IN THE DISTRICT COURT OF OKLAHOMA COUNTY
STATE OF OKLAHOMA

(1) SOUTH WIND WOMEN'S CENTER LLC, D/B/A TRUST WOMEN OKLAHOMA CITY, on behalf of itself, its clinicians and staff, and its patients; and
(2) COLLEEN MCNICHOLAS, D.O., on behalf of herself and her patients; and
(3) BRIDGET VAN TREESE, M.S.N., APRN-CNP, on behalf of herself and her patients,

Plaintiffs,

v.

(1) MIKE HUNTER, in his official capacity as Attorney General of Oklahoma; and
(2) DAVID PRATER, in his official capacity as Oklahoma County District Attorney; and
(3) LYLE KELSEY, in his official capacity as Executive Director of the Oklahoma State Board of Medical Licensure and Supervision; and
(4) G. ROBINSON STRATTON, III, in his official capacity as Executive Director of the Oklahoma State Board of Osteopathic Examiners; and
(5) KIM GLAZIER, in her official capacity as the Executive Director of the Oklahoma Board of Nursing; and
(6) GARY COX, in his official capacity as Oklahoma Commissioner of Health,

Defendants.

Case No. CV-2019-2506

Judge _____

VERIFIED PETITION

Plaintiffs South Wind Women's Center LLC D/B/A Trust Women Oklahoma City, Dr. Colleen McNicholas, and Bridget Van Treese, by and through their undersigned

attorneys, bring this Petition against the above-named Defendants, their employees, agents, and successors in office, and in support thereof allege the following:

I. PRELIMINARY STATEMENT

1. This lawsuit seeks declaratory and injunctive relief against several Oklahoma statutes and regulations that restrict, without any medical basis, access to abortion in Oklahoma.

2. Trust Women Oklahoma City is a healthcare facility in Oklahoma City, Oklahoma that provides high-quality reproductive healthcare to women in underserved communities throughout Oklahoma. Dr. McNicholas is a board-certified obstetrician and gynecologist licensed to practice in Oklahoma who provides reproductive healthcare, including abortions, at Trust Women Oklahoma City. Ms. Van Treese is an Advanced Practice Registered Nurse, Certified Nurse Practitioner ("APRN-CNP") licensed to practice in Oklahoma who provides primary care, women's healthcare, and transgender healthcare at Trust Women Oklahoma City. Plaintiffs bring claims on behalf of themselves, their clinicians and staff, and their patients.

3. Plaintiffs challenge two Oklahoma restrictions on "medication abortion," which is the most common method of abortion in the first trimester of pregnancy. Specifically, Plaintiffs seek a declaration that two Oklahoma statutes—63 O.S. § 1-729.1 (the "Physician-In Person Law"), 63 O.S. § 1-731(A) (the "Physician-Only Law")—and accompanying statutes and regulations (collectively, the "Challenged Laws") are unconstitutional because they restrict, without any valid medical basis, access to abortion in Oklahoma by prohibiting the administration of medication abortion (i) via telemedicine and (ii) by qualified and licensed advanced practice registered nurses ("APRNs"). Plaintiffs

further challenge the Physician-Only Law for the additional reason that it likewise prohibits, without any valid medical basis, APRNs from providing aspiration or so-called "surgical" abortions.

4. Medication abortion is the most common method of first-trimester abortion. It is a non-surgical method of terminating a pregnancy using prescription medication. It is non-invasive, requires no sedation, and is universally accepted in the medical community as safe and effective. Since it was approved by the U.S. Food and Drug Administration (the "FDA") in 2000, medication abortion has been used by millions of women in the United States. Medication abortion is also a highly convenient and preferable form of abortion for many women. Because the two medications used in medication abortion—mifepristone and misoprostol—are taken orally, medication abortion gives patients significant control over the timing and location of their abortion, enabling many to complete the process in the privacy of their own homes.

5. Aspiration abortion is an outpatient procedure used throughout the first trimester, and early into the second trimester. Aspiration abortion is sometimes referred to as "surgical" abortion, but no incision is made. Rather, in an aspiration procedure, a thin tube and gentle suction are used to evacuate the uterine contents, which can be completed in five to ten minutes. Like medication abortion, aspiration abortion is universally accepted in the medical community as safe and effective.

6. Despite the safety, efficacy, and convenience of medication and aspiration abortion, Oklahomans face substantial obstacles in accessing these services because of legal barriers erected by the Oklahoma Legislature.

7. First, Oklahoma's Physician In-Person Law prohibits the use of telemedicine for medication abortion by mandating that physicians be physically present in the same room as a patient receiving a medication abortion.

8. Telemedicine refers to the use of two-way communication technology, such as a secure video conference, to deliver healthcare to patients in a separate location. Oklahoma has been a pioneer in the use of telemedicine, and telemedicine today is an integral part of the State's healthcare delivery system. Oklahomans use telemedicine to address a variety of medical needs, including those that pose greater risk of complications and more significant side effects than medication abortion.

9. Through the Physician In-Person Law, however, Oklahoma singles out medication abortion, physicians who prescribe medication abortion, and patients who seek this safe and legal medical treatment for discriminatory treatment and prohibits the use of telemedicine to administer medication abortion. There is no justified medical reason for this discrimination.

10. Second, Oklahoma's Physician-Only Law restricts access to medication abortion by prohibiting advanced practice registered nurses ("APRNs") from providing all forms of abortion care, including medication abortion, by mandating that abortions be administered only by physicians. This prohibition also is further reflected in other Oklahoma laws and regulations that presume abortions in this state are performed by physicians only. *See, e.g.*, 63 O.S. §§ 1-738k (requiring certain forms to be completed by "the physician" performing the abortion); 1-738.2 (requiring patients to be provided with the name of "the physician" performing the abortion).

11. APRNs in Oklahoma are authorized by law to prescribe a wide range of medications, including medications that carry risks and side effects comparable to or greater than those associated with medication abortion. Moreover, in other states, APRNs have an established track record of safely and effectively administering medication abortion.

12. Yet, through the Physician-Only Law, Oklahoma singles out medication abortion from other forms of healthcare for discriminatory treatment, and it also targets advanced practice clinicians who perform medication abortions, and patients who seek this form of healthcare. Again, there is no justified medical reason for this discrimination. In fact, APRNs are authorized to prescribe the exact same medications that are used for medication abortion, so long as they are prescribed for non-abortion purposes.

13. Similarly, Oklahoma's Physician-Only Law also singles out aspiration abortion by APRNs from other types of care, even though APRNs in Oklahoma are authorized to provide a wide range of medical procedures with risks that are comparable to or greater than those associated with aspiration abortion.[1]

14. A violation of the Physician In-Person Law or the Physician-Only Law is punishable as a felony. *See* 63 O.S. § 1-729.2; 63 O.S. § 1-731(A).

15. The Physician In-Person Law and the Physician-Only Law significantly impede Oklahoma women's right to access safe and effective forms of abortion that are best suited to their needs. As a result, these restrictions inflict substantial harms on Trust Women

[1] Plaintiffs' request for preliminary relief is limited to medication abortion because, as a result of the Physician-Only Law, no APRNs at Trust Women Oklahoma City have been trained to provide aspiration abortion at the clinic to date. However, Plaintiffs seek declaratory and permanent injunctive relief against the Physician-Only Law's restrictions on aspiration abortion because, if that law were vacated, Plaintiff Bridget Van Treese would promptly acquire the requisite training and provide aspiration abortions in Oklahoma in due course.

Oklahoma City, its clinicians and staff—including Plaintiffs Dr. Colleen McNicholas and Bridget Van Treese—and their patients. The Challenged Laws should be enjoined because they are unconstitutional "special laws" under Article V, Section 59 of the Oklahoma Constitution, and because they violate the due process rights of Plaintiffs and other Oklahomans.

II. JURISDICTION AND VENUE

16. Jurisdiction is conferred on this Court by Okla. Const. art. VII, § 7(a).

17. Plaintiffs' claims for declaratory and injunctive relief are authorized by 12 O.S. §§ 1651 and 1381 and by the general equitable power of this Court.

18. Venue is appropriate under 12 O.S. § 133 because Defendants Hunter, Prater, Kelsey, Stratton, Glazier, and Cox have official residences in Oklahoma County.

III. THE PARTIES

A. Plaintiffs

19. Plaintiff South Wind Women's Center LLC D/B/A Trust Women Oklahoma City is a reproductive healthcare facility licensed by the State of Oklahoma that has been in operation in Oklahoma City, Oklahoma since 2016. There are additional Trust Women clinics in Seattle, Washington and Wichita, Kansas.

20. Trust Women Oklahoma City provides a range of reproductive healthcare to individuals in Oklahoma, including abortion services. Trust Women Oklahoma City also provides transgender health services, HIV/AIDS testing, well-woman exams, and contraceptive services.

21. Trust Women Oklahoma City offers medication abortions on days when a physician is present at the clinic. However, as a result of Oklahoma's Physician In-Person Law, Trust Women Oklahoma City cannot offer medication abortions via telemedicine.

22. Trust Women Oklahoma City also has an APRN on staff, Plaintiff Bridget Van Treese. Although she is trained in medication abortion and legally permitted to prescribe mifepristone and misoprostol in any other medical context, the Physician-Only Law precludes Ms. Van Treese from administering medication abortion. The Physician-Only Law also prevents Ms. Van Treese from providing aspiration abortion, though she can perform a range of medical procedures that carry the same or greater risks of complications than aspiration abortion.

23. Trust Women Oklahoma City brings claims on behalf of itself, its clinicians and staff, and its patients.

24. Plaintiff Colleen McNicholas, D.O., M.S.C.I., F.A.C.O.G., is the Medical Director of the Trust Women clinics, including the clinic in Oklahoma City. She provides reproductive health care at the clinic, including abortion care. Dr. McNicholas lives outside of Oklahoma and must travel by airplane to Oklahoma City in order to provide abortion care. The Physician In-Person Law bars her from offering medication abortions via telemedicine to her patients at the clinic. The Physician-Only Law prevents the APRN at the clinic from providing medication abortions, resulting in increased wait times for the patients Dr. McNicholas serves. Dr. McNicholas brings claims on behalf of herself and her patients.

25. Plaintiff Bridget Van Treese, M.S.N., APRN-CNP, is an APRN and certified nurse practitioner ("NP") at Trust Women's Oklahoma and Kansas clinics. Ms. Van Treese is ready and willing to provide medication abortions, and she has completed the necessary

training for the provision of that care. However, she is barred from doing so by the Physician-Only Law. Ms. Van Treese also seeks to provide aspiration abortions at Trust Women Oklahoma City and would obtain the requisite training if the Physician-Only Law were not in place. But for the Physician-Only Law, Ms. Van Treese would provide medication and aspiration abortions at Trust Women Oklahoma City. Ms. Van Treese brings claims on behalf of herself and her patients.

B. Defendants

26. Defendant Mike Hunter is the Attorney General of the State of Oklahoma. The Attorney General is the "chief law officer of the state," 74 O.S. § 18, whose duties include "appear[ing] in any action in which the interests of the state or the people of the state are at issue . . . ." 74 O.S. § 18b(A)(3). He is sued in his official capacity.

27. Defendant David Prater is the Oklahoma County District Attorney. Defendant Prater is the prosecuting attorney charged to maintain a cause of action against a person who has performed or induced an abortion in violation of the Physician-Only Law and the Physician In-Person Law. He is sued in his official capacity.

28. Defendant Lyle Kelsey is the Executive Director of the Oklahoma State Board of Medical Licensure and Supervision (the "Medical Board"). The Medical Board, among other things, issues medical licenses to allopathic physicians and has the authority to take disciplinary action against licensees. *See* 59 O.S. §§ 503 and 509. He is sued in his official capacity.

29. Defendant G. Robinson Stratton, III, is the Executive Director of the Oklahoma State Board of Osteopathic Examiners. The Board of Osteopathic Examiners

licenses and has the authority to discipline osteopathic physicians. *See* Okla. Admin. Code § 510:10-3-5. He is sued in his official capacity.

30. Defendant Kim Glazier is the Executive Director of the Oklahoma Board of Nursing. The Board of Nursing conducts the licensure of nurses in the state, including advanced practice registered nurses, and has the power to take disciplinary action against licensees. *See* 59 O.S. § 567.8. She is sued in her official capacity.

31. Defendant Gary Cox is the Oklahoma Commissioner of Health. He oversees the Oklahoma State Board of Health, which issues licenses to facilities at which abortions are performed and oversees compliance with the regulation of such facilities. *See* 63 O.S. §§ 1-706(A), (B)(1); O.A.C. § 310:600-7-3. He is sued in his official capacity.

IV. FACTUAL ALLEGATIONS

A. Abortion Care Background

32. Abortion is among the safest procedures in contemporary medical practice. In one of the most comprehensive studies to date published in *Obstetrics & Gynecology*, the official medical journal of the American College of Obstetricians and Gynecologists ("ACOG"), researchers found that major complications from abortions (i.e., complications requiring hospital admission, surgery, or blood transfusion) occurred in less than one-quarter of one percent (0.23%) of cases.[2]

[2] *See* Ushma D. Upadhyay et al., *Incidence of Emergency Department Visits and Complications after Abortion*, 125 Obstet. & Gynecol. 175, 181 (2015).

33. Abortion is significantly safer than carrying a pregnancy to term. In fact, the risk of death associated with childbirth is approximately 14 times higher than that associated with abortion.[3]

34. Abortion procedures are very safe throughout pregnancy, but the risks associated with abortion increase as a pregnancy progresses. Abortions that occur in the first trimester of pregnancy are safest and present the lowest risks to patients.

35. Oklahoma women of diverse backgrounds seek abortions. Approximately 68 percent of Oklahoma abortion patients are white, 19 percent are black, and 13 percent identify with another racial or ethnic classification. 58 percent of Oklahomans who have abortions are in their 20s, and 26 percent are in their 30s. Approximately 60 percent have previously given birth to at least one child.[4]

1. Medication Abortion

36. Medication abortion is the most common method of first-trimester abortion. In 2016, approximately 2.75 million women had undergone a medication abortion in the United States.[5]

37. Medication abortion, which is a non-surgical method of abortion, is usually offered during the first ten weeks of pregnancy, and does not require anesthesia or sedation.

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[3] *See* Elizabeth G. Raymond and David A. Grimes, *The Comparative Safety of Legal Induced Abortion and Childbirth in the United States*, 119 Obstet. & Gynecol. 215, 216 (2012).

[4] *See* Oklahoma State Department of Health, Abortion Surveillance in Oklahoma: 2002-2018 Summary Report, table 3, *available at* https://www.ok.gov/health2/documents/2018%20ITOP%20Report.pdf.

[5] *See* Danco, Mifeprex (mifepristone): FDA Approves Updated Labeling, at 1 (2016), *available at* http://www.earlyoptionpill.com/wp-content/uploads/2016/03/Mifeprex-Label-Update_Press-Release_March302016.pdf.

Rather, a patient who chooses medication abortion requires only two medications, mifepristone and misoprostol, to terminate the pregnancy.

38. Mifepristone is a pill that is also known as RU-486 or by its commercial name Mifeprex. The medicine works by blocking the hormone progesterone, which is necessary to maintain a pregnancy.

39. Misoprostol, too, is a pill and is also known by its commercial name Cytotec. It causes the cervix to open and the uterus to expel its contents, thereby completing the abortion.

40. In 2000, the FDA approved a protocol for medication abortion using mifepristone and misoprostol. Pursuant to the FDA-approved protocol, mifepristone is taken by the patient, typically at a healthcare facility, and misoprostol is taken 24 to 48 hours later, typically at a time and location of the patient's choosing. Many women choose to complete their medication abortion in the comfort and privacy of their homes.

41. Some women choose medication abortion because they prefer a procedure that does not involve surgical instruments. For certain women, medication abortion may be preferable to surgical abortion for medical reasons, such as anomalies of the reproductive and genital tract, severe obesity, or an extremely flexed uterus, which can increase the risks associated with surgical abortion or rule out the possibility of a surgical abortion altogether.

42. Medication abortion is an especially safe form of healthcare. A 2013 study reviewed the outcomes of 233,805 medication abortions performed in the United States and

found that only 0.16 percent of patients experienced a significant adverse event. Fewer than six out of every 10,000 patients experienced complications resulting in hospital admission.[6]

2. Aspiration Abortion

43. Aspiration abortion is an in-clinic procedure used throughout the first trimester, and early into the second trimester. Aspiration abortion is sometimes referred to as "surgical" abortion; however, no incision is made. Rather, a thin tube and gentle suction are used to evacuate the uterine contents through the vaginal cavity. The procedure generally takes five to ten minutes to complete.

44. Aspiration abortion is commonly performed in an outpatient setting and does not require a sterile field or operating room. An analgesic such as ibuprofen, an anxiolytic such as Valium, a local anesthetic, and/or minimal sedation may be used prior to or during the procedure.

45. Like medication abortion, aspiration abortion is universally accepted in the medical community as safe and effective. In a recent study, only 57 of almost 35,000 women (0.16 percent) were found to have experienced a serious complication (hospital admission, surgery, or blood transfusion) after a first-trimester aspiration abortion.[7]

B. Oklahoma's Unlawful Prohibition Against the Use of Telemedicine for Medication Abortion

1. Telemedicine in Oklahoma

46. Oklahoma law expressly authorizes and encourages the use of telemedicine in the delivery of healthcare across the state.

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[6] *See* Kelly Cleland et al., *Significant Adverse Events and Outcomes After Medical Abortion*, 121 Obstet. & Gynecol. 166, 169 (2013).

[7] *See* Upadhyay et al., 2015, *supra* note 2, at 178.

47. Under Oklahoma law, telemedicine is defined as "the practice of health care delivery, diagnosis, consultation, evaluation and treatment, transfer of medical data or exchange of medical education information by means of a two-way, real-time interactive communication, not to exclude store and forward technologies, between a patient and a physician with access to and reviewing the patient's relevant clinical information prior to the telemedicine visit." 59 O.S. § 478.

48. Oklahoma was an early adopter of telemedicine. In 1993, with funding from the Oklahoma Department of Commerce, Oklahoma pioneered the first large-scale telemedicine network in the United States. The "Oklahoma Telemedicine Network," as it was known, encompassed 45 rural hospitals, 15 regional hospitals, and the University of Oklahoma Health Sciences Center.

49. In 1997, Oklahoma enacted the Oklahoma Telemedicine Act. 36 O.S. §§ 6801 *et. seq.* (1997). This law required the healthcare industry in Oklahoma—including health care service plans, disability insurer programs, workers' compensation programs, and State Medicaid managed care program contracts—to include coverage for telemedicine services.

50. The Oklahoma Legislature has repeatedly recognized the importance of and promoted telemedicine in curbing rising healthcare costs and delivering quality healthcare to rural communities throughout the state. Through organizations such as the Telemedicine Advisory Council, the University of Oklahoma's Center for Telemedicine, and the Oklahoma Rural Health Policy and Research Center—many of which were created by statute—Oklahoma has expanded the reach of telemedicine throughout the state. Telemedicine is now commonplace in hundreds of healthcare facilities, including community health centers and

clinics, community mental health centers, correctional facilities, schools, and Native American tribal facilities.

51. In 2017, Oklahoma enacted new, state-of-the-art standards for telemedicine that expanded the scope of telemedicine practice. *See* 59 O.S. §§ 478–478.1. Specifically, the Oklahoma Legislature eliminated the requirement that a physician must meet with a patient face-to-face before providing healthcare or medication via telemedicine. As a result, in Oklahoma, a physician-patient relationship can form even where the physician's first (and only) contact with a patient takes place via telemedicine.

52. Today, Oklahoma maintains one of largest and most successful telemedicine networks in the country. A 2017 survey conducted by the Telehealth Alliance of Oklahoma and the Oklahoma State Department of Health found that telemedicine is being utilized across a wide range of medical specialties, including addiction medicine, autism diagnosis, behavioral counseling, chronic disease management, high-risk pregnancy, nephrology, oncology, psychiatry, radiology, and sleep medicine.[8]

53. Telemedicine is used in Oklahoma to provide healthcare services that present far greater risks than medication abortion. For example, neurologists in Oklahoma may now use telemedicine to remotely diagnose patients suffering from a stroke and prescribe treatments such as IV-tPA, a life-saving treatment for ischemic stroke victims that presents risks of intracranial hemorrhage and major systemic hemorrhage. Additionally, Oklahoma patients experiencing severe breathing difficulties can now consult with a pulmonologist via

[8] Telehealth Alliance of Oklahoma, *Oklahoma Telehealth Utilization 2017 Survey Results*, http://www.okoha.com/Images/OHADocs/Telemedicine/Telehealth%20Survey%2010-3-2017.pdf.

telemedicine, rather than having to be physically transferred to a facility in another city to receive treatment.

2. Telemedicine and Medication Abortions

54. Telemedicine is used for medication abortion in several states. For example, telemedicine has been used for medication abortion in Iowa since 2008, in Alaska since 2011, in Maine and Illinois since 2016, and in Washington since 2018.

55. Trust Women clinics in Washington and Kansas have successfully piloted the use of telemedicine to provide medication abortions.

56. Trust Women clinics have an established protocol for administering medication abortion via telemedicine. Under this protocol, when a patient first arrives at a Trust Women clinic, she undergoes lab tests and has her vital signs taken by clinic staff. The patient then receives an ultrasound performed by clinic staff. Prior to seeing the patient, the physician—who is physically located in a different location—reviews the patient's medical history, test results, and ultrasound to confirm that she is eligible for medication abortion. The physician then communicates directly with the patient via secure two-way video-conference.

57. At the end of the appointment, if the physician determines that a medication abortion is appropriate, the physician provides the medication abortion by first directing clinic staff to distribute mifepristone to the patient and observing via the two-way video conference as the patient takes the mifepristone. The physician then authorizes the clinic staff to provide the patient with the second medication, misoprostol, which the patient is instructed to take 24 to 48 hours later at home or another location of her choosing.

58. Were it not for the Physician In-Person Law, Trust Women Oklahoma City would begin providing medication abortion via telemedicine in Oklahoma, and medication abortion would no longer be singled out for discriminatory treatment.

59. Instead, medication abortion would be subject to the same governing laws and regulations applied to other healthcare services now routinely delivered through telemedicine in Oklahoma. Trust Women Oklahoma City would use the same videoconferencing systems it has used for telemedicine at the Kansas and Washington clinics and could easily adopt the telemedicine procedures and protocols used at these clinics.

3. Safety of Telemedicine for Medication Abortion

60. The rate of adverse effects from medication abortion is exceedingly low, and this does not change when telemedicine is used. For example, a recent study analyzed the safety of medication abortion over seven years. Only 0.32 percent of patients who underwent medication abortion in person experienced clinically significant adverse events. Among patients who received medication abortion via telemedicine, the rate of clinically significant adverse effects was even lower—only 0.18 percent.[9]

61. Moreover, when rare complications do arise, they occur after the patient has already left the clinic. For this reason, the likelihood of complications, as well as the ability to respond to them, does not depend on whether the medication abortion is provided in person or via telemedicine.

62. In addition, a recent report jointly prepared by the National Academies of Sciences, Engineering, and Medicine confirmed that the administration of medication

[9] *See* Daniel Grossman and Kate Grindlay, *Safety of Medical Abortion Provided Through Telemedicine Compared With In Person*, 130(4) Obstet. & Gynecol. 778, 780 (2017).

abortion does not require a patient and healthcare provider to be physically together in the same room. The report concluded that the risks associated with medication abortion via telemedicine are "low and similar in magnitude to reported risks of serious adverse effects of commonly used prescription and over-the-counter medications."[10]

63. For these reasons, the leading professional association of OB/GYN specialists, ACOG, has concluded that "medical abortion can be provided safely and effectively via telemedicine with a high level of patient satisfaction."[11]

4. Oklahoma's Unconstitutional Physician In-Person Law

64. Oklahoma prohibits medication abortion via telemedicine by mandating that physicians be physically present when the medications are provided to the patient. Specifically, 63 O.S. § 1-729.1 requires that "[w]hen RU-486 (mifepristone) or any other drug or chemical is used for the purpose of performing or inducing an abortion, the physician who is prescribing, dispensing, or otherwise providing the drug or chemical shall be physically present, in person, in the same room as the patient when the drug or chemical is first provided to the patient."[12] Any person who violates this law (not including the patient) can be prosecuted for a felony. *See* 63 O.S. § 1-729.2.

65. The Physician In-Person Law is a special law because it singles out one form of healthcare (medication abortion), one class of doctors (physicians who provide medication

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[10] National Academies of Science, Engineering, and Medicine, *The Safety and Quality of Abortion Care in the United States*, at 58 (2018), *available at* http://nap.edu/24950.

[11] American College of Obstetricians and Gynecologists, *Practice Bulletin No. 143: Medical Management of First-Trimester Abortion*, (Mar. 2014, reaff'd 2016), *available at* https://www.acog.org/-/media/Practice-Bulletins/Committee-onPractice-Bulletins----Gynecology/Public/pb143.pdf.

[12] 63 O.S. § 1-729a(A)(5), another law that arguably prohibits telemedicine medication abortion, was declared invalid by the Oklahoma Supreme Court in 2019 and is permanently enjoined. *See Oklahoma Coalition for Reproductive Justice v. Cline*, 2019 OK 33, 441 P.3d 1145 (Okla. 2019).

abortion), and one class of patients (patients seeking medication abortion) and treats them differently than others. Telemedicine medication abortion could and should be governed by the Oklahoma Telemedicine Act, which generally governs the scope and practice of telemedicine in Oklahoma. Because the Physician In-Person Law imposes a special obligation when a general law should govern, it is an unconstitutional special law.

66. Even assuming *arguendo* that the general law did not govern, which it does, the Oklahoma Constitution prohibits special laws unless "reasonably and substantially related to a valid legislative objective." *Reynolds v. Porter*, 1988 OK 88, 760 P.2d 816, 822. The Physician In-Person Law is not reasonably and substantially related to any valid legislative objective as there is no medical justification for treating telemedicine medication abortion any differently than in-person medication abortion. When the Physician In-Person Law was enacted in 2012, the Legislature made no legislative findings justifying this disparate treatment. No sound medical evidence justifies this disparate treatment either.

67. The Physician In-Person Law also imposes an undue burden on Oklahomans' access to abortion. There are no medical benefits to the Physician In-Person Law. To the contrary, the law harms women by unnecessarily restricting access to safe and legal abortion in Oklahoma. *See infra* ¶¶ 97-121.

C. Oklahoma's Unlawful Prohibition Against APRNs Providing Abortion Care

1. Background on APRNs

68. APRNs are registered professional nurses with advanced education and training.

69. The category of APRNs includes certified nurse practitioners ("NPs"), certified nurse midwives ("CNMs"), certified registered nurse anesthetists ("CRNAs"), and clinical nurse specialists ("CNSs").

70. Individual states are responsible for granting APRN licenses and determining APRNs' scope of practice. Scope of practice refers to what patients an APRN can treat, what services they can deliver, and the extent to which they can practice independently or without the supervision of a physician.

71. In order to qualify for an APRN license, most states now require APRNs to have a registered nurse license; a master's, postgraduate, or doctorate degree in their area of nursing; and a certification from a nationally recognized certifying body.

72. Both the educational requirements and scope of practice for APRNs have expanded dramatically over the last several decades. Between 1997 and 2012, nearly all states broadened rules that govern APRNs' permissible scope of practice, allowing APRNs to perform more difficult and complex medical procedures.

73. All fifty states now allow certain categories of APRNs to prescribe medications, including some levels of controlled substances.

74. Today, APRNs play a critical role in the delivery of healthcare in the United States. APRNs frequently serve as primary care providers and also practice in a wide range of specialties, including gynecological, maternity, acute, and chronic care.

75. APRNs serve an especially important role in the delivery of healthcare in states such as Oklahoma where physicians are in short supply. In rural and low-income areas, APRNs are often the most accessible healthcare providers.

2. APRNs in Oklahoma

76. APRNs play a critical role in the delivery of healthcare in Oklahoma.

77. The Oklahoma Legislature has stated that APRNs have "acquired advanced clinical knowledge and skills in preparation for providing both direct and indirect care to patients." 59 O.S. § 567.3a(5). NPs are responsible for "diagnosis and prescription of medications, treatments, and devices for acute and chronic conditions and diseases," as well as the "management of health care during acute and chronic phases of illness." O.A.C. § 485:10-15-6. CNMs provide "management of care of normal newborns and women, antepartally, intrapartally, postpartally and gynecologically." 59 O.S. § 567.3a(9).[13]

78. To prescribe medications, APRNs in Oklahoma must complete graduate level coursework in pharmacotherapeutic management and enter into a collaborative agreement with a supervising physician. APRNs must renew their authority to prescribe every two years and submit documentation of continuing education in pharmacotherapeutics. Provided these procedures are followed, APRNs can prescribe a wide range of prescription medications in Oklahoma, including Schedule III, IV and V drugs.

79. Many medications that APRNs prescribe in Oklahoma carry risks and side effects that are comparable to, or greater than, those associated with the medications used for medication abortion. For example, APRNs in Oklahoma can prescribe drugs like penicillin and Viagra that have higher mortality rates than abortion.[14]

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[13] Plaintiffs seek relief on behalf of all APRNs for whom medication abortion would be within their scope of practice. APRNs who see patients seeking medication abortions are most likely to be NPs or CNMs.

[14] *See* Alfred I. Neugut et al., *Anaphylaxis in the United States: An Investigation Into Its Epidemiology*, 161(1) Archives Internal Med. 15, 18 (2001); Mifeprex REMS Study Group, Elizabeth G. Raymond et al., *Sixteen Years of Overregulation: Time to Unburden Mifeprex*, 376(8) New Eng. J. of Med. 790, 794 (2017).

80. APRNs in Oklahoma also regularly perform medical procedures that are comparable to, or riskier than, aspiration abortion, such as miscarriage management, inserting and removing intrauterine devices (IUD), intubating patients with respiratory failure, and inserting chest tubes in patients with a collapsed lung.

81. The scope of practice for APRNs in Oklahoma is overseen by the Oklahoma Board of Nursing, which publishes declaratory rulings and position statements on the permissible scope of practice. The Board also publishes a list of medications—referred to as the "Exclusionary Formulary"—that APRNs are not permitted to prescribe. APRNs in Oklahoma may lawfully prescribe medications, just as a physician would, unless those medications are listed on the Exclusionary Formulary. The Oklahoma Board of Nursing has never listed the medications used for medication abortion on the Exclusionary Formulary. Nor has the Board ever indicated that medication or aspiration abortion is outside the permissible scope of practice for APRNs.

3. APRNs and Abortion Care

82. APRNs can provide medication abortions and aspiration abortions safely and effectively. In fact, in other states, APRNs have an established track record of providing safe abortion care. Sixteen states already authorize APRNs to perform medication abortions, and ten states authorize APRNs to perform aspiration procedures.

83. As previously noted, complications from abortions performed in the first trimester of pregnancy are very rare. The comparative safety of abortion care provided by APRNs and physicians has been studied extensively. Research has overwhelmingly demonstrated that there is no significant difference in the safety and efficacy of abortion

procedures administered by APRNs and physicians.[15] Moreover, studies focused specifically on medication abortion have found that medication abortions administered by APRNs are just as safe as, if not safer than, those administered by physicians.[16]

84. Leading medical authorities and professional associations support the ability of APRNs to safely provide medication abortion and aspiration abortion, including ACOG, the American Association of Reproductive Health Professionals, and the World Health Organization. The American Public Health Association, the nation's leading public health organization, has specifically determined that physician-only requirements are unjustified and not supported by scientific evidence.

85. The administration of medication abortion by APRNs is consistent with the FDA-approved labeling. In 2016, the FDA amended the label for Mifeprex to expressly state that the medication can be safely prescribed by other healthcare providers, such as APRNs.

86. Thus, there is no medical justification for prohibiting APRNs from providing medication and aspiration abortions.

87. Trust Women Oklahoma City currently employs Bridget Van Treese, an APRN (specifically an NP), who would provide medication and aspiration abortions were it not for Oklahoma's Physician-Only Law. Ms. Van Treese has extensive education and experience. She is currently licensed in Kansas and Oklahoma, and she has authority to prescribe a wide range of medications, including Schedule III–V drugs.

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[15] *See* Tracy Weitz, et al., *Safety of Aspiration Abortion Performed by Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants Under a California Legal Waiver*, 103(3) Am. J. of Pub. Health 454, 458 (2013).

[16] *See* Helena Kopp Kallner, et al., *The Efficacy, Safety and Acceptability of Medical Termination of Pregnancy Provided by Standard Care By Doctors or by Nurse-Midwives: A Randomized Controlled Equivalence Trial*, 122(4) Brit. J. Obstet. & Gynecol. 510, 515 (2014).

88. Over the course of her career, Ms. Van Treese has performed a broad range of medical procedures, including inserting a needle into a patient's chest cavity, extracting fluid from a patient's abdomen, and lumbar punctures. In her current position at Trust Women Oklahoma City, Ms. Van Treese provides many reproductive healthcare services, including pap smears, ultrasounds, STD testing, and provision of birth control, including the insertion and removal of intra-uterine devices (IUDs). She prescribes a variety of medications, including estrogen and testosterone therapy, scheduled drugs such as tramadol and alprazolam, and drugs with potentially deadly side effects like warfarin. In sum, Ms. Van Treese has performed medical procedures and prescribed medications that carry risks and side effects comparable to, or greater than, those associated with medication and aspiration abortion.

89. Ms. Van Treese also has the training necessary to provide medication abortion. She has received training in medication abortion from the National Abortion Federation ("NAF"), and she has shadowed physicians providing medication abortion at the Trust Women clinics in Oklahoma and Kansas on over a dozen occasions.

90. Ms. Van Treese is unable to provide medication abortions in Oklahoma because of the Physician-Only Law.

91. If not for the Physician-Only Law, Ms. Van Treese would also perform aspiration abortions. The procedures that she has performed during her career, and the procedures that Oklahoma permits APRNs to perform, are comparable to, or riskier than, aspiration abortion. Ms. Van Treese has observed many aspiration procedures and has provided nursing assistance to physicians providing aspiration abortions. However, she is prevented from providing aspiration abortions by the Physician-Only Law.

4. Oklahoma's Unlawful Physician-Only Law

92. Oklahoma singles out abortion for discriminatory treatment by permitting only physicians to provide abortion, including medication abortion.

93. Oklahoma defines abortion as "the use or prescription of any instrument, medicine, drug, or any other substance or device intentionally to terminate the pregnancy of a female known to be pregnant. . . ." 63 O.S. § 1-730(A)(1).

94. Under Oklahoma law, "[n]o person shall perform or induce an abortion upon a pregnant woman unless that person is a physician licensed to practice medicine in the State of Oklahoma." 63 O.S. § 1-731(A). Violation of the Physician-Only Law is a felony and punishable by one to three years in prison. *See* 63 O.S. § 1-731(A).

95. Oklahoma's Physician-Only Law is an unconstitutional special law, because it prohibits APRNs from prescribing medication abortion. APRNs in Oklahoma are authorized by law to provide patients the full range of medical care within their scope of practice, including prescribing patients medications (except drugs listed on Oklahoma's Exclusionary Formulary). *See* O.A.C. § 485:10-16-5(a); 63 O.S. § 2-312. This general law should govern the provision of medication abortions by APRNs. Since it does not, the Physician-Only Law is unconstitutional.

96. Even if the general laws do not govern, Oklahoma law prohibits special laws unless "reasonably and substantially related to a valid legislative objective." *Reynolds*, 760 P.2d at 822.

97. Oklahoma's Physician-Only Law is not reasonably and substantially related to any valid legislative objective. Like the Physician In-Person Law, the Physician-Only Law

was supported by no legislative findings when it was enacted. The Physician-Only Law also is unsupported by sound medical evidence.

98. The Physician-Only Law also imposes an undue burden on Oklahomans' access to abortion. There are no medical benefits to the Physician-Only Law as applied to APRNs seeking to provide medication abortion. The law places substantial obstacles in the path of women seeking abortion in Oklahoma. *See infra* ¶¶ 101-121.

99. In addition, the Physician-Only Law is unconstitutional because it precludes APRNs from providing aspiration abortion. APRNs in Oklahoma are authorized to provide a wide range of medical procedures with risks that are comparable to or greater than those associated with aspiration abortion, and there is no valid medical justification for singling out aspiration abortion for discriminatory treatment. For this reason as well, the Physician-Only Law is an unconstitutional "special law" under Article V, Section 59 of the Oklahoma Constitution and it violates Oklahomans' due process rights under the Oklahoma Constitution by imposing an undue burden on abortion access.

100. Several Oklahoma statutes and regulations repeat or presume the unconstitutional requirement that abortion care be limited to physicians only. *See, e.g.*, 63 O.S. §§ 1-738k (requiring certain forms to be completed by "the physician" performing the abortion); 1-738.2 (requiring patients to be provided with the name of "the physician" performing the abortion). Because the Physician-Only Law is the foundation on which these laws are based, and because the Physician-Only Law is unconstitutional, these statutes and regulations also must be enjoined to the extent they tacitly limit abortion care.

D. Burdens and Harms Imposed by Oklahoma's Physician In-Person Law and Physician-Only Law

101. The Physician In-Person Law and Physician-Only Law have injured, and continue to inflict injury upon Plaintiffs. These laws also unduly burden abortion access in this State, including for Plaintiffs' patients.

1. Oklahoma's Limited Access to Abortion

102. Access to safe and legal abortion in Oklahoma is limited.

103. Only four clinics in Oklahoma provide abortion care, despite the fact that the state has more than 768,000 women of reproductive age.[17]

104. Oklahoma's four abortion clinics are located in Oklahoma City, Norman, and Tulsa. More than half of Oklahoma women (53%) live in a county with no abortion clinic.[18] Many women—including women in the panhandle and the Southwestern corner of the state—have no convenient access to an abortion facility. Some women must travel hundreds of miles to access abortion care.

2. Harms to Plaintiffs

105. The Physician In-Person Law and Physician-Only Law impose significant burdens on Oklahoma's already limited access to safe and legal abortion.

106. The Physician In-Person Law harms Trust Women Oklahoma City by making it difficult to recruit abortion providers. Physicians who perform abortions frequently encounter discrimination within the medical profession, which may limit their professional

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[17] U.S. Census Bureau, Population Division, *Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2018* (June 2019).

[18] Rachel K. Jones, et al., *Abortion Incidence and Service Availability in the United States, 2017, New York*: Guttmacher Institute, 2019.

opportunities and advancement. Physicians who perform abortions also encounter discrimination within their communities and may be subject to harassment or threats of violence. Due to these and other factors, Trust Women Oklahoma City has been unable to hire Oklahoma-based physicians to provide abortions. Trust Women Oklahoma City instead relies on out-of-state physicians who travel to Oklahoma to provide abortion care.

107. The Physician In-Person Law significantly limits the pool of qualified physicians available to Trust Women Oklahoma City, because very few physicians are able and willing to travel to Oklahoma from out-of-state on a regular basis. If out-of-state physicians could provide medication abortion via telemedicine, Trust Women Oklahoma City could hire more physicians, because there are out-of-state physicians who are interested in providing medication abortions to women in Oklahoma via telemedicine, even if they are unable or unwilling to travel to Oklahoma.

108. The Physician In-Person Law harms Plaintiffs by placing unnecessary burdens on physicians and clinic staff. Because Trust Women Oklahoma City employs only a limited number of physicians who are able and willing to travel from out-of-state, and because these physicians typically are unavailable to travel to Oklahoma more than two days per week, Trust Women Oklahoma City must schedule all its abortion procedures on those two days. Such a compressed schedule requires physicians and staff to frequently put in long hours, creates administrative and logistical burdens, and leads to long wait times for patients.

109. The Physician-Only Law inflicts similar harms on Plaintiffs.

110. Trust Women Oklahoma City currently employs Ms. Van Treese, an APRN who seeks to provide medication and aspiration abortion. As a result of the Physician-Only Law, Ms. Van Treese is deprived of her ability to provide healthcare to the full extent of her

training and experience, and Trust Women Oklahoma City is deprived of her skill and labor in the provision of abortion care. Moreover, if not for the Physician-Only Law, Trust Women Oklahoma City could recruit additional APRNs to provide abortion care. This, in turn, would allow the clinic to provide abortion care more days per week and more hours per day, and alleviate burdens on physicians and staff.

3. Harms to Plaintiffs' Patients and Undue Burdens on Abortion Access

111. Because the Physician In-Person Law and Physician-Only Law have no medical or other benefit to patients, these limitations on access to safe and legal abortion also impose undue burdens on women's right to access abortion.

112. Abortion patients already face significant burdens in accessing abortion. Those who work must arrange for time off, in some cases putting their employment at risk. Those who have children must coordinate and pay for childcare. Patients must arrange and pay for transportation, and in Oklahoma, some patients are traveling hundreds of miles to reach the nearest abortion provider.

113. These burdens weigh most heavily on low-income and poor women. Oklahoma has one of the highest poverty rates in the country. Approximately one in six Oklahomans live in poverty, and the state is ranked 43rd overall in terms of the percentage of the population living below the federal poverty level (and 44th when it comes to working-age women).[19] Nationally, 75% of abortion patients are low-income, meaning they have a family

[19] Alemayehu Bishaw and Craig Benson, U.S. Census Bureau, *Poverty: 2015 and 2016*, at 4 (Sep. 2017); Talk Poverty, Center for American Progress, Oklahoma 2018 Report, https://talkpoverty.org/state-year-report/oklahoma-2018-report/.

income of less than 200% of the federal poverty level.[20] A significant portion of Trust Women Oklahoma City's patients are low-income or poor.

114. All of these burdens are heightened for Trust Women Oklahoma City's patients because, as a result of the Physician In-Person Law and Physician-Only Law, the clinic is only able to provide abortion care two days per week.

115. The fact that Trust Women Oklahoma City is currently only able to provide abortion care two days per week exacerbates the difficulties patients experience in arranging for time off from work, childcare, and transportation.

116. In addition, because all abortion patients must be seen in just two days per week, the clinic often sees between 30 and 60 abortion patients per day and patients experience significant wait times. Though Trust Women Oklahoma City has systems in place to move patients efficiently through the process, it is not uncommon for patients to spend between 4 and 8 hours at the clinic, sometimes even longer. As a result, patients often must miss a full day of work or arrange for a full day of childcare.

117. Because of the limited number of days when abortion care is offered, and because of the logistical and financial arrangements patients must make to accommodate that schedule, Trust Women Oklahoma City's patients often must delay their appointments.

118. Delays in accessing abortion care can be harmful to patients in a number of ways. First, delays mean that patients remain pregnant despite the fact that their pregnancy is unwanted or not viable. Pregnancy can be uncomfortable or painful for some women. Other

[20] Jenna Jerman, Rachel K. Jones, and Tsuyoshi Onda, Guttmacher Inst., *Characteristics of U.S. Abortion Patients in 2014 and Changes Since 2008* (May 2016).

women may experience stress or trauma from remaining pregnant, particularly those who have a disease or other medical condition that makes pregnancy a significant health risk or who are pregnant as result of sexual assault or incest.

119. Second, delays in accessing abortion care also expose women to unnecessary health risks. Abortion is a very safe procedure, but the risks of complications increase with gestational age.

120. Furthermore, delays in accessing abortion care can push patients beyond the point when medication abortion is an option for them. Medication abortion is currently offered to women only within the first ten weeks of pregnancy, and women who are delayed beyond ten weeks must have a surgical abortion instead. Surgical abortion is a more invasive procedure, which some women prefer to avoid. Medication abortion is also medically preferable over surgical abortion for some women.

121. Were it not for the Physician In-Person Law and Physician-Only Law, Trust Women Oklahoma City could and would expand the number of days it provides abortion care and offer abortion care at times other than traditional business hours, such as nights and weekends. Trust Women Oklahoma City also could and would recruit additional physicians and APRNs to provide abortion care, which would enable the clinic to expand its abortion services. Such expanded service would alleviate the harms to the clinic caused by the Physician In-Person Law and Physician-Only Law, and eliminate the undue burdens that these laws impose on abortion access for Oklahoma women. Additionally, by providing medication abortions via telemedicine and by APRNs, Trust Women Oklahoma City would be able to lower the cost of these procedures from $650 to approximately $550, reducing the financial burden on its patients.

CLAIMS FOR RELIEF

First Claim for Relief

(Special Law-Physician In-Person)

122. The allegations of paragraphs 1 through 121 are incorporated as though fully set forth herein.

123. 63 O.S. § 1-729.1 creates a special law where a general law could be made applicable in violation of Okla. Const. art. V, § 59 by, among other things, treating physicians who provide medication abortion differently than all other physicians in Oklahoma, who may provide healthcare via telemedicine to the extent consistent with their professional judgment.

Second Claim for Relief

(Substantive Due Process-Physician In-Person)

124. The allegations of paragraphs 1 through 121 are incorporated as though fully set forth herein.

125. 63 O.S. § 1-729.1 violates women's fundamental rights to choose to terminate a pregnancy and to bodily integrity in violation of Okla. Const. art. II, § 7.

126. 63 O.S. § 1-729.1 violates women's fundamental rights to choose to terminate a pregnancy and to bodily integrity in violation of Okla. Const. art. II, § 2.

Third Claim for Relief

(Special Law-Physician-Only: Medication Abortion)

127. The allegations of paragraphs 1 through 121 are incorporated as though fully set forth herein.

128. As applied to APRNs providing medication abortion, 63 O.S. § 1-731(A) creates a special law where a general law could be made applicable in violation of Okla. Const. art. V, § 59 by, among other things, restricting APRNs from providing medication abortion, though Oklahoma law otherwise authorizes APRNs to provide the full range of healthcare to patients, including prescribing medications, within their scope of practice.

Fourth Claim for Relief

(Special Law-Physician-Only: Aspiration Abortion)

129. The allegations of paragraphs 1 through 121 are incorporated as though fully set forth herein.

130. As applied to APRNs providing aspiration abortion, 63 O.S. § 1-731(A) creates a special law where a general law could be made applicable in violation of Okla. Const. art. V, § 59 by, among other things, restricting APRNs from providing aspiration abortion, though Oklahoma law otherwise authorizes APRNs to provide the full range of healthcare to patients within their scope of practice.

Fifth Claim for Relief

(Substantive Due Process-Physician-Only: Medication Abortion)

131. The allegations of paragraphs 1 through 121 are incorporated as though fully set forth herein.

132. As applied to ARPNs providing medication abortions, 63 O.S. § 1-731(A) violates women's fundamental rights to choose to terminate a pregnancy and to bodily integrity in violation of Okla. Const. art. II, § 7.

133. As applied to APRNs providing medication abortions, 63 O.S. § 1-731(A) violates women's fundamental rights to choose to terminate a pregnancy and to bodily integrity in violation of Okla. Const. art. II, § 2.

Sixth Claim for Relief

(Substantive Due Process-Physician-Only: Aspiration Abortion)

134. The allegations of paragraphs 1 through 121 are incorporated as though fully set forth herein.

135. As applied to ARPNs providing aspiration abortions, 63 O.S. § 1-731(A) violates women's fundamental rights to choose to terminate a pregnancy and to bodily integrity in violation of Okla. Const. art. II, § 7.

136. As applied to APRNs providing aspiration abortions, 63 O.S. § 1-731(A) violates women's fundamental rights to choose to terminate a pregnancy and to bodily integrity in violation of Okla. Const. art. II, § 2.

PRAYER FOR RELIEF

WHEREFORE, Plaintiffs respectfully request that this Court:

137. Issue a declaratory judgment that Oklahoma's Physician In-Person Law, 63 O.S. § 1-729.1, is unconstitutional;

138. Preliminarily and permanently enjoin Oklahoma's Physician In-Person Law, 63 O.S. § 1-729.1;

139. Issue a declaratory judgment that Oklahoma's Physician-Only Law, 63 O.S. § 1-731(A), and any other statutes and regulations that expressly or impliedly limit the provision of abortion care to physicians only, are unconstitutional as-applied to APRNs seeking to provide medication abortion;

140. Preliminarily and permanently enjoin Oklahoma's Physician-Only Law, 63 O.S. § 1-731(A), and any other statutes and regulations that expressly or impliedly limit the provision of abortion care to physicians only as applied to APRNs seeking to provide medication abortion;

141. Issue a declaratory judgment that Oklahoma's Physician-Only Law, 63 O.S. § 1-731(A), and any other statutes and regulations that expressly or impliedly limit the provision of abortion care to physicians only, are unconstitutional as-applied to APRNs seeking to provide aspiration abortion;

142. Permanently enjoin Oklahoma's Physician-Only Law, 63 O.S. § 1-731(A), and any other statutes and regulations that expressly or impliedly limit the provision of abortion care to physicians only, as applied to APRNs seeking to provide aspiration abortion;

143. Enter an order waiving any requirement for a bond; and

144. Grant such other and further relief as the Court may deem just and proper.

Respectfully submitted this 8 day of Nov., 2019,

J. Blake Patton, Oklahoma Bar No. 30673

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and

VERIFICATION

The undersigned represents Plaintiff Trust Women Oklahoma City. The undersigned has read the contents of the Verified Petition. The undersigned hereby verifies, under the penalty of perjury, that the contents of the Verified Petition are true and correct to the best of her present knowledge.

Julie Burkhart
Founder & CEO, Trust Women Foundation Inc.

Sworn to before me this 4th

of November, 2019

OFFICIAL SEAL
LINDA DODDS
MY APPOINTMENT EXPIRES
Date: 9-29-22

NOTARY PUBLIC