tue, Oct 17, 2023 at 11:10 AM

To: "Wessan, Eric" <Eric.Wessan@ag.iowa.gov>

Cc: "Johnston, Daniel" <Daniel.Johnston@ag.iowa.gov>, Rita Bettis <rita.bettis@aclu-ia.org>, Sharon Wegner <sharon.wegner@aclu-ia.org>, Anjali Salvador <anjali.salvador@ppfa.org>, Dylan Cowit <dylan.cowit@ppfa.org>, Caitlin Slessor <CLS@shuttleworthlaw.com>, "sej@shuttleworthlaw.com" <sej@shuttleworthlaw.com>

Appreciate the quick response.

Best,
Peter

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