

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT
IN AND FOR LEON COUNTY, FLORIDA

GAINESVILLE WOMAN CARE LLC d/b/a
BREAD AND ROSES WOMEN'S HEALTH
CENTER, on behalf of itself, its doctor, and its
patients; and MEDICAL STUDENTS FOR
CHOICE, on behalf of its members and their
patients,

Plaintiffs,

v.

STATE OF FLORIDA; FLORIDA
DEPARTMENT OF HEALTH; JOHN H.
ARMSTRONG, M.D., in his official capacity as
Secretary of Health for the State of Florida;
FLORIDA BOARD OF MEDICINE; JAMES
ORR, M.D., in his official capacity as Chair of the
Florida Board of Medicine; FLORIDA BOARD OF
OSTEOPATHIC MEDICINE; ANNA HAYDEN,
D.O., in her official capacity as Chair of the Florida
Board of Osteopathic Medicine; FLORIDA
AGENCY FOR HEALTH CARE
ADMINISTRATION; and ELIZABETH DUDEK,
in her official capacity as Secretary of the Florida
Agency for Health Care Administration,

Defendants.

Case No. _____

COMPLAINT

I. PRELIMINARY STATEMENT

1. This action challenges the validity of House Bill 633 under the Florida Constitution. *See* Ch. 2015-1__, § 1, Laws of Fla. (“H.B. 633” or “the Act”) (amending § 390.0111, Fla. Stat). H.B. 633 was signed by Governor Rick Scott on June 10, 2015, and is scheduled to take effect on July 1, 2015. The Act is attached hereto as Exhibit A-1.

2. H.B. 633 will impose an unwarranted twenty-four-hour delay and requirement of an additional trip to their doctor on women seeking abortion care in Florida. Existing law already requires physicians to provide patients with certain state-mandated information in

person, including the nature and risks of the procedure and the risks of carrying a pregnancy to term, and the probable gestational age of the embryo or fetus, as verified by ultrasound. H.B. 633 will require that information to be provided in person at least twenty-four hours before the abortion is performed. The Act thus will require a woman seeking to terminate a pregnancy to make an additional trip to her doctor at least twenty-four hours before she can then return to obtain her abortion. Violations of the Act will subject physicians and health care facilities to disciplinary action, including license revocation, license non-renewal, and monetary fines.

3. Article I, section 23 of the Florida Constitution guarantees the right to privacy of Florida citizens. This includes a woman's right to decide to terminate a pregnancy.

4. In imposing a mandatory delay and an additional-trip requirement before a woman may obtain abortion care, the Act will unlawfully intrude upon this right and violate the privacy rights of Florida women.

5. The Florida Legislature does not impose a similar mandatory delay or additional-trip requirement on any other medical procedure.

6. Both current Florida law and current medical best practices ensure that a woman's decision to obtain an abortion is fully informed. The state cannot meet its burden of proving that the Act satisfies strict scrutiny by furthering a compelling state interest through the least intrusive means, as required by the Florida Constitution's protection of the right to privacy.

7. If it goes into effect, the Act will cause immediate and irreparable harm to all Florida women seeking abortions and to Plaintiffs. It will also make it more difficult to obtain a medication abortion, and will impose particular harms on low-income women, women who have been abused or sexually assaulted, women facing medical risks from pregnancy that do not rise

to the level of a life-threatening medical emergency, and women who seek abortion due to a diagnosis of a severe fetal anomaly.

8. In addition, the Act will violate women’s right to equal protection of the laws, as guaranteed by article I, section 2 of the Florida Constitution, by impermissibly singling out abortion as the only type of medical care for which a delay prior to the procedure is mandated by Florida law, and by impermissibly discriminating against women on the basis of their sex and on the basis of gender stereotypes.

9. Plaintiffs seek a declaratory judgment and a temporary and permanent injunction pursuant to Chapter 86, Florida Statutes, and Florida Rules of Civil Procedure Rule 1.610 to prevent the violation of their constitutional rights, those of their patients, and those of all Florida women.

II. JURISDICTION AND VENUE

10. This Court has jurisdiction over this action pursuant to article V, section 5(b) of the Florida Constitution and Sections 26.012 and 86.011, Florida Statutes.

11. Venue is proper in this Court pursuant to section 47.011, Florida Statutes because Defendants are located in this Circuit.

III. THE PARTIES

A. Plaintiffs

12. Plaintiff Gainesville Woman Care LLC d/b/a Bread and Roses Women’s Health Center (“Bread and Roses”) is a clinic located in Gainesville, Florida, which provides safe, legal, high-quality reproductive health care services to Florida women. Bread and Roses provides surgical abortions up to thirteen weeks and six days of pregnancy, dated from the first day of a woman’s last menstrual period (“LMP”), and medication abortions up to eight weeks LMP.

Bread and Roses also offers pregnancy testing, contraception counseling and services, and referrals for other reproductive health care services, as well as for prenatal care and adoption services. Bread and Roses is licensed biannually and inspected annually by the Florida Agency for Health Care Administration. Bread and Roses sues on behalf of itself, its doctor, and its patients.

13. Plaintiff Medical Students for Choice is a not-for-profit organization that seeks to ensure abortion remains safe and legal in the United States and abroad. The organization works to destigmatize abortion provision and to make reproductive health care, including abortion care, a standard part of medical school education and residency training. Medical Students for Choice is composed of individual members who are organized into chapters located at medical school campuses and residency programs in seventeen countries, including seven affiliated chapters in Florida. Florida members of Medical Students for Choice receive training in abortion care and assist in providing abortions across the state, under the guidance and supervision of licensed physicians. Medical Students for Choice sues on behalf of its members and their patients.

B. Defendants

14. Defendant State of Florida, through its Legislature and Governor, adopted the challenged Act.

15. Defendant Florida Department of Health is the state agency authorized to impose penalties on providers of abortion care for violations of the Act. Defendant John H. Armstrong, M.D., is Secretary of the Department. Defendant Armstrong is sued in his official capacity as Secretary of Health for the State of Florida, as are his agents and successors.

16. Defendant Florida Board of Medicine is part of the Florida Department of Health. Defendant James Orr, M.D., is the Chair of the Florida Board of Medicine. Pursuant to Florida

law, the Florida Board of Medicine exercises supervisory powers over the state’s physicians and conducts disciplinary proceedings and imposes penalties against physicians. Defendants Florida Board of Medicine and Orr are authorized to impose penalties on providers of abortion for violations of the Act. Defendant Orr is sued in his official capacity as Chair of the Florida Board of Medicine, as are his agents and successors.

17. Defendant Florida Board of Osteopathic Medicine is part of the Florida Department of Health. Defendant Anna Hayden, D.O., is the Chair of the Florida Board of Osteopathic Medicine. Pursuant to Florida law, the Florida Board of Osteopathic Medicine exercises supervisory powers over the state’s osteopathic physicians and conducts disciplinary proceedings and imposes penalties against osteopathic physicians. Defendants Florida Board of Osteopathic Medicine and Hayden are authorized to impose penalties on providers of abortion for violations of the Act. Defendant Hayden is sued in her official capacity as Chair of the Florida Board of Osteopathic Medicine, as are her agents and successors.

18. Defendant Florida Agency for Health Care Administration is the state agency authorized to license abortion clinics, including Plaintiff Bread and Roses, and to refuse to renew those licenses for failure to comply with the Act. Defendant Elizabeth Dudek is Secretary of the Agency. Defendant Dudek is sued in her official capacity as Secretary of the Agency for Health Care Administration, as are her agents and successors.

IV. STATUTORY FRAMEWORK

19. Florida’s general informed consent law for medical procedures is codified at section 766.103, Florida Statutes. It provides for informed consent “in accordance with an accepted standard of medical practice among members of the medical profession,” with a doctor providing information that would allow “a reasonable individual, . . . under the circumstances,

[to] have a general understanding of the procedure, the medically acceptable alternative procedures or treatments, and the substantial risks and hazards inherent in the proposed treatment or procedures.” § 766.103, Fla. Stat. The general informed consent statute does not mandate any waiting period or additional visit to a patient’s medical provider. *Id.*

20. Florida has a separate statutory provision for obtaining informed consent from patients seeking abortion. Under the current statutory scheme, a “termination of pregnancy” may not be performed or induced “except with the voluntary and informed . . . consent of the pregnant woman;” such consent is “voluntary and informed” if the “physician who is to perform the procedure, or the referring physician, has, at a minimum, orally, informed the woman” of certain information, including “the nature and risks of the procedure, the probable gestational age of the fetus, and the risks to the woman and the fetus of carrying the pregnancy to term.” § 390.0111(3)(a)(1), Fla. Stat. A woman must confirm in writing that she has received this information orally from her physician. *Id.*

21. Pursuant to the Florida Supreme Court’s decision in *State v. Presidential Women’s Center*, 937 So. 2d 114 (Fla. 2006), the existing abortion-specific informed consent statute requires physicians to obtain informed consent in the same manner as is required under the general informed consent statute, and the information to be disclosed to patients—the risks of the procedure and the alternatives—is analogous to what is required under the general informed consent statute and at common law.

22. Section one of H.B. 633 would amend current law to provide that a woman’s consent to an abortion is “voluntary and informed” only if she makes an additional, separate visit to her provider’s office to receive that same information, at least twenty-four hours before returning for her procedure. H.B. 633 § 1.

23. The Act incorporates a narrow exception to the mandatory delay and additional-trip requirements for a life-threatening “medical emergency”—and even then, only where a physician “has obtained at least one corroborative medical opinion attesting to the medical necessity for emergency procedures and to the fact that to a reasonable degree of medical certainty the continuation of the pregnancy would threaten the life of the pregnant woman.” § 390.0111(3)(b), Fla. Stat. If a second physician is not available, the physician must “document reasons for the medical necessity in the patient’s medical records.” *Id.*

24. Thus, the Act’s mandatory delay and additional-trip requirements apply for every woman who seeks abortion care to protect her life or health because she is suffering from an illness, disease, or medical condition—except if and when that illness or condition rises to the level of a life-threatening medical emergency. There is no exception to the mandatory delay for non-emergency threats to a woman’s life, and no exception to protect a woman’s health.

25. The Act also makes no exception for women who receive a diagnosis of a severe fetal anomaly during pregnancy. Thus, a woman seeking to end her pregnancy after receiving such a diagnosis must fulfill the delay and additional-trip requirements before she can terminate.

26. The only other exception to the Act’s requirements applies if, at the time the patient “schedules or arrives for her appointment . . . she presents to the physician a copy of the restraining order, police report, medical record, or other court order or documentation evidencing that she is obtaining the abortion because she is a victim of rape, incest, domestic violence, or human trafficking.” H.B. 633 § 1.

27. This “exception” is no exception at all: The reality is that most women who are victims of rape, domestic violence, or other forms of assault do not seek medical attention in the

aftermath of these crimes or report these incidents to law enforcement. This narrow exception's stringent requirements provide no relief for these women.

28. Physicians are subject to disciplinary action for violating the Act, including revocation of their licenses to practice medicine and administrative fines of up to \$10,000 for each violation. § 390.0111(3)(c), Fla. Stat.; *see also* §§ 458.331, 459.015, 456.072(2), Fla. Stat.

29. In addition, abortion clinics may be prevented from renewing their clinic licenses for violations of the Act. Fla. Admin. Code R. 59A-9.020.

30. The Act, by its terms, is scheduled to take effect July 1, 2015. H.B. 633 § 3.

V. STATEMENT OF FACTS

31. Legal abortion is one of the safest procedures in contemporary medical practice.

32. Women decide to terminate a pregnancy for a variety of reasons, including familial, medical, financial, and personal. Some women have abortions because they conclude that it is not the right time in their lives to have a child or to add to their families; some to preserve their life or their health; some because they receive a diagnosis of a severe fetal medical condition or anomaly; some because they have become pregnant as a result of rape; and others because they choose not to have biological children.

33. Approximately one in three women in this country will have an abortion by age forty-five. A majority of women having abortions (61%) already have at least one child, while most (66%) also plan to have a child or additional children in the future.

34. Women in Florida may obtain two types of abortion care: medication abortion and surgical abortion. Medication abortion is a method of terminating an early pregnancy by taking medications that cause the woman to undergo a procedure similar to an early miscarriage.

Medication abortion is available only through nine weeks LMP. Surgical abortion is available in Florida through twenty-three weeks and six days LMP.

35. Plaintiff Bread and Roses currently uses a comprehensive informed consent process for abortion, available on the day of the procedure, which provides women with the state-mandated information, as well as all other information necessary for them to fully understand the risks and benefits of abortion and of the alternatives to abortion. This process also ensures that after thoroughly considering this information, a woman gives consent that is informed and voluntary, and that she is confident in her decision. Bread and Roses gives its patients multiple opportunities to ask questions and discuss any concerns with their physician prior to an abortion.

36. Thus, Bread and Roses' existing informed consent process is consistent with current best medical practices, requirements under current Florida law, and informed consent processes for medical procedures with a comparable degree of risk.

37. The Act's requirement that all women seeking abortion care receive certain state-mandated information in person and at least twenty-four hours prior to the procedure will require women to make a minimum of two trips to their health care provider and to wait at least one additional day before they are able to obtain an abortion.

38. This forced delay and additional-trip requirement will injure all Florida women seeking abortions in multiple ways.

39. First, the Act will require women who have decided to terminate a pregnancy to make an additional, unnecessary visit to the clinic, and to wait twenty-four hours before the state permits them to effectuate their decision. This unwarranted intrusion into their personal privacy and autonomy, the interference with the physician-patient relationship, the judgment and moral

disapproval from the state the Act communicates, and the anxiety associated with delaying an abortion that a woman has decided she wants will harm all Florida women seeking this care.

40. Second, the Act will impose tangible costs: the mandatory extra trip will require greater outlays of time and money, including an additional day's absence from work, home, and/or school. For many women it will involve lost wages and added travel and child-care costs, and for some women, it will also require an overnight stay away from home.

41. Third, by requiring a woman to make time for and to take an additional trip to her health care provider, the Act will threaten her confidentiality. Forcing a woman to make an unnecessary additional trip increases the risk that her partner, family members, employer, co-workers, or others whom she has not told will learn that she is having an abortion.

42. Fourth, the Act will cause delays of greater than twenty-four hours for some women. For many women, it will be difficult, if not impossible, to schedule an appointment on two consecutive days due to work and/or school schedules, child-care availability, and the need to secure transportation to and from a provider. Moreover, Plaintiff Bread and Roses' doctor has a limited schedule, allowing her to provide care on only certain days, which will likely be true at other clinics as well. The mandatory delay and additional-trip requirement will thus significantly delay some women in obtaining abortion care.

43. Delay in obtaining an abortion can in turn cause additional harms. Although abortion is extremely safe, delays in performing an abortion increase the risk to a woman's health and well-being. Even a short delay will be sufficient to prolong some women's pregnancies into the second trimester, thereby significantly increasing the inconvenience and risk associated with the procedure, and/or requiring travel to a more distant health care provider if the

original provider does not offer services at that later point in pregnancy. Abortions are also more expensive the later they are performed.

44. Fifth, the additional-trip requirement exposes patients to further harassment by anti-abortion activists including those who regularly picket Plaintiff Bread and Roses.

45. The mandatory delay and additional-trip requirements will also be problematic for women seeking a medication abortion, which is available only early in pregnancy. Medication abortion allows patients to end a pregnancy at the earliest stages without undergoing a surgical procedure, and some women prefer it because they find it to be less invasive and more like a spontaneous miscarriage; others prefer medication abortion because it is more private and allows them to feel more in control of the process. For some women, medication abortion is medically indicated for physiological reasons that make surgical abortion difficult or impossible to perform. For other women, such as survivors of sexual assault, medication abortion is indicated to protect their mental health, as it is less intrusive into a woman's body. The delays the Act will impose, as described *supra* ¶¶ 42-43, will push some women beyond the timeframe in which medication abortion is an available option.

46. While a follow-up appointment is not considered medically necessary after a surgical abortion in most circumstances, the standard of care in the United States is to recommend some manner of a follow-up visit for a medication abortion. As a result, the Act's additional-trip requirement may fall more heavily on medication abortion patients. Some women may thus choose to have a surgical abortion, instead of the medication abortion they would otherwise prefer, to avoid yet another visit to their provider.

47. In addition to these harms common to all Florida women seeking abortions, and in addition to the difficulty it poses to women who would prefer medication abortion, the

mandatory delay and additional-trip requirements will pose particular harms to especially vulnerable populations of Florida women: low-income women; women who are the victims of domestic violence and those whose pregnancy is the result of rape or other forms of abuse; those who face medical risks from pregnancy that fall short of a life-threatening medical emergency; those whose pregnancies involve a severe fetal anomaly; and those minors who must seek a judicial bypass of the parental notification law in order to obtain a safe and legal abortion.

48. Nationally, approximately 70% of women seeking abortions are below 200% of the federal poverty level (“the FPL”), a frequent measure of low-income populations: in approximate terms, 40% are below the FPL, and another 30% are between 100% and 200% of the FPL. Because Florida’s poverty rate is higher than the national rate, it is likely that an even greater majority of women seeking abortions in Florida are low-income.

49. Low-income women will have the most difficulty in rearranging inflexible work schedules at low-wage jobs; arranging and paying for child-care; paying for the travel costs for an additional trip to the clinic; foregoing lost wages for missed work; paying for any increased costs associated with a later procedure; and saving up the money required to cover any or all of these additional expenses.

50. Women who are the victims of domestic violence will also face particular challenges as a result of this law. Having a child with an abuser can legally bind the woman to her abuser for life; having an infant to care for can make it that much harder for a woman to escape. Abusers may, if they know a woman is pregnant, try to force her to carry to term. Additional trips to the clinic increase exponentially the likelihood that an abuser will discover that his victim is terminating a pregnancy.

51. For a woman who has survived rape, the additional-trip requirement is likewise menacing: forcing her to make an unnecessary additional trip may be emotionally and psychologically damaging and increases the risk of unwanted disclosure of the rape and resulting pregnancy. Moreover, the many logistical difficulties of arranging a separate visit to the provider, including taking time off from work and/or school, arranging child-care, and making the necessary travel arrangements, are likely to be even more difficult for a woman following a traumatic event such as a rape.

52. The Act's narrow exception for victims of rape, incest, domestic violence, and human trafficking—which requires documentation—is meaningless for the vast majority of women who become pregnant under these horrific circumstances. The reality is that the majority of victims do not seek police or medical assistance in the aftermath of these crimes.

53. Forcing such women to make an additional trip in order to obtain abortion care may threaten their safety or well-being, could significantly delay them in seeking care, and could prevent them from obtaining an abortion altogether.

54. The Act will also threaten the health of Florida women seeking abortion care to protect their lives or health. While the Act incorporates a limited exception for medical emergencies that “threaten the *life* of the pregnant woman,” § 390.0111(3)(c), Fla. Stat., (emphasis added), there exists no exception for non-emergency threats to a woman's life or for *any* kind of threat to a woman's health.

55. For women who decide to terminate a wanted pregnancy after receiving a diagnosis of a severe fetal anomaly, the mandatory delay and additional-trip requirements are especially cruel, and will delay physicians in exercising their judgment to provide the care that is most appropriate for patients who have made that decision.

56. The Act will further infringe upon the right to abortion of minor women who choose to seek a judicial bypass of the requirement that they notify a parent, as permitted by Section 390.01114, Florida Statutes. Those minors will need to make an extra trip to the provider, in addition to the separate trips, delays, stresses, and costs involved in obtaining a judicial bypass.

57. Finally, by imposing a delay on abortion—a delay the Legislature does not impose on any other medical procedure—the Act suggests to abortion patients that the Legislature believes women are not competent to render considered, appropriate medical decisions for themselves and their families, and must instead be forced by the state to reconsider their medical decisions. This mandatory delay reflects and perpetuates the stereotype that women do not understand the nature of the abortion procedure, do not think carefully about their decision, and/or are less capable of making informed decisions about their health care than are men.

58. The Legislature considered a number of amendments that would have either ameliorated the Act's effects or applied its requirements to other procedures, all of which were rejected:

- One amendment would have imposed similar mandatory delay and additional-trip requirements before a man could obtain a vasectomy. *See* S.B. 724, A. 829796, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-2; *H.B. 633 – Informed Patient Consent*, Florida House of Representatives, <http://www.myfloridahouse.gov/Sections/Bills/billsdetail.aspx?BillId=53704> (last visited June 5, 2015) [hereinafter *H.B. 633 Legislative History*]
- Another would have permitted women certain of their decisions to waive the Act's requirements and receive the mandated information on the same day as the abortion procedure. *See* H.B. 633, A. 213635, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-3; *H.B. 633 Legislative History*.
- Another would have allowed women who live 100 miles or more from the nearest abortion provider to waive the mandatory delay and additional-trip requirements. *See*

S.B. 724, A. 449942, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-4; *S.B. 274 – Termination of Pregnancies*, Florida House of Representatives, <http://www.myfloridahouse.gov/Sections/Bills/billsdetail.aspx?BillId=53671&> (last visited June 5, 2015) [hereinafter *S.B. 724 Legislative History*].

- Two more would have permitted the informed consent information to be provided to the woman electronically, rather than in person, twenty-four hours before her abortion procedure. *See* S.B. 724, A. 853480, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-5; S.B. 724, A. 231828, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-6; *H.B. 633 Legislative History*; *S.B. 724 Legislative History*.
- Two others would have allowed the physician who would perform the abortion to delegate the informed consent requirements to a registered nurse, licensed practical nurse, advanced registered nurse, nurse practitioner, or physician assistant, addressing the delay for women sometimes created by doctors' limited clinic schedules. *See* S.B. 724, A. 930638, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-7; *H.B. 633, A. 711443, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-8; H.B. 633 Legislative History*.
- Three amendments would have allowed women who are victims of rape, incest, domestic violence, or human trafficking to waive the mandatory delay and additional-trip requirements without requiring official documentation. *See* S.B. 724, A. 874120, 974400, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-9; S.B. 724, A. 888882, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-10; S.B. 724, A. 113284, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-11; *H.B. 633 Legislative History; S.B. 724 Legislative History*.
- Two others would have waived the mandatory delay and additional-trip requirements for women who have received a diagnosis of a severe fetal anomaly. *See* SB. 724, A. 591932, 2015 Leg., Reg. Sess. (Fla. 2015), attached hereto as Ex. A-12; Ex. A-11. *H.B. 633 Legislative History; S.B. 724 Legislative History*.
- Two would have created an exception from the mandatory delay and additional-trip requirements in cases where the pregnancy poses a risk to the woman's health. *See* Ex. A-11, A-12; *H.B. 633 Legislative History; S.B. 724 Legislative History*.

59. If the Act goes into effect, Bread and Roses' physician risks the loss of her license to practice medicine and other disciplinary penalties for any violation of the Act.

60. If the Act goes into effect, Bread and Roses faces non-renewal of its license as an abortion clinic for failure to comply with the Act.

61. If the Act goes into effect, members of Medical Students for Choice who are trained in and assist in the provision of abortion care in Florida will be forced to deliver care that is not in the best interests of patients, that is antithetical to the instruction they otherwise receive regarding the informed consent process, and that is detrimental to their training as conscientious physicians, due to their participation in medical care that puts patients at risk of harm.

62. Florida law does not impose the Act's unnecessary and onerous provisions upon any other medical procedure.

63. The Act will irreparably harm Plaintiffs' patients in numerous ways, including by requiring women who have decided to terminate a pregnancy to make an additional, unnecessary visit to the clinic and to wait twenty-four hours before the state permits them to effectuate their decision; intruding into their personal privacy and autonomy; interfering with the physician-patient relationship; conveying judgment and moral disapproval from the state; requiring unnecessary delay that perpetuates outdated stereotypes about women; making the process of obtaining an abortion more costly; threatening the health of women seeking abortions; threatening the confidentiality of women seeking abortions; and cruelly forcing women pregnant under untenable circumstances to wait to terminate their pregnancies.

64. The state has no compelling interest in imposing the mandatory delay and additional-trip requirements on women who have made the decision to terminate their pregnancies.

65. Even if the mandatory delay were justified, the state has no compelling interest in requiring a patient to make an additional trip to her health care provider to receive the mandated information in person.

66. Even if there were compelling state interests behind these unnecessary requirements, there are other, less intrusive means that would adequately serve these interests.

VI. CLAIMS FOR RELIEF

COUNT I – RIGHT TO PRIVACY

67. Plaintiffs hereby reaffirm and reallege each and every allegation made in ¶¶ 1-66 above as if set forth fully herein.

68. The Act violates the right to privacy of women seeking and obtaining abortions in the state of Florida, as guaranteed by article I, section 23 of the Florida Constitution.

COUNT II – RIGHT TO EQUAL PROTECTION

69. Plaintiffs hereby reaffirm and reallege each and every allegation made in ¶¶ 1-66 above as if set forth fully herein.

70. The Act violates Plaintiffs’ and their patients’ rights to equal protection of the laws in the state of Florida, as guaranteed by article I, section 2 of the Florida Constitution, by:

(a) singling out abortion for onerous and medically unnecessary restrictions that the Florida Legislature does not impose upon any other medical procedure for which people may consent; and

(b) discriminating against women on the basis of their sex and on the basis of gender stereotypes.

PRAYER FOR RELIEF

WHEREFORE, Plaintiffs pray that this Court:

1. Issue a declaratory judgment that Section 1 of H.B. 633 violates the rights of Plaintiffs, their patients, and Florida women, as protected by the Florida Constitution, and is therefore void and of no effect.

2. Issue temporary and final injunctive relief, without bond, restraining the enforcement, operation and execution of Section 1 of H.B. 633 by enjoining Defendants, their agents, employees, appointees, or successors from enforcing, threatening to enforce, or otherwise applying the provisions of that statute.

3. Grant Plaintiffs' costs.

4. Grant such further relief as may be just and proper.

Respectfully submitted this 11th day of June 2015.

/s/ Benjamin James Stevenson

Benjamin James Stevenson

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*Pro Hac Vice Application Forthcoming