

APPENDIX

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APPENDIX A

**RECOMMENDED FOR PUBLICATION
Pursuant to Sixth Circuit I.O.P. 32.1(b)**

File Name: 20a0127p.06

**UNITED STATES COURT OF APPEALS
FOR THE SIXTH CIRCUIT**

No. 20-5408

[Filed: April 24, 2020]

ADAMS & BOYLE, P.C. et al.,)
<i>Plaintiffs-Appellees,</i>)
)
<i>v.</i>)
)
HERBERT H. SLATERY III et al.)
<i>Defendants-Appellants.</i>)
)

Appeal from the United States District Court
for the Middle District of Tennessee at Nashville.

No. 3:15-cv-00705—Bernard A. Friedman,
District Judge.

Before: MOORE, WHITE, and THAPAR, Circuit
Judges.

COUNSEL

ON MOTIONS AND REPLY: Sarah K. Campbell, Steven A. Hart, Alexander S. Rieger, Matthew D. Cloutier, OFFICE OF THE TENNESSEE ATTORNEY GENERAL, Nashville, Tennessee, for Appellants.

ON RESPONSE: Thomas H. Castelli, AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF TENNESSEE, Nashville, Tennessee, Genevieve Scott, Autumn Katz, Michelle Moriarty, CENTER FOR REPRODUCTIVE RIGHTS, New York, New York, Maithreyi Ratakonda, PLANNED PARENTHOOD FEDERATION OF AMERICA, New York, New York, Richard Muniz, PLANNED PARENTHOOD FEDERATION OF AMERICA, Washington, D.C., Scott P. Tift, BARRETT JOHNSTON MARTIN & GARRISON, LLC, Nashville, Tennessee, Michael J. Dell, KRAMER LEVIN NAFTALIS & FRANKEL LLP, New York, New York, Julia Kaye, AMERICAN CIVIL LIBERTIES UNION FOUNDATION, New York, New York, for Appellees. **ON BRIEF:** Edward L. White III, AMERICAN CENTER FOR LAW & JUSTICE, Ann Arbor, Michigan, S. Chad Meredith, OFFICE OF THE KENTUCKY ATTORNEY GENERAL, Frankfort, Kentucky, Laura Etlinger, OFFICE OF THE ATTORNEY GENERAL OF NEW YORK, Albany, New York, Lisa T. Simpson, ORRICK, HERRINGTON & SUTCLIFFE LLP, New York, New York, Kevin H. Theriot, ALLIANCE DEFENDING FREEDOM, Scottsdale, Arizona, for Amici Curiae.

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MOORE, J., delivered the opinion of the court in which WHITE, J., joined. THAPAR, J. (pp. 23–33), delivered a separate dissenting opinion.

OPINION

KAREN NELSON MOORE, Circuit Judge. This case arises at the intersection of two essential constitutional rights: the right of a woman to control her pregnancy, on the one hand, and the right of the state to exercise its “police power” during an emergency, on the other. More specifically, we ask, does the Constitution permit a state to bar doctors from performing abortion procedures for a three-week period—as part of a widespread temporary ban on “elective” and “non-urgent” surgeries—based solely on the state’s assertion that such a bar is necessary to combat effectively an ongoing public health crisis? The Governor of Tennessee thought so, and accordingly adopted such a temporary ban on April 8, 2020, in response to the ongoing COVID-19 global pandemic. The district court, however, disagreed, and accordingly issued a preliminary injunction on April 17, enjoining Tennessee from enforcing its general ban on elective and non-urgent surgeries against doctors performing abortion procedures. The State then filed this emergency appeal, and also requested that we immediately stay the district court’s injunction pending review.

We do not uphold an injunction against state action lightly, much less during a public health crisis like the one our nation is experiencing now. It is imperative in

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such circumstances that judges give legislatures and executives—the more responsive branches of government—the flexibility they need to respond quickly and forthrightly to threats to the general welfare, even if that flexibility sometimes comes at the cost of individual liberties. Affording flexibility, however, is not the same as abdicating responsibility, especially when well-established constitutional rights are at stake, as the right to an abortion most assuredly is. And, here, although we have great respect for the challenges Tennessee faces as it responds to this novel public health crisis, we agree with the district court that the State’s response, in this one respect, unduly curtailed constitutional liberty, and that judicial intervention was thus warranted. By the same token, however, we also conclude that, when it comes to the precise scope of the district court’s injunction, the district court went too far in asserting its authority. Consequently, we **AFFIRM** the district court’s order issuing a preliminary injunction but direct the district court to **MODIFY** the preliminary injunction in the manner described below. We also **DENY** the State’s request for a stay pending appeal as **MOOT**.

I. BACKGROUND

Generally speaking, a Tennessee woman wishing to exercise her constitutional right to a pre-viability¹ abortion, in a legal manner, may do so in one of three ways: (1) receive a “medication abortion” within the

¹ As the Supreme Court clarified in *Planned Parenthood of Southeastern Pennsylvania v. Casey*, the constitutional right to an abortion ends (with some limited exceptions) once the fetus would be “viable” outside the womb. 505 U.S. 833, 860, 870 (1992).

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first 11 weeks from her last menstrual period (“LMP”); (2) receive a “procedural abortion” within the first 20 weeks LMP, meaning either (a) an “aspiration” abortion (which is a relatively quick clinical procedure, and can be performed up to approximately 15 weeks LMP), or (b) a “dilation and evacuation” (“D&E”) abortion (which is a more time-consuming procedure—albeit one that generally takes place in a clinical setting, too—and is performed up to approximately 20 weeks LMP); or (3) travel to a state with more lenient abortion regulations. *See generally* R.232-5 (Looney Dec.) (Page ID #5876–77).² Tennessee law also imposes a variety of other state-specific regulations, such as a 48-hour waiting period and mandatory in-person visitation requirements. *See, e.g.*, Tenn. Code Ann. §§ 39-15-202(a)–(h). Moreover, if a Tennessee woman wishes (or needs) to have a procedural abortion in-state, there are just a handful of providers in a handful of cities where she may do so. *See* R.232-6 (Terrell Dec.) (Page ID #5908–09) (noting that “[a]ccess to abortion care in [Tennessee] is limited to begin with, with only eight providers in four cities”). And of these clinics, only Planned Parenthood performs abortions after 15 weeks LMP. *See* R.232-5 (Looney Dec.) (Page ID #5877).

Still, abortion in general, and procedural abortion in particular, remains relatively commonplace in

² For context, Tennessee bans abortion altogether at “viability,” which it presumes to occur at 24 weeks LMP. *See* Tenn. Code Ann. § 39-15-211(b)(5) (setting this as a “rebuttable presumption”). Plaintiffs do not make clear, however, if any recognized in-state clinics or doctors provide abortion services between 20 and 24 weeks LMP.

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Tennessee, with hundreds of Tennessee women exercising their right to seek an abortion in any given month. *See, e.g., id.* at Page ID #5878 (stating that, “[i]n January through March 2020, [Planned Parenthood] performed 1,700 abortions in Tennessee, 917 of which were procedural abortions and 536 of which occurred beyond eleven weeks LMP, when medication abortion is not an option”).

With this background in mind, we now turn to the ongoing COVID-19 public health crisis, an event with which all but the most secluded of readers should be familiar. Suffice it to say, COVID-19 is the virus at the root of an ongoing global pandemic, which, in just a few short months, has killed tens of thousands of people worldwide and infected hundreds of thousands more. *See, e.g., Friends of DeVito v. Wolf*, --- A.3d ---, 2020 WL 1847100, at *2 (Pa. Apr. 13, 2020). The virus has also upended American economic and social life, causing schools and businesses to shutter, and even the nominally unaffected to wear masks and stand six feet apart in public.

Unsurprisingly, then, medical providers, including Tennessee’s abortion clinics, have had to modify their way of doing business, for the safety of both staff and patients. As three of the abortion providers involved in this litigation have attested, for instance, COVID-19 has caused them to put at-risk staff on furlough, bar patients from bringing companions with them to the clinic, cut back work days, curtail the number of personnel staffed on any given procedure, and eliminate non-essential wellness appointments, among other social-distancing measures. *See R.232-5 (Looney Dec.)* (Page ID #5881-82) (Planned Parenthood of

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Tennessee and North Mississippi); R.232-6 (Terrell Dec.) (Page ID #5911-12) (Memphis Center for Reproductive Health); R.232-7 (Rovetti Dec.) (Page ID #5922-23) (Knoxville Center for Reproductive Health).

Still, to the Governor of Tennessee's eye, voluntary measures like these were not enough to limit effectively the spread of the virus; more compulsory measures were required. So, in addition to instituting a variety of sweeping "shelter-in-place" orders throughout the month of March, on April 8, 2020 the Governor issued a targeted directive to "[a]ll healthcare professionals and healthcare facilities in the State of Tennessee," requiring that they "postpone surgical and invasive procedures that are elective and non-urgent," at least until April 30, when the order would expire on its own terms. R.240-20 (Order) (Page ID #6115-16). This Order, titled Executive Order 25 ("EO-25"), had the twin goals of "preserving personal protective equipment ["PPE"]³ for emergency and essential needs and preventing community spread of COVID-19 through nonessential patient-provider interactions." *Id.* at Page ID #6115. Its most relevant portion read as follows:

All healthcare professionals and healthcare facilities in the State of Tennessee shall postpone surgical and invasive procedures that are elective and non-urgent. Elective and non-urgent procedures are those procedures that can be delayed until the expiration of this Order

³ The Order defined PPE as "including, but not limited to, medical gowns, N95 masks, surgical masks, TYVEK suits, boot covers, gloves, and/or eye protection." *Id.* at Page ID #6116.

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because they are not required [1] to provide life sustaining treatment, [2] to prevent death or risk of substantial impairment of a major bodily function, or [3] to prevent rapid deterioration or serious adverse consequences to a patient's physical condition if the surgical or invasive procedure is not performed, as reasonably determined by a licensed medical provider.

Id. at Page ID #6115–16 (alterations added).

The Order did not contain any provision specifically exempting abortion procedures, or suggesting that medical professionals would have leeway to perform a procedure that, in their clinical judgment, “would not deplete the hospital capacity or the [PPE] needed to cope with the COVID-19 disaster.” *Compare with In re Abbott*, 954 F.3d 772, 780 (5th Cir. 2020) (describing this “important” caveat contained in an analogous Texas COVID-19-related surgery ban).

Plaintiffs—more specifically, Adams & Boyle, P.C.; Memphis Center for Reproductive Health; Planned Parenthood of the Greater Memphis Region; Planned Parenthood of Tennessee and North Mississippi; Knoxville Center for Reproductive Health; and Dr. Kimberly Looney—subsequently interpreted EO-25 as barring the performance of *any* procedural⁴ abortions between April 8 and April 30 (and potentially beyond that, if the Order was extended), enforceable by criminal sanction. *See, e.g.*, R.232-7 (Rovetti Dec.) (Page ID #5921). And, as a result of this

⁴ The parties agree that EO-25 has no effect on medication abortions, which may continue to be performed.

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understanding, Plaintiffs temporarily cancelled all procedural abortions scheduled for that period. *See, e.g., id.* at Page ID #5924 (describing four “devastated,” “crying” clients scheduled for procedural abortions on April 9 that the clinic had to turn away because of EO-25); R.232-6 (Terrell Dec.) (Page ID #5915–16) (describing similar incident at a different clinic, and also noting that the clinic had “156 patients scheduled for their mandatory [pre-abortion] in-person counseling appointments between [April 13] and April 22”). At the same time, fearing that EO-25 might cause their patients to lose their constitutional right altogether, or at least impose an “undue burden” on that right, *Casey*, 505 U.S. at 876, as well as cause them (the providers) to face criminal prosecution if they attempted to help their patients procure a procedural abortion, Plaintiffs sought in the federal district court a “temporary restraining order and/or preliminary injunction,” barring the State from enforcing “EO-25 as applied to procedural abortions.” R.232 (Pls.’ Preliminary Inj. Br.) (Page ID #5782–83).⁵

⁵ Plaintiffs then highlighted the three groups of patients who most urgently needed protection:

- (1) patients who, in the good faith professional judgment of the provider, will likely lose their ability to obtain an abortion in Tennessee if their procedures are delayed until after April 30, 2020; (2) patients who, in the good faith professional judgment of the provider, will likely be forced to undergo a lengthier and more complex abortion procedure, which is only available at two clinics in Nashville and Memphis, if their procedures are delayed until after April 30, 2020; [and] (3) patients who, in the good faith professional judgment of the provider, will likely be forced to undergo a two-day procedure—which is only

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Tennessee opposed the request. And notably, in its brief in opposition, the State appeared to concede that EO-25 operated just as Plaintiffs thought it would: as a three-week criminal prohibition on procedural abortions, albeit with the exception that the provider could perform an abortion if it is required to “prevent rapid deterioration or serious adverse consequences to a patient’s physical condition” (which the State did not explain in any greater detail). R.240 (Defs.’ Opp. Br.) (Page ID #6022).

The district court accordingly held an emergency telephonic conference, which lasted 90 minutes, and at which both sides explained the evidence undergirding their respective positions.

* * *

Plaintiffs’ evidentiary showing was as follows:

Harm to Patients. Plaintiffs first pointed out multiple ways in which their patients would be harmed by even a three-week bar on procedural abortions, all turning on the basic fact that pregnancy, unlike many other medical conditions, progresses on a rapid, and inevitable, timeline. *First*, there were procedural abortion patients who would not be able to obtain an abortion at all, either because their pregnancy would advance past 20 weeks LMP by April 30 (when

available at two clinics in Nashville and Memphis, and which requires at least three separate visits to the provider—if their procedures are delayed until April 30, 2020.

R.232 (Page ID #5783)

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Plaintiffs could last provide the procedure), or because overburdened waiting lines following April 30 and/or travel limitations would effectively prevent the patient from receiving the procedure. *See, e.g.*, R.232-5 (Looney Dec.) (Page ID #5887-88). *Second*, there were procedural abortion patients who would be forced against their will to undergo the more time-consuming, invasive, and expensive D&E procedure because, by April 30, they would have “aged out” of the more common aspiration procedure. *See, e.g.*, *id.* at Page ID #5889. And, *third*, there were procedural abortion patients who, even if ultimately able to obtain the same type of abortion procedure they would have sans EO-25, would be forced either to travel out-of-state, and face the accordant COVID-19 transmission risks, *see, e.g.*, *id.* at 5890, or maintain their pregnancy substantially longer than they otherwise would have, and bear the resulting health risks, *see, e.g.*, *id.* at Page ID #5888-89 (noting that, “[w]hile abortion is extremely safe throughout pregnancy, the risks increase as pregnancy progresses, and the later in pregnancy a patient accesses a procedural abortion the more likely she is to experience a rare complication”). Plaintiffs further pointed out that their patients, like most abortion patients nationwide, are predominantly “poor or low-income,” and hence “already struggle to raise the money to afford an abortion, and to afford transportation, childcare, and lost wages for missed work.” *Id.* at Page ID #5878, 5890-91.

Harm to the State. Plaintiffs also emphasized the corresponding *lack* of harm procedural abortions posed to the State’s interests in preserving PPE and minimizing person-to-person contact. For instance,

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Plaintiffs observed, because procedural abortions generally are performed at clinics—not hospitals—and with limited personnel, they require “minimal” amounts of PPE and interpersonal interaction. *See, e.g.*, R.232-6 (Terrell Dec.) (Page ID #5913–14). Indeed, Plaintiffs added, their staff do not even use the (much-coveted) N95 respirator masks.⁶ *Id.* If anything, Plaintiffs continued, requiring a woman either to receive a D&E procedure instead of an aspiration procedure, or carry her child all the way to pregnancy (with the accordant mandatory maternal care visits), would result in far *more* PPE usage and interpersonal interaction than simply permitting abortions to go forward at an appropriately maintained clinic. *See, e.g.*, R.232-5 (Looney Dec.) (Page ID #5882–83).

Statements from Medical Organizations. Plaintiffs also cited statements from prominent medical organizations in which those organizations emphasized that, as serious a threat to public health as COVID-19 presents, abortion nonetheless remains an “essential,” “time-sensitive service for which a delay of several weeks, or in some cases days, may increase the risks [to patients] or potentially make it completely unavailable.” *Id.* at Page ID #5879 (alteration in

⁶ Per the Food & Drug Administration, an “N95 respirator is a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles.” N95 masks are not, however, recommended for public usage, as they constitute “critical supplies that must continue to be reserved for health care workers and other medical first responders.” *See* <https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-and-surgical-masks-face-masks> (last accessed Apr. 21, 2020).

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original) (citing statement signed by the American College of Obstetricians and Gynecologists, among others).⁷

Likelihood that EO-25 Would Last Past April 30. Finally, Plaintiffs offered some evidence that their fear that EO-25 would last past April 30—thus turning a three-week postponement of procedural abortions into something more draconian—was warranted. *See, e.g.*, R.232-5 (Looney Dec.) (Page ID #5892) (citing statement from the Surgeon General saying that he expected social-distancing measures to “be in place beyond April”).

* * *

The State, for its part, pointed to the following countervailing evidence in response:

Harm to the State. The State first emphasized that, as of April 14, 2020, there were nearly 6,000 cases of COVID-19 in Tennessee, along with 124 deaths, *see* R.240-1 (Apr. 14 Count) (Page ID #6029), and that,

⁷ Moreover, after the onset of this appeal, over a dozen leading medical organizations—including the American Public Health Organization and (again) the American College of Obstetricians and Gynecologists—signed onto amicus briefs asserting, in no uncertain terms, (1) that abortion is an essential health service, and (2) that restricting access to that service will *not* “save lives,” or otherwise meaningfully halt the spread of COVID-19. *See* App. R. 30 (Amicus Br. for Am. Public Health Ass’n and Experts in Public Health); App. R. 42 (Amicus Br. for Am. College of Obstetricians and Gynecologists and Other Nationwide Organizations of Medical Professionals); *see also* Appellee Br. at 1 n.1 (citing similar guidance from the American College of Surgeons and the World Health Organization).

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given the intensely contagious nature of the virus, social distancing was necessary to prevent those numbers from growing at an exponential rate, especially among healthcare professionals themselves, *see, e.g.*, R.240-11 (CDC Release) (Page ID #6076–77) (discussing social distancing); R.240-12 (NYT Article) (Page ID #6079–82) (discussing risks to health workers). The State also noted that, per guidance from the Centers for Disease Control and Prevention (“CDC”), the State needed to preserve as much PPE for its front-line hospital employees as possible, *i.e.*, those dealing with COVID-19 patients, and that EO-25 was an essential element of that plan. *See, e.g.*, R.240-13 (CDC PPE Tips) (Page ID #6083–84). The State further pointed out that, although there was evidence that its various social-distancing measures had successfully lowered the virus’s growth rate, that evidence simply underscored the importance of maintaining those measures to the maximum extent possible. *See, e.g.*, R.240-7 (Vanderbilt Health Policy COVID-19 Modeling for Tennessee) (Page ID #6059–65). And, in response to Plaintiffs’ contention that their PPE usage was minimal, the State observed that, even if procedural abortions constituted a relatively small number of delayed medical procedures, and even if the resulting PPE usage was “minimal,” “[e]very procedure that is postponed, and every item of PPE that is preserved, furthers the State’s compelling interests in halting the spread of COVID-19 and ensuring our healthcare system is equipped to treat—and prevent the death of—those who are infected.” R.240 (Defs.’ Opp. Br.) (Page ID #6019–20).

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Harm to Patients. In response to Plaintiffs' statements that EO-25 would inhibit their patients' ability to obtain abortions, the State essentially attempted to show that Plaintiffs' evidentiary showing was a paper tiger. The State first emphasized that, because Plaintiffs had neither identified any "actual patient[s] who would be denied an abortion before the order expires in two weeks," nor "estimated what fraction of women could be allegedly denied an abortion by operation of [EO-25]," there were presumably very few abortion patients who would be materially harmed by the Order. *Id.* at Page ID #6022. The State then generally asserted that, to the extent EO-25 posed any "serious adverse health consequences" to an abortion patient, the clinic could perform that abortion "without delay" (although, again, without explaining what that exception meant). *Id.*

Statements from Medical Organizations. The State did not cite any countervailing statements suggesting that abortions procedures are not "essential" procedures, or that limiting such procedures is necessary to fight COVID-19.

Likelihood that EO-25 Would Last Past April 30. Although the State repeatedly cited EO-25's limited duration as a reason injunctive relief was unnecessary, the State did not appear to offer any assurances, in its brief or otherwise, that EO-25 would in fact end on April 30. If anything, the general tone of the State's evidentiary showing—which emphasized the severe consequences portended by COVID-19—suggested the opposite.

* * *

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The parties also provided the district court with thorough and thoughtful briefing, in which they addressed not only the major abortion cases, such as *Casey*, but also Supreme Court precedent concerning the expanded scope of a state's police power during times of public health crisis, most notably *Jacobson v. Massachusetts*, 197 U.S. 11 (1905) (affirming the state's power to make vaccination compulsory).

On Friday, April 17—just a few hours after the evidentiary hearing—the district court issued a short, but thoughtful, order granting Plaintiffs' request for a preliminary injunction.⁸ See *Adams & Boyle, P.C. v. Slatery*, No. 3:15-cv-705, 2020 WL 1905147 (M.D. Tenn. Apr. 17, 2020). In this order, the district court acknowledged that preliminary injunctions are “extraordinary relief,” but ultimately found, after considering the evidence, that such an injunction was warranted here. *Id.* at *4. Most importantly, the district court emphasized that because EO-25 was “likely” to last past April 30, and because “[d]elaying a woman’s access to abortion even by a matter of days can result in her having to undergo a lengthier and more complex procedure that involves progressively greater health risks . . . or can result in her losing the right to obtain an abortion altogether,” the Plaintiffs were likely to succeed on the merits of their constitutional claim, per the *Casey* “undue burden” test. *Id.* at *5–6 (citation omitted). The district court

⁸ Although the district court’s order at times references Plaintiffs’ alternative request for a temporary restraining order, read in context, the court clearly granted Plaintiffs a preliminary injunction. Indeed, neither party argues to the contrary on appeal.

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also concluded that, “[w]hile the stated goal of EO-25 to preserve PPE [was] unquestionably laudable,” the State “presented no evidence that any appreciable amount of PPE would actually be preserved if EO-25 is applied to procedural abortions.” *Id.* at *6. To the contrary, the court noted, “procedural abortion[s] use[] less PPE and involve[] significantly less patient interaction than carrying a pregnancy to term and giving birth.” *Id.* The court further added that making women travel out-of-state for abortion only increased the risks of person-to-person transmission of COVID-19, again in contradiction of EO-25’s goals.

The district court accordingly concluded its opinion with the following, brief preliminary injunction order: “Defendants are hereby immediately enjoined from enforcing EO-25 as applied to procedural abortions.” *Id.* at *7. And, as a result of this order, Plaintiffs have presumably begun providing, and scheduling, procedural abortions again.

In response, the State filed immediately with the district court a request that the court stay its injunction pending appeal, followed by a notice of appeal. And, before the district court had a chance to respond to the State’s stay request, the State filed a brief in this court entitled, “Combined Emergency Motion for Stay Pending Appeal and Merits Brief,” in which the State requested that we, as an initial matter, issue “a temporary administrative stay while [we] consider[] the stay motion,” and then that we “grant an emergency stay of the preliminary injunction while [we] consider[] the merits of the State’s appeal, and then reverse the district court.” Appellant Br. at 3 n.1, 27.

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On Monday April 20, we denied the State’s request for an administrative stay (with one judge dissenting), and asked the parties to provide expedited briefing so that we could consider the issues raised in the State’s appeal with the benefit of argument from both sides. App. R. 9.⁹ The parties have now provided that briefing, and the question of whether the district court acted properly in enjoining the State’s enforcement of EO-25 is ripe for our review.

II. DISCUSSION

Because the parties have sufficiently briefed the merits questions before us, and because time is of the essence, we forgo consideration of the State’s stay request and instead proceed straight to the preliminary injunction analysis.¹⁰

A.

A preliminary injunction is an “extraordinary remedy never awarded as of right.” *Winter v. Nat. Res. Def. Council, Inc.*, 555 U.S. 7, 24 (2008). Rather, the

⁹ Two days after we issued this order the district court denied the State’s request for a stay. *See* R.252.

¹⁰ We acknowledge the State’s alternative argument that Plaintiffs do not have proper “third-party standing” to bring this suit on behalf of their patients. Appellant Br. at 22. But because Plaintiffs unquestionably have standing to sue on their *own* behalf (because EO-25 potentially threatens them with criminal prosecution) we need not address third-party standing. *See In re Abbott*, 954 F.3d at 782 n.17 (“[The plaintiff abortion providers] have standing to sue on their own behalf because [the at-issue Executive Order] ‘directly operates’ against them.” (citing *Planned Parenthood of Cen. Mo. v. Danforth*, 428 U.S. 52, 62 (1976))).

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party seeking the injunction must prove: (1) that they are likely to succeed on the merits of their claim, (2) that they are likely to suffer irreparable harm in the absence of preliminary relief, (3) that the balance of equities tips in their favor, and (4) that an injunction is in the public interest. *Id.* at 20. A court considering whether to grant a preliminary injunction must therefore “balance the competing claims of injury and must consider the effect on each party of the granting or withholding of the requested relief.” *Id.* at 24 (quoting *Amoco Prod. Co. v. Vill. of Gambell*, 480 U.S. 531, 542 (1987)). Moreover, when crafting an injunction, a district court must take care to “limit the solution to the problem,” for example, by “enjoin[ing] only the unconstitutional applications of a [policy] while leaving other applications in force.” *Ayotte v. Planned Parenthood of N. New England*, 546 U.S. 320, 328–29 (2006). We review a district court’s application of these principles for abuse of discretion. *Am. Civil Liberties Union Fund of Mich. v. Livingston Cty.*, 796 F.3d 636, 642 (6th Cir. 2015).

1.

We begin by asking whether Plaintiffs have shown that they are likely to succeed on the merits of their constitutional claim. We conclude that they are.

In *Roe v. Wade*, 410 U.S. 113 (1973), the Supreme Court held that the provision of the Fourteenth Amendment establishing that no state “shall . . . deprive any person of life, liberty, or property, without due process of law,” includes within it a substantive guarantee of reproductive liberty, that is, a promise that no state shall prevent a woman from terminating

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her pregnancy if she so chooses (subject to certain limitations, depending on the trimester of pregnancy). The Court then narrowed this right in *Planned Parenthood of Southeastern Pennsylvania v. Casey*, clarifying that states could ban abortion after “viability,” *see supra* n.1, and could also regulate the practice of abortion before then, so long as those regulations did not impose an “undue burden,” which the Court defined as a “provision of law” whose “purpose or effect [was] to place a substantial obstacle in the path of a woman seeking an abortion.” 505 U.S. at 878. Still, the *Casey* court was careful to distinguish between regulation and prohibition, emphasizing that, “[r]egardless of whether exceptions are made for particular circumstances, a State may not prohibit any woman from making the ultimate decision to terminate her pregnancy before viability.” *Id.* at 879.

Casey’s undue burden framework, and the accordant distinction between regulation and prohibition, has not always been easy to apply. *See, e.g.*, *Whole Woman’s Health v. Hellerstedt*, 136 S. Ct. 2292, 2309–10 (2016) (discussing differing interpretations). But in the context of “time regulations” like the three-week measure at issue here, courts appear to have readily distinguished between the imposition of a short waiting period, *see, e.g.*, *Casey*, 505 U.S. at 885–86 (upholding state law requiring 24-hour waiting period prior to abortion); *Cincinnati Women’s Servs., Inc. v. Taft*, 468 F.3d 361, 372–73 (6th Cir. 2006) (same), and the outright curtailment of the abortion right, *see, e.g.*, *Jackson Women’s Health Org. v. Dobbs*, 945 F.3d 265 (5th Cir. 2019) (rejecting state law prohibiting abortions, with limited exceptions,

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after 15 weeks LMP); *McCormack v. Herzog*, 788 F.3d 1017 (9th Cir. 2015) (same, with respect to a law prohibiting abortions after 20 weeks LMP). And, notably, although *Casey* upheld a 24-hour waiting period, the Court described the question as “close[],” and noted that the potential of such a policy to prevent low-income women from seeking an abortion at all was “troubling.” 505 U.S. at 885–86.

Were there no public health crisis, then, the analysis would be relatively straightforward: by banning *all* procedural abortions for a *three-week* period—limited by only a vague, undefined exception for women who needed the abortion to avoid facing “serious adverse health consequences”—EO-25 placed “a substantial obstacle in the path of” Tennessee women attempting to obtain a procedural abortion during that time period, and thus constituted an undue burden. *Casey*, 505 U.S. at 878. Indeed, as the evidence presented in the district court elucidated, depending on the stage of a woman’s pregnancy, EO-25 functioned not just as a “delaying regulation,” the likes of which are generally reviewed under *Casey*’s undue burden standard, but also as an outright ban on pre-viability abortion, which would unquestionably be verboten under *Casey* and *Roe*. And if that weren’t enough, the women affected by EO-25 (and the Plaintiff providers) do not know if EO-25 will even end on April 30, thus making the burden of “planning ahead”—a necessity for a time-sensitive procedure like abortion—all the more crushing. Suffice it to say, in normal times there

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is no way that a measure like EO-25 would pass constitutional muster.¹¹

But, of course, we are not living in normal times; we are living in pandemic times. And so the State points us to *Jacobson v. Massachusetts*, 197 U.S. 11 (1905), a century-old case in which the Supreme Court held that a city faced with the risk of a viral outbreak could require all of its adult residents to be vaccinated against that virus. *See* Appellant Br. at 12 (contending that “*Jacobson* establishes the legal framework for judicial review of the State’s exercise of its police power during public-health emergencies”). *Jacobson* is an important case, and it is unfortunate that the district court did not address it until it issued its order denying Tennessee’s request for a stay. *See* R.252 at Page ID #6267–68 (analyzing *Jacobson* in denying stay). But we are not convinced that this matters because even if *Jacobson*’s more state-friendly standard of review is the test we should be applying here—rather than the usual *Roe/Casey* standard—we still think that Plaintiffs are likely to succeed on the merits of their constitutional claim.

¹¹ True, the Supreme Court has long permitted states to enact parental consent regulations, which can sometimes have the effect of delaying an abortion for a weeks-long period. *See, e.g., Garza v. Hargan*, 874 F.3d 735, 755 (D.C. Cir. 2017) (en banc) (Kavanaugh, J., dissenting) (making this point). But to the extent parental consent laws have a delaying effect, that is for reasons outside a state’s control. The permissibility of such regulations in no way suggests that the Supreme Court would countenance a *state-mandated* three-week delay period, at least in ordinary circumstances.

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In *Jacobson*, the Supreme Court affirmed the imposition of a five-dollar criminal fine¹² on a Cambridge, Massachusetts resident who refused to comply with the city's mandatory vaccination regime, which Cambridge had enacted in response to a smallpox outbreak. The resident then appealed his conviction to the Supreme Court, arguing that the mandatory vaccination statute was unconstitutional. Although the Court acknowledged that the statute unquestionably impinged on the resident's individual autonomy, *cf. Guertin v. State*, 912 F.3d 907, 918–22 (6th Cir. 2019) (discussing the Fourteenth Amendment right to bodily integrity), the Court ultimately found that the statute was justified on public health grounds, and emphasized that the safety and importance of vaccines “[w]hile not accepted by all,” were “accepted by the mass of the people, as well as by most members of the medical profession.” 197 U.S. at 34 (citation omitted). And in explaining the standard of review courts should employ when confronted with such a public health measure, the Court held as follows:

If there is any such power in the judiciary to review legislative action in respect of a matter affecting the general welfare, it can only be when that which the legislature has done comes within the rule that, if a statute purporting to have been enacted to protect the public health, the public morals, or the public safety, has no *real or substantial relation* to those objects, *or is, beyond all question, a plain, palpable invasion of rights secured by the fundamental law*, it is the

¹² Approximately \$140, adjusted for inflation.

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duty of the courts to so adjudge, and thereby give effect to the Constitution.

Id. at 31 (emphasis added).

Leave aside the myriad factual differences between this case and *Jacobson*—asking a person to get a vaccination, on penalty of a small fine, is a far cry from forcing a woman to carry an unwanted fetus against her will for weeks, much less all the way to term—and the challenge of reconciling century-old precedent with the Supreme Court’s more recent constitutional jurisprudence. The bottom line is that, even accepting *Jacobson* at face value, it does not substantially alter our reasoning here. As of today, a woman’s right to a pre-viability abortion is a part of “the fundamental law.” And, for the reasons set forth above, EO-25, at least in *some* applications—most notably, those that would prevent a woman from exercising her right in-state altogether, or would require her to undergo a more invasive and costlier procedure than she otherwise would have—constitutes “beyond question, a plain, palpable invasion of rights secured by [that] fundamental law.”

More still, although mandatory vaccination clearly had a “real” and “substantial” relation to the state’s public health goals in *Jacobson*—indeed, as the Supreme Court emphasized, the importance of vaccination was widely accepted by the medical community—it is much harder to discern that relation here, given the paltry amount of PPE saved, and limited amount of in-person contact avoided, by halting procedural abortions for a three-week period (not to mention the lack of expert medical opinion in support

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of the State’s position). And although the State cites language in *Jacobson* stating, “[i]t is no part of the function of a court or a jury to determine which one of two [responses] [is] likely to be most effective for the protection of the public against disease,” *id.* at 30—and suggests that this means we must defer uncritically to the State’s *ipse dixit* that a three-week bar on procedural abortions is necessary to save critical PPE and preclude risky interpersonal contact, *see supra* at 9—neither *Jacobson* in particular, nor Supreme Court abortion precedent in general, requires such abdication. *See, e.g., Jacobson*, 197 U.S. at 34–38 (discussing the voluminous medical evidence in support of vaccination); *Hellerstedt*, 136 S. Ct. at 2310 (noting that uncritical deference to a legislature’s factual findings regarding abortion is inappropriate).

The dissent disagrees with us on this last point, arguing that the State’s three-week bar on procedural abortions *does* have a “real and substantial relationship to the current pandemic,” and, indeed, that, if we don’t allow that bar to go into effect, “doctors, nurses, and first responders will die” Dissent at 29, 31. But the dissent roots these bold assertions in nothing more than the State’s say-so. The Center for Disease Control and Prevention (“CDC”) webpage the dissent cites certainly does not support the State’s position. That webpage simply recommends that U.S. healthcare facilities preserve PPE and cancel “elective and non-urgent procedures/appointments”; it says absolutely nothing about abortion. *Id.* at 29. And the State has never, at any point in this litigation, attempted to support its policy choice with expert or medical evidence. *See supra* at 10. This is unsurprising

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because, as far as we can tell, every serious medical or public health organization to have considered the issue has said the opposite. *See, e.g., supra* at 8 n.7 (citing statements signed by over a dozen leading medical organizations). So, in our view, the dissent's position is not so much deference as it is abdication.

Of course, we do not mean to suggest that abortion rights during a public health crisis are *identical* to abortion rights during normal times. If *Jacobson* teaches us anything, it is that context matters. And as noted in Section B, *infra*, we have tried to accommodate for that context here. What we will not countenance, however, is the notion that COVID-19 has somehow demoted *Roe* and *Casey* to second-class rights, enforceable against only the most extreme and outlandish violations. Such a notion is incompatible not only with *Jacobson*, but also with American constitutional law writ large. *See generally, e.g., Ex Parte Milligan*, 71 U.S. 2, 76 (1866) (“The Constitution of the United States is a law for rulers and people, equally in war and peace, and covers with the shield of its protection all classes of men, at all times, and under all circumstances.”).

We conclude by acknowledging that orders analogous to EO-25 have generated a flood of litigation the past few weeks, and that judges across the country have reached differing conclusions as to the orders' legality. *Compare, e.g., In re Rutledge*, No. 20-1791 (8th Cir. Apr. 22, 2020); *In re Abbott*, ---F.3d ---, 2020 WL 1911216 (5th Cir. Apr. 20, 2020); *In re Abbott*, 954 F.3d 772 (5th Cir. 2020), *with Robinson v. Attorney General*, --- F.3d ---, 2020 WL 1952370 (11th Cir. Apr. 23, 2020); *In re Abbott*, 2020 WL 1911216, at *18–30 (Dennis, J.,

dissenting); *In re Rutledge*, No. 20-1791, slip op. at 24 (Loken, J., dissenting); *South Wind Women’s Ctr., LLC v. Stitt*, 2020 WL 1932900 (W.D. Okla. Apr. 20, 2020) (Goodwin, J.). Given the speed at which this issue is developing, we decline to address these other opinions in detail; suffice it to say, it is clear that there exists profound, but good faith, disagreement as to the constitutional questions involved. We will note, however, that the Texas executive order underlying the recent Fifth Circuit decision—a decision the State cites repeatedly in its brief here—is fundamentally different than EO-25. This is because the Texas order contains an important caveat permitting doctors to perform procedures that, in their clinical judgment, “would not deplete the hospital capacity or the [PPE] needed to cope with the COVID-19 disaster.” *In re Abbott*, 954 F.3d at 780; *see also In re Abbott*, 2020 WL 1911216, at *30 (Dennis, J., dissenting) (noting that the plaintiff abortion providers there had “represented that all of their abortion care will fall” under this exception). EO-25, by contrast, contains no such caveat, other than the “serious adverse health consequences” exception mentioned above. But because a woman could plainly have her right to an abortion undermined without her suffering “serious adverse health consequences”—indeed, if a woman is forced to undergo an unwanted, but otherwise healthy, pregnancy as a result of EO-25 she would presumably fall outside the exception’s scope—this narrow provision does not save EO-25’s constitutionality.

In sum, Plaintiffs are likely to succeed on the merits of their constitutional claim.

2.

We now address the remaining three preliminary injunction factors, in turn.

Irreparable Harm. This is not a case that can be remedied with money damages, or a post-hoc apology. Rather, if Tennessee is allowed to enforce EO-25 in the sweeping manner that it desires, any woman in Tennessee who wishes to have a procedural abortion during the relevant time period stands at risk of losing her constitutional rights, or at least of incurring substantial physical, emotional, and financial harms en route to exercising those rights; this is especially so for the low-income women who disproportionately seek out abortions and who have been disproportionately harmed by the economic downturn generated in COVID-19's wake. And Plaintiffs are at risk of criminal prosecution if they attempt to help their patients exercise that right.¹³

¹³ To be sure, as the State emphasized in the district court, and as the dissent hammers home here, Plaintiffs have not pointed to *specific* patients who would be irreparably harmed by EO-25. *But cf.* R.248-1 (Chism Aff.) (Page ID #6168-72) (affidavit filed after the district court issued its injunction, in which a Knoxville woman who was 13 weeks LMP at the time EO-25 went into effect explained how she risked losing her ability to obtain *any* abortion in Tennessee as a result of the Order). But given the rapid timeline under which Plaintiffs were operating, and the obvious reality that any Tennessee woman who would like to have a procedural abortion during the month of April would be impacted by EO-25, we can forgive Plaintiffs for not being hyper-specific. And, in any event, Plaintiffs provided evidence that hundreds of women in any given month seek procedural abortions because they are past the point where medication abortion is an option, and that they (Plaintiffs) had to cancel specific procedural abortion appointments

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Balance of Harms. That Plaintiffs have pointed to concrete threats to constitutional liberty and bodily autonomy does not guarantee them an injunction, of course. Rather, we must “balance the *competing* claims of injury and must consider the effect on *each* party of the granting or withholding of the requested relief.” *Winter*, 555 U.S. at 24 (emphasis added) (quoting *Amoco*, 480 U.S. at 542). Here, though, we find the “competing claims of injury” cited by the State to be speculative and abstract; they do not outweigh the tangible harms EO-25 risks wrecking on Plaintiffs and their patients.

Most potently, the State raises the specter of further COVID-19 contamination—and the accordant risk of yet more Tennesseans dying from the disease—saying that such harms are “certain to occur” if procedural abortions are allowed to take place. Appellant’s Br. at 24; *see also* R.240 (Defs.’ Opp. Br.) (Page ID #6019–20) (“Every procedure that is postponed, and every item of PPE that is preserved, furthers the State’s compelling interests in halting the spread of COVID-19 and ensuring our healthcare system is equipped to treat—and prevent the death of—those who are infected.”). We cannot gainsay the threat posed by COVID-19; as we stated at the outset of the opinion, these are extraordinary times calling for

because of EO-25, including some where the woman was literally at the clinic. *See supra* at 3–4, 5–6. All of this is to say, there is no reason to think that, in April 2020, Tennessee women suddenly stopped deciding to have procedural abortions. Moreover, as Plaintiffs’ amici make clear, the medical risks at stake are anything but speculative. *See, e.g.*, Br. of Am. Public Health Ass’n at 2–7.

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extraordinary measures. But, with respect to *just* those procedural abortions affected by the district court's injunction (as modified below), the State's proffered harm is purely speculative. As the district court noted, the State presented "no evidence that any appreciable amount of PPE would actually be preserved if EO-25 is applied to procedural abortions," and the State has not remedied that shortcoming on appeal. *Adams & Boyle, P.C.*, 2020 WL 1905147, at *6; *see also supra* at 16–17 (further discussing the lack of medical evidence in support of the State's position).

In response, the State suggests that if we permit this one exemption, surely the joint-replacement surgeons, the cataract-removal specialists, and every other medical provider affected by EO-25's bar on elective procedures will follow, with similar "minimal impact" arguments in tow. *Cf. Pre-Term Cleveland v. Attorney General of Ohio*, 2020 WL 1673310, at *4 (6th Cir. Apr. 6, 2020) (Bush, J., concurring) (deeming this "a serious free rider" problem). But this contention fails to appreciate that abortion is fundamentally different than a hip replacement or a cataract removal: not only is abortion entitled to explicit constitutional protection, but also, as the district court appropriately recognized, it is a uniquely "time-sensitive procedure," both as a biological matter and a regulatory matter. *Adams & Boyle, P.C.*, 2020 WL 1905147, at *6. After all, how many other elective procedures have mandatory 48-hour waiting periods beforehand, and are available in only four cities state-wide? So if there is a slippery slope here, we fail to see it.

Tennessee also emphasizes that a state's "sovereignty is irreparably harmed anytime action

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taken by its democratically elected leaders is enjoined,” and argues that we should take account of that harm here. Appellant Br. at 24 (citing *Abbott v. Perez*, 138 S. Ct. 2305, 2324 (2018)). But as we stressed at the outset of this opinion, we *have* taken that harm into account. And, in the particular circumstances of this case, we find that the affront the Governor of Tennessee will suffer from having one small part of a limited-duration executive order enjoined (which itself is just one piece of a much more comprehensive state policy) is far outweighed by the harm the individual Tennessee women affected by that order will suffer if it is given full effect.

The Public Interest. We need not say much on this point. As the district court correctly observed, “it is always in the public interest to prevent violation of a party’s constitutional rights.” *Deja Vu of Nashville, Inc. v. Metro Gov’t of Nashville & Davidson Cty., Tenn.*, 274 F.3d 377, 400 (6th Cir. 2001) (quoting *G & V Lounge, Inc. v. Mich. Liquor Control Comm’n*, 23 F.3d 1071, 1079 (6th Cir. 1994)).

* * *

For these reasons, the district court did not abuse its discretion in granting a preliminary injunction.

B.

This leaves one final matter: the scope of the district court’s injunction. As noted above, the district court’s order is just one sentence long: “Defendants are hereby immediately enjoined from enforcing EO-25 as applied to procedural abortions.” The State argues that this perfunctory order is overbroad, and that the district

court failed to “tailor its injunctive relief” to the burdensome situations actually identified by Plaintiffs. Appellant Br. at 21; *compare with, e.g., Robinson*, 2020 WL 1952370, at *8 (in the course of denying state’s request for a stay on appeal, citing with approval the district court’s “narrowly tailored” preliminary injunction); *cf. Pre-Term Cleveland*, 2020 WL 1673310, at *1 (similar conclusion, in TRO context).

On this point, we agree with the State. As explained earlier, because a preliminary injunction is an extraordinary remedy, a district court must be careful to “limit the solution to the problem.” *Ayotte*, 546 U.S. at 328–29. And, here, the undue burden problem identified by Plaintiffs encompassed three classes of patients, which Plaintiffs helpfully identified in their district court brief seeking injunctive relief:

- (1) patients who, in the good faith professional judgment of the provider, will likely lose their ability to obtain an abortion in Tennessee if their procedures are delayed until after April 30, 2020;
- (2) patients who, in the good faith professional judgment of the provider, will likely be forced to undergo a lengthier and more complex abortion procedure, which is only available at two clinics in Nashville and Memphis, if their procedures are delayed until after April 30, 2020; [and]

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- (3) patients who, in the good faith professional judgment of the provider, will likely be forced to undergo a two-day procedure—which is only available at two clinics in Nashville and Memphis, and which requires at least three separate visits to the provider—if their procedures are delayed until April 30, 2020.

R.232 (Pls.’ Preliminary Inj. Br.) (Page ID #5783).

Consequently, we direct the district court to modify its injunction so that it enjoins the State from enforcing EO-25 against Plaintiffs to the extent they provide procedural abortions to these three categories of patients. And, to be clear, this second category of patients includes women who, in the good faith professional judgment of the provider, will likely be forced to undergo a D&E procedure instead of an aspiration procedure if their procedures are delayed until after April 30, 2020.

To the extent that Plaintiffs work with patients who can safely delay their procedural abortions past EO-25’s April 30 expiration date, in a manner commensurate with the aforementioned criteria, however, Plaintiffs must comply with EO-25 and delay those particular procedures. To rule otherwise would be to grant Plaintiffs a wholesale exemption from the public health dictates of EO-25, which, per our earlier discussion, *Jacobson* cautions against.

III. CONCLUSION

For these reasons, we **AFFIRM** the district court order issuing a preliminary injunction but direct the district court to **MODIFY** the preliminary injunction in the manner set forth above. We leave it to the district court to address any further developments in the first instance.

DISSENT

THAPAR, Circuit Judge, dissenting. Even in ordinary times, the district court’s injunction in this case would be deeply flawed. But these are no ordinary times. In the midst of a once-in-a-century pandemic, the district court broadly enjoined the State of Tennessee from enforcing a measure at the heart of the State’s response. In doing so, the court committed numerous legal errors, made hardly any factual findings, issued an overly broad injunction, and brazenly substituted its own policy views for those of the elected officials who are actually fighting the pandemic. All because the district court thought that a three-week delay for certain abortions might prevent *some unidentified person* from having an abortion. Most cases of judicial aggrandizement have costs. But in few are the potential costs so great. I would reverse.

I.

Two weeks ago, the Governor of Tennessee issued an executive order—based on guidance from various medical organizations—in response to the COVID-19 pandemic. The Governor’s order explains the critical

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importance of conserving what's known as "personal protective equipment" (e.g., face masks, gloves, protective clothing) and therefore directs "[a]ll healthcare professionals and healthcare facilities" in the State to "postpone surgical and invasive procedures that are elective and non-urgent." The order defines "elective and non-urgent" procedures as those that "are not required to provide life sustaining treatment, to prevent death or risk of substantial impairment of a major bodily function, or to prevent rapid deterioration or serious adverse consequences to a patient's physical condition if the surgical or invasive procedure is not performed, as reasonably determined by a licensed medical provider." The order will expire just after midnight on April 30, 2020—less than six days from now and exactly three weeks after it took effect.

Within days of the Governor's announcement, the plaintiffs in this case—abortion providers in Tennessee—moved to "supplement" a five-year old complaint (six months after trial) to seek a temporary restraining order or preliminary injunction. The plaintiffs argued that the executive order prohibits most "surgical abortions" in the state and thus will prevent their clients from obtaining an abortion.

A mere four days later, the district court granted the motion to supplement and entered a preliminary injunction, enjoining the enforcement of the executive order as to *all* surgical abortions in Tennessee. The court's analysis of why the plaintiffs were likely to succeed on the merits consisted of two paragraphs. The State then appealed. (Despite the breadth of its ruling, the district court recently denied a stay pending appeal.)

II.

The State now asks us to stay the district court’s decision pending appeal and ultimately to reverse the preliminary injunction. Both requests involve the same basic factors: (1) who is likely to prevail on the merits; (2) whether the moving party is likely to suffer irreparable harm in the interim; (3) what is the balance of harms; and (4) where does the public interest lie. *See Fowler v. Benson*, 924 F.3d 247, 256 (6th Cir. 2019); *Serv. Emps. Int’l Union Local 1 v. Husted*, 698 F.3d 341, 343 (6th Cir. 2012) (per curiam). The plaintiffs’ failure to show a likelihood of success on the merits would itself warrant reversal. *See, e.g., Fowler*, 924 F.3d at 259–60. But the other factors counsel the same outcome. And *even if* the district court was correct to grant a preliminary injunction (it was not), these same factors show that the injunction was much broader than permitted under the law.

Success on the Merits. Start with the plaintiffs’ likelihood of success on the merits. The basic question is whether the executive order places an “undue burden” on a woman’s ability to have an abortion. *Planned Parenthood of Se. Pa. v. Casey*, 505 U.S. 833, 874 (1992). As the modifier “undue” suggests, not just any “incidental effect . . . making it more difficult or more expensive” to have an abortion will do. *Id.* Rather, the state regulation must create a “substantial obstacle” for women seeking an abortion. *Id.* at 877. But importantly, we do not consider any burden in isolation. Instead, we must consider “the burdens a law imposes on abortion access *together* with the benefits those laws confer” and then “weigh[] the asserted benefits against the burdens.” *Whole Woman’s Health*

v. Hellerstedt, 136 S. Ct. 2292, 2309, 2310 (2016) (emphasis added). In short, the plaintiffs must show that the order imposes a burden and that this burden outweighs the order’s asserted benefits.

Given this framework, the district court committed two fundamental errors. First, it failed to make the necessary factual findings to show that the executive order imposes a burden on anyone’s rights. Second, the court failed even to acknowledge the benefits of the executive order and thus necessarily failed to balance its speculative burden against these benefits. Either error would warrant reversal. Together, they certainly do.

Begin with the burden. The district court failed to make specific findings about whether the executive order creates a “substantial obstacle” for women seeking an abortion. *See Casey*, 505 U.S. at 874. At most, the district court pointed out that the executive order will *delay* certain abortions for three weeks. But that doesn’t take the plaintiffs very far. Both the Supreme Court and our court have upheld laws that have the effect of delaying abortions for days or even weeks. *See, e.g., Ohio v. Akron Ctr. for Reprod. Health*, 497 U.S. 502, 514 (1990) (up to three-week delay); *Cincinnati Women’s Servs., Inc. v. Taft*, 468 F.3d 361, 366, 372–74 (6th Cir. 2006) (up to two-week delay). Indeed, for the last forty years, the Supreme Court has “repeatedly upheld a wide variety of abortion regulations that entail some delay in the abortion.” *Garza v. Hargan*, 874 F.3d 735, 755–56 (D.C. Cir. 2017) (en banc) (Kavanaugh, J., dissenting) (collecting cases). The district court failed to grapple with any of these precedents. Its silence speaks volumes.

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(For its part, the majority tries to distinguish these cases by saying those delays were outside the state's control. It doesn't offer any support for this distinction. But more importantly, the distinction seems to assume that a once-in-a-century pandemic *is* within a state's control.)

To be clear, the district court enjoined a version of the order that didn't exist. It acted as if the State had banned most pre-viability abortions. But that's just not the case. Tennessee law generally allows women to seek an abortion until the twentieth week of their pregnancy. *See* Tenn. Code Ann. §§ 39-15-211, -212. So any woman who was less than seventeen-weeks pregnant when the order went into effect would still have time to seek an abortion after the order expires.

The plaintiffs speculate that there *might* be women out there who were more than seventeen-weeks pregnant when the order was issued and who will now be unable to obtain an abortion in Tennessee. (Or who otherwise would be unable to obtain an abortion for some reason.) But speculation usually doesn't count for much. *See, e.g., Mazurek v. Armstrong*, 520 U.S. 968, 972–74 (1997) (per curiam). And there's no reason it should have counted for so much here. Make no mistake—the burden was on *the plaintiffs* to bring forward concrete evidence (1) that such women exist, (2) that they want an abortion, and (3) that they would be unable to obtain one. *See Winter v. Nat. Res. Def. Council, Inc.*, 555 U.S. 7, 20 (2008). The majority claims a snippet of evidence supports this concern—an affidavit that vaguely states that “some patients” will be prevented from obtaining an abortion under the executive order. R. 232-5, Pg. ID 5887. But the district

court didn't make any factual findings on this front. Nor do the plaintiffs even cite this evidence on appeal.

Not only that. No one—not the plaintiffs, not the district court, not even the majority—has made any effort to quantify how this hypothetical pool of women relates to the broader pool of women affected by the order—as binding precedent requires. *See Gonzales v. Carhart*, 550 U.S. 124, 167–68 (2007); *Cincinnati Women's Servs.*, 468 F.3d at 367–68 (explaining that courts must consider whether a restriction will operate as a “substantial obstacle” in “a large fraction of the cases in which the abortion restriction is relevant” (cleaned up)). In fact, the State points out that the vast majority of abortions in Tennessee occur before the seventeenth week of pregnancy. The plaintiffs haven’t offered any evidence in response. So even if speculation were the stuff of winning legal claims, plaintiffs still haven’t made the proper showing.

But we aren’t even done with speculation. The plaintiffs (and now the majority) say that the Governor of Tennessee *might* extend the executive order beyond the current three-week period. This is a smart move—it makes a short, finite burden look like an indefinite one, exaggerating its severity. The problem is that the Governor hasn’t said he will impose *any* restrictions on medical procedures after April 30, which is when the order in this case expires. If the Governor issues a *new* order limiting surgeries beyond that date, it is *possible* that he will extend the existing restrictions—but it is just as likely that the new order will contain a different and perhaps more tailored set of restrictions. The majority simply assumes it will be

the former. Based on what? The plaintiffs and majority point to a statement by the Surgeon General of the *United States* about extending certain public-health measures. But in this country, federal officials don't speak on behalf of state leaders. And again, the plaintiffs haven't pointed to any evidence about what the Governor of *Tennessee* will do. As the crisis facing our country continues to develop, so too will government responses. And those who have problems with those responses must wait until actual and imminent harms arise. *See, e.g., D.T. v. Sumner Cty. Schs.*, 942 F.3d 324, 327 (6th Cir. 2019). Federal courts are not in the business of issuing advisory opinions, let alone advisory injunctions.

All that is reason enough to reverse. But the district court also committed another fundamental error: it entirely failed to balance these purported burdens against the executive order's benefits. *See Whole Woman's Health*, 136 S. Ct. at 2309. The court didn't even mention the benefits of the order in its "undue burden" analysis. That flatly contradicts Supreme Court precedent, which "requires that courts consider the burdens a law imposes on abortion access together with the benefits those laws confer." *Id.* Count that as another error warranting reversal.

Perhaps the district court didn't perform this balance because it *couldn't* do so. How does one balance a harm to some unspecified number of people? The district court didn't tell us and the majority doesn't either.

One could stop there. But in fact, Tennessee's interests in protecting its citizens from the pandemic

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cannot be overstated. All agree that these are far from ordinary times. Over the past few weeks, our entire nation has come together to combat a generation-defining crisis. Many have done so at great personal sacrifice.

In Tennessee, as in so many other states, the Governor has taken extraordinary steps to fight the pandemic. He declared a state of emergency, required all residents to remain at home except in limited circumstances, and ordered the closure of most businesses. As part of that effort, he also signed the generally applicable order at issue here. The Governor's order allowed the state to conserve valuable personal protective equipment for those fighting the coronavirus. The order protects those who have undertaken perhaps the greatest personal sacrifice in protecting the citizens of Tennessee. There's no reason to doubt that the Governor took these measures because "the safety of the general public" demanded it. *Jacobson v. Commonwealth of Massachusetts*, 197 U.S. 11, 29 (1905).

Our law has long-protected just these types of decisions from judicial interference based on purported violations of substantive due process. In times of emergency, elected officials need room to do what they were elected to do—to govern. Sometimes their actions will incidentally impact a person's liberty interests. But the Supreme Court has upheld such actions anyway, explaining that "[r]eal liberty for all could not exist under the operation of a principle which recognizes the right of each individual person to use his own [person or property], . . . regardless of the injury that may be done to others." *Id.* at 26. And there's no abortion

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exception to this well-settled principle. To the contrary, the Supreme Court has made clear from the beginning that the ability to obtain an abortion is neither “absolute” nor “unlimited.” *Roe v. Wade*, 410 U.S. 113, 154 (1973) (citing *Jacobson*, 197 U.S. 11).

Of course, this does not mean that the courts should rubber stamp emergency measures—far from it. *See Jacobson*, 197 U.S. at 28–29. But it does mean that judges should act with care during such times, recognizing the limits of our knowledge, institutional capacity, and lawful authority. *See id.* at 30–31; *cf. Gonzales*, 550 U.S. at 163 (explaining that the Supreme Court has “given state and federal legislatures wide discretion to pass legislation in areas where there is medical and scientific uncertainty”).

Remarkably, the district court failed to acknowledge—let alone apply—these principles before it granted the injunction. Nor did it acknowledge the State’s heightened interests during times of emergency. Based on its decision, one might think that the executive order would be unconstitutional no matter how many lives it could save and no matter how few—if any—abortions it might prevent. Even the majority calls this omission “unfortunate.”

In a subsequent order denying a stay pending appeal, the district court seems to have recognized that it erred by ignoring the State’s primary legal authority for its position, *Jacobson v. Commonwealth of Massachusetts*, 197 U.S. 11 (1905). But rather than correct its mistake, the court doubled down, finding the facts of *Jacobson* to be readily “distinguishable” from the facts of this case. In doing so, the district court

overlooked the basic principle of *Jacobson*: that states may respond to emergencies in the face of substantive-due-process rights, so long as they act reasonably and don't single out specific rights or persons for disfavored treatment. *See id.* at 28–30.

No one claims that the State of Tennessee has singled out specific rights or persons in its response to the current pandemic. The executive order in this case applies to *all* non-essential medical procedures. And again, the Governor has issued several other orders that apply to *all* persons and that affect every aspect of daily life across the state.

Nor have the plaintiffs shown that the State has acted unreasonably in requiring its residents to postpone non-essential medical procedures for a three-week period. Just contrast this case with the facts of *Jacobson*, where the Supreme Court upheld a state's authority to forcibly vaccinate individuals. *See id.* at 27–30. If the State can *physically invade* a person's body in response to an emergency, then it surely may require people to *delay* certain medical procedures for the same purpose.

On these points the majority, for its part, is conclusory: it does little more than assert that the executive order “is, beyond all question, a plain, palpable invasion of rights secured by the fundamental law.” *Jacobson*, 197 U.S. at 31. Given that plaintiffs haven’t established a constitutional violation in the first place, they certainly haven’t done so “beyond all question.”

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The majority also dismisses the State’s interests on the ground that the executive order has no “real” and “substantial” relationship to the current pandemic. *Id.* That claim is remarkable given that the order follows recommendations from our nation’s leading public-health institution. *See* Centers for Disease Control and Prevention, *Coronavirus Disease 2019 (COVID-19): Strategies to Optimize the Supply of PPE and Equipment* (last visited Apr. 24, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html> (explaining that equipment “shortages are currently posing a tremendous challenge to the US healthcare system” and recommending the cancellation of “elective and non-urgent procedures/appointments”). Plus, *Jacobson* clearly tells us that it’s “no part of the function of a court or a jury to determine which one of two modes [is] likely to be the most effective for the protection of the public against disease.” 197 U.S. at 30. The majority doesn’t explain why *our* court is an exception to that rule. And the amicus briefs the majority cites to discredit the State’s rationale for the executive order “are more formidable by their number than by their inherent value.” *Id.* One need only open a newspaper to appreciate the importance of preserving medical equipment at this time. So if nothing else, *Jacobson* forecloses the plaintiffs’ claim.

Irreparable Harm. Consider next what (if any) irreparable harm the plaintiffs will suffer without an injunction. To be clear, the plaintiffs don’t claim that they themselves will suffer any irreparable harm. Rather, the plaintiffs assert that the women they purport to represent will suffer irreparable harm without an injunction. *But cf. Gee v. June Med. Servs.*

L.L.C., 140 S. Ct. 35 (2019) (Mem.) (granting certiorari to consider whether traditional third-party standing rules apply in abortion cases).

The district court reasoned that the plaintiffs had established an irreparable injury because it thought that the executive order would prevent some women in Tennessee from having an abortion. But again the district court failed to make *any* factual findings showing that the order would prevent *any* particular woman from obtaining an abortion. To satisfy the irreparable-injury requirement, parties must demonstrate “*likely*” harm. *Winter*, 555 U.S. at 22. And the plaintiffs offer only speculation.

The district court also asserted that *delays* in the provision of abortions might irreparably harm some women by making their abortions more dangerous. But this argument stands in stark contrast with the claim that “[a]bortion is one of the safest medical procedures performed in the United States.” *Whole Woman’s Health*, 136 S. Ct. at 2320 (Ginsburg, J., concurring) (citation omitted). In fact, the plaintiffs themselves say that “abortion is extremely safe throughout pregnancy.” Plaintiffs Br. at 5. Is it an irreparable injury for a medical procedure to be *only* “extremely safe”? But again the district court addressed none of these facts on its way to its destination.

Meanwhile, the executive order allows doctors to perform an abortion when a woman would suffer “serious adverse consequences to [her] physical condition” without the surgery “as reasonably determined by a licensed medical provider.” The plaintiffs haven’t made any effort to explain why this

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exception (which contains built-in deference to medical professionals) would not give them the flexibility they need during this time of national crisis. And again, it was *the plaintiffs'* burden to show that the executive order (with its exception) causes an irreparable injury. They failed to do so.

Balance of Harms. Consider also the irreparable harms *created* by the district court's injunction. Of course, a state always suffers irreparable injury when it's wrongfully enjoined from enforcing one of its laws. *See Abbott v. Perez*, 138 S. Ct. 2305, 2324 & n.17 (2018); *Maryland v. King*, 567 U.S. 1301, 1303 (2012) (Roberts, C.J., in chambers). But that's far from the only harm here. The Governor issued the executive order to preserve critical medical equipment. Every piece of equipment used for something besides the pandemic response could cost a life—the life of someone who acts selflessly to help others in a time of crisis. Simply put: doctors, nurses, and first responders will die without proper equipment. And that's to say nothing of their family members, whose lives will be put at risk too. Given the twin risks of exponential community spread and hospital overload, every additional infection among first responders represents a significant threat to public health. It's hard to imagine a scenario in which the harm imposed by an injunction would be greater.

The district court brushed off these concerns, saying the plaintiffs have already taken measures to reduce their use of medical equipment during surgical abortions. The district court apparently thought that the State would be harmed only if surgical abortions used an “appreciable amount” of medical equipment.

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(The Majority seems to think the same.) But neither the district court nor the Majority is in any position to second-guess the Governor’s judgment as to the amount of equipment that is *really* necessary to keep healthcare workers alive.

The district court also asserted that the executive order would be counterproductive for various policy reasons. Again the district court’s (and now the majority’s) willingness to constitutionalize its own policy judgments—in the midst of a national emergency no less—is remarkable. If anything has remained constant over the past hundred years of constitutional law, it’s that courts aren’t supposed to second guess policymakers based on their own subjective judgments of what makes for good policy. *See, e.g., Perry v. Perez*, 565 U.S. 388, 394 (2012) (per curiam) (noting that courts must exercise care not to displace “legitimate state policy judgments with the court’s own preferences”). All the more when our elected officials are tasked with making difficult decisions under conditions of uncertainty, risk, and imperfect information. *See Jacobson*, 197 U.S. at 30–31.

The district court and majority also note that some women *might* travel to other states to have an abortion and that this might further aggravate the current pandemic. But neither the plaintiffs nor the district court nor the majority have pointed to a single person who said she would need to travel to another state to get an abortion. So again this is nothing more than speculation.

Public Interest. This factor points in the same direction. *See Nken v. Holder*, 556 U.S. 418, 435–36

(2009); *Winter*, 555 U.S. at 24–26. Plainly the public interest is served by a state’s ability to enforce a regulation whose purpose and effect is to save the lives of healthcare workers. The district court and majority assert that the public interest *favors* a preliminary injunction because it’s always in the public interest to prevent the violation of constitutional rights. *See, e.g., Dodds v. U.S. Dep’t of Educ.*, 845 F.3d 217, 222 (6th Cir. 2016) (per curiam). That reasoning would have more force if the plaintiffs or district court had shown that the regulation actually violates any constitutional rights. But again the majority’s reasoning is only conclusory.

Scope of the Injunction. Finally, the district court plainly erred in defining the injunction’s scope. Preliminary injunctions are an “extraordinary remedy.” *Winter*, 555 U.S. at 24. That means courts that shouldn’t grant them based on speculative harms, which is what the district court did here; and that “the scope of relief should be strictly tailored to accomplish only that which the situation specifically requires.” *Sharpe v. Cureton*, 319 F.3d 259, 273 (6th Cir. 2003) (citation omitted). As the Supreme Court put it, “[i]t is neither our obligation nor within our traditional institutional role to resolve questions of constitutionality with respect to each potential situation that might develop.” *Gonzales*, 550 U.S. at 168. And an injunction’s proper scope becomes all the more important in cases involving government officials—and especially in cases where, as here, federal courts enjoin them. *See Rizzo v. Goode*, 423 U.S. 362, 378–80 (1976); *see also Gonzales*, 550 U.S. at 168 (“It would indeed be undesirable for [courts] to consider

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every conceivable situation which might possibly arise in the application of complex and comprehensive legislation.” (cleaned up)).

But again the district court disregarded these well-settled legal principles. The district court’s injunction doesn’t just apply to women who might lose their ability to have an abortion before Tennessee’s twenty-week deadline; it applies to *all* women who seek a surgical abortion—no matter their ability to obtain an abortion after the order expires. Injunctions should be aimed with rifle-scope precision. The district court here used a twelve-gauge.

The majority does acknowledge at least *this* error and tries to remedy it on appeal. But in doing so, the majority doesn’t fix the problem and also creates a problem of its own: it creates three “classes” of women—all of them amorphous, and thus likely to sow confusion going forward. In effect, the majority has certified a class under Rule 23(b)(2) without any request to do so or any effort to comply with the Federal Rules. Nor does the majority explain why the executive order unduly burdens most of the putative class. It simply announces that the injunction will apply to them.

The district court’s errors here are not unprecedented: Two other circuits have recently encountered similar district court decisions, and both circuits promptly corrected them—in one case *twice*. See *In re Rutledge*, No. 20-1791, 2020 WL 1933122 (8th Cir. Apr. 22, 2020); *In re Abbott*, No. 20-50296, 2020 WL 1911216 (5th Cir. Apr. 20, 2020); *In re Abbott*, 954 F.3d 772 (5th Cir. 2020). But cf. *Robinson v. Att’y Gen.*,

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No. 20-11401-B, 2020 WL 1952370, at *4 (11th Cir. Apr. 23, 2020) (denying a stay pending appeal in “an atypical case” because, among other things, the state “concede[d] that the substance of the district court’s preliminary injunction is consistent with its own . . . interpretation of [its executive order]”). We should have done the same.

* * *

To sum up: the district court granted an injunction without much effort to apply the relevant law, without specific factual findings, and without any attempt to tailor the remedy to the purported constitutional violation. If that doesn’t count as an abuse of discretion, I don’t know what would. I respectfully dissent.

**UNITED STATES COURT OF APPEALS
FOR THE SIXTH CIRCUIT**

No. 20-5408

[Filed: April 24, 2020]

ADAMS & BOYLE, P.C. et al.,)
)
Plaintiffs - Appellees,)
)
v.)
)
HERBERT H. SLATERY III et al.)
)
Defendants - Appellants.)
)

Before: MOORE, WHITE, and THAPAR, Circuit
Judges.

JUDGMENT

On Appeal from the United States District Court
for the Middle District of Tennessee at Nashville.

THIS CAUSE was submitted to the court on the
motion and reply of Appellants, the response of
Appellees, and the briefs of Amici Curiae.

IN CONSIDERATION THEREOF, it is ORDERED
that the district court's order issuing a preliminary
injunction is AFFIRMED with the MODIFICATION
set forth in the opinion of this court.

ENTERED BY ORDER OF THE COURT
/s/ Deborah S. Hunt
Deborah S. Hunt, Clerk

APPENDIX B

**UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF TENNESSEE
NASHVILLE DIVISION**

Civil Action No: 3:15-cv-00705

HON. BERNARD A. FRIEDMAN

[Filed: April 17, 2020]

ADAMS & BOYLE, P.C., et al.,)
)
Plaintiffs,)
)
vs.)
)
HERBERT H. SLATERY, III, et al.,)
)
Defendants.)
)

**OPINION AND ORDER GRANTING
PLAINTIFFS' MOTION FOR A
PRELIMINARY INJUNCTION**

This matter is presently before the Court on the motion to file a supplemental complaint [docket entry 229] and the motion for a temporary restraining order (“TRO”) and/or preliminary injunction [docket entry 231] filed by plaintiffs and proposed plaintiffs (collectively “plaintiffs”). Defendants and proposed defendants (collectively “defendants”) have responded

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to both motions, and plaintiffs have replied. On April 17, 2020, at 11:00 a.m., the Court held a ninety-minute telephonic hearing with counsel for both sides, and oral argument was heard. For the reasons stated below, the Court shall grant plaintiffs' motion to file a supplemental complaint, and it shall grant plaintiffs' motion for a TRO and/or preliminary injunction to the extent plaintiffs seek a preliminary injunction enjoining the enforcement of Tennessee Executive Order 25 ("EO-25") as applied to procedural abortions.¹

¹ Procedural abortions are one type of abortion. Plaintiffs explain that

[t]here are two methods of abortion care available in Tennessee: medication abortion or in-office procedural abortion (also referred to as "surgical abortion"). Tr. Vol. 2, 57:18-22 (Young); Looney Decl. ¶ 11. For a medication abortion, the patient takes mifepristone in the clinic and then, 24 to 48 hours later, takes misoprostol at a location of her choosing, typically at home. Looney Decl. ¶ 11. The pregnancy is then passed in a process similar to miscarriage. *Id.*; Tr. Vol. 1, 39:15-11 (Wallett). The use of mifepristone in combination with misoprostol is safe and effective to terminate pregnancies up to 11 weeks LMP [last menstrual period] (or 77 days). Looney Decl. ¶ 12.

Although procedural abortion is sometimes referred to as "surgical abortion," it is not what is commonly understood to be surgery, as a procedural abortion involves no incision or general anesthesia. Looney Decl. ¶ 14. In the majority of cases, a procedural abortion is performed using the "aspiration" technique, which involves the use of gentle suction to empty the uterus, typically takes about 5-10 minutes, and may at times involve local anesthesia or conscious sedation. *Id.*; Tr. Vol. 1, 40:12-20 (Wallett); Tr. Vol. 2, 58:9-59:1 (Young). Starting at 14-16 weeks, physicians typically use the dilation and evacuation

Background

Plaintiffs are providers of reproductive healthcare, including abortion services, in Tennessee. Plaintiffs challenge Tennessee Senate Bill 1222, Tenn. Code Ann. § 39-15-202(a)-(h), requiring women seeking an abortion to receive certain information beforehand in person from the attending physician performing the abortion, or a referring physician, and to then wait at least forty-eight hours after receiving the information before undergoing the procedure. Plaintiffs allege that the statute’s “forty-eight-hour delay requirement” unduly burdens their patients’ right to obtain an abortion. Plaintiffs, suing on their own behalf and also on behalf of their patients, assert due process and equal protection claims under the Fourteenth Amendment. In September 2019, the Court conducted a week-long bench trial in this matter.

On March 23, 2020, Governor William Lee issued Tennessee Executive Order 18, entitled “An Order to Reduce the Spread of COVID-19 by Limiting

(“D&E”) technique, which requires additional skills and equipment to perform, and takes longer, including longer time spent by the patient in the recovery room. Looney Decl. ¶ 14; Tr. Vol. 1, 40:21-8 (Wallest). Starting around 18 weeks LMP, procedural abortion may be performed as a two-day procedure because a patient receives medications to dilate her cervix the day before the procedure itself. Looney Decl. ¶ 14. For some patients, procedural abortion is safer or medically indicated over medication abortion, such as for patients at increased risk of bleeding. *Id.* ¶ 13.

Pls.’ Br. in Support of Mot. for TRO and/or Prelim. Inj. at 7-8.

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Non-Emergency Healthcare Procedures.” This order provides in part:

2. All hospitals and surgical outpatient facilities in the State of Tennessee shall not perform non-essential procedures, which includes any medical procedure that is not necessary to address a medical emergency or to preserve the health and safety of a patient, as determined by a licensed medical provider. . . . Medical procedures excluded from postponement include . . . pregnancy-related visits and procedures, including labor and delivery

* * *

5. This Order shall be effective and enforceable at 12:01 a.m., Central Daylight Time, on March 24, 2020, and shall remain in effect until 12:01 a.m., Central Daylight Time, on April 13, 2020, at which time the suspension of any state laws and rules and the other provisions of this Order shall cease and be of no further force or effect.

On April 8, 2020, Governor Lee issued Tennessee Executive Order 25, entitled “An Order to Reduce the Spread of COVID-19 by Limiting Non-Emergency Healthcare Procedures.” This order provides in part:

2. All healthcare professionals and healthcare facilities in the State of Tennessee shall postpone surgical and invasive procedures that are elective and non-urgent. Elective and non-urgent procedures are those procedures that can be delayed until the expiration of this Order because they are not required to provide life

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sustaining treatment, to prevent death or risk of substantial impairment of a major bodily function, or to prevent rapid deterioration or serious adverse consequences to a patient's physical condition if the surgical or invasive procedure is not performed, as reasonably determined by a licensed medical provider.

3. In order to conserve personal protective equipment [("PPE")], healthcare providers and facilities in Tennessee must limit attendance to essential personnel in the rooms where surgeries and invasive procedures are being performed.

4. Non-hospital healthcare providers impacted by this Order are requested and encouraged to provide necessary personal protective equipment in their possession and not required for the emergency care exempted in the Order, including, but not limited to, medical gowns, N95 masks, surgical masks, TYVEK suits, boot covers, gloves, and/or eye protection to the Tennessee Emergency Management Agency by delivering such equipment to the nearest open Tennessee National Guard Armory listed on the TEMA website (www.tn.gov/tema) between the hours of 9:00 a.m. and 2:00 p.m.

* * *

6. This Order shall take effect at 12:01 a.m., Central Daylight Time, on April 9, 2020, and shall remain in effect until 12:01 a.m., Central Daylight Time, on April 30, 2020, at which time the suspension of any state laws and rules and

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the other provisions of this Order shall cease and be of no further force or effect.

7. Upon becoming effective, this Order amends and supersedes the provisions of Executive Order No. 18, dated March 23, 2020.

An April 10, 2020, letter signed by defendant State of Tennessee Department of Health Commissioner Lisa Piercey that is addressed to “Health Care Providers” states that

[t]he intent of Executive Order 25 is to protect the health care providers, staff, patients, and the community from the transmission of COVID-19 and prevent the unnecessary use of the PPE resources that are in extremely short supply, especially N95 masks. Specifically, the Executive Order addresses the following:

- Helps ensure that PPE is preserved, and community spread through close medical interaction is limited during the upcoming weeks in which cases/hospitalizations are expected to increase;
- Expands Executive Order 18 to more specifically cover all procedures that are elective and non-urgent and can be delayed until after the Order without risking serious adverse consequences to a patient; and
- Limits attendance at surgeries and invasive procedures to essential personnel

to preserve PPE to the greatest extent possible[.]

Pls.’ Mot. to File Suppl. Compl. Ex. B. The letter advises that the “failure to comply [with EO-25] is a Class A misdemeanor and may result in possible disciplinary action by your respective board.” *Id.*

On April 13, 2020, plaintiffs filed a motion to file a supplemental complaint and a motion for a TRO and/or preliminary injunction [docket entries 229 and 231]. As noted above, on April 17, 2020, the Court held a ninety-minute telephonic hearing on these motions in which both sides presented extensive oral argument.

Motion to File a Supplemental Complaint

Plaintiffs seek leave to file a supplemental complaint, a copy of which is attached to their motion as Exhibit 1, pursuant to Fed. R. Civ. P. 15(d). The proposed supplemental complaint alleges that EO-25, as applied to procedural abortions, violates plaintiffs’ patients’ substantive due process rights under the Fourteenth Amendment. Plaintiffs assert this constitutional challenge on their own behalf and on behalf of their patients.² The proposed supplemental complaint names two new plaintiffs – Knoxville Center for Reproductive Health and Dr. Kimberly Looney (Chief Medical Officer of plaintiff Planned Parenthood

² “In [third-party standing] cases, the Supreme Court [has] held that abortion providers have standing to bring due process challenges on behalf of their patients.” *Planned Parenthood of Greater Ohio v. Hedges*, 917 F.3d 908, 914 (6th Cir. 2019) (citing *Singleton v. Wulff*, 428 U.S. 106, 118 (1976) (plurality); *Diamond v. Charles*, 476 U.S. 54, 65-66 (1986)).

of Tennessee and North Mississippi) – and two new defendants – Governor Lee and Dr. Rene Saunders (Chair of the Board of Licensing Health Care Facilities). Plaintiffs indicate that one of the proposed plaintiffs “previously appeared as a plaintiff in the action” and that the proposed defendants “will be represented by the same counsel as the other Defendants and share substantially the same interests in this matter as the other Defendants.” Pls.’ Br. in Support of Mot. to File Suppl. Compl. at 9; Pls.’ Reply in Support of Mot. to File Suppl. Compl. at 5.

Fed. R. Civ. P. 15(d) provides in relevant part: “On motion and reasonable notice, the court may, on just terms, permit a party to serve a supplemental pleading setting out any transaction, occurrence, or event that happened after the date of the pleading to be supplemented.” “A supplemental pleading may include new facts, new claims, new defenses, and new parties.” *Brian A. v. Bredesen*, No. 3:00-0445, 2009 WL 4730352, at *2 (M.D. Tenn. Dec. 4, 2009) (citing *Stewart v. Shelby Tissue, Inc.*, 189 F.R.D. 357, 361 (W.D. Tenn. 1999)). “Generally, [a motion to supplement under Rule 15(d)] can be brought at any time the action is before the trial court.” *Id.* at *1 (citing *Stewart*, 189 F.R.D. at 362). “The granting of a motion to file a supplemental pleading is within the discretion of the trial court and, as a general rule, applications for leave to file a supplemental pleading are normally granted.” *Id.* (*Stewart*, 189 F.R.D. at 362); *see also Bostic v. Biggs*, No. 3:14-1068, 2016 WL 4177094, at *1 (M.D. Tenn. Aug. 8, 2016) (“[T]he granting or refusing of leave to file a supplemental pleading rests in the discretion of the trial court.”) (citing *Schuckman v. Rubenstein*, 164

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F.2d 952 (6th Cir. 1947))), *R&R adopted*, No. 3:14-CV-01068, 2016 WL 8730550 (M.D. Tenn. Sept. 9, 2016).

The Court finds that allowing plaintiffs to file a supplemental complaint will promote judicial economy. The Court is familiar with the subject matter of the proposed supplemental complaint from having presided over the September 2019 trial. The second amended complaint and the proposed supplemental complaint contain overlapping factual and legal issues, and they involve overlapping parties and counsel. The Court has considered defendants' arguments with respect to prejudice and finds them unpersuasive. A supplemental complaint will not prejudice defendants, who have been given notice and have had an opportunity to respond, and the gains in terms of judicial economy outweigh any possible prejudice to them. Therefore, the Court shall grant plaintiffs' motion to file a supplemental complaint.

Motion for a Temporary Restraining Order and/or Preliminary Injunction

Plaintiffs seek the issuance of a TRO and/or preliminary injunction pursuant to Fed. Civ. P. 65(b) to enjoin the enforcement of EO-25 insofar as that order prohibits all procedural abortions except those necessary “to provide life sustaining treatment, to prevent death or risk of substantial impairment of a major bodily function, or to prevent rapid deterioration or serious adverse consequences to a patient’s physical condition if the surgical or invasive procedure is not performed, as reasonably determined by a licensed medical provider.” EO-25 ¶ 2.

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As this Court has noted, a preliminary injunction is “extraordinary relief.” *I Love Juice Bar Franchising, LLC v. ILJB Charlotte Juice, LLC*, No. 3:19-CV-00981, 2019 WL 6050283, at *3 (M.D. Tenn. Nov. 15, 2019) (citing *Detroit Newspaper Publishers Ass’n v. Detroit Typographical Union No. 18, Int’l Typographical Union*, 471 F.2d 872, 876 (6th Cir. 1972)). In determining whether to issue a TRO or a preliminary injunction the Court must weigh the following factors: “(1) whether the movant has a strong likelihood of success on the merits; (2) whether the movant would suffer irreparable injury absent the injunction; (3) whether the injunction would cause substantial harm to others; and (4) whether the public interest would be served by the issuance of an injunction.” *Hall v. Edgewood Partners Ins. Ctr., Inc.*, 878 F.3d 524, 527 (6th Cir. 2017) (internal citations omitted). These “are factors to be balanced, not prerequisites that must be met,” and “[n]o single factor will be determinative as to the appropriateness of equitable relief.” *Six Clinics Holding Corp., II v. Cafcomp Sys., Inc.*, 119 F.3d 393, 400 (6th Cir. 1997) (citing *Washington v. Reno*, 35 F.3d 1093, 1099 (6th Cir. 1994), and *In re DeLorean Motor Co.*, 755 F.2d 1223, 1229 (6th Cir. 1985)). However, “[w]hen a party seeks a preliminary injunction on the basis of a potential constitutional violation, ‘the likelihood of success on the merits often will be the determinative factor.’” *Obama for Am. v. Husted*, 697 F.3d 423, 436 (6th Cir. 2012) (quoting *Jones v. Caruso*, 569 F.3d 258, 265 (6th Cir. 2009)).

Having read all of the parties’ written submissions and considered all of their arguments carefully, and being mindful of the fact that such relief is

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extraordinary, the Court finds that all four factors weigh in favor of granting a preliminary injunction.³ As to plaintiffs' likelihood of success on the merits of their constitutional challenge to EO-25,

[t]he fundamental right to privacy contained in the Due Process Clause of the Fourteenth Amendment includes the right to choose to have an abortion, subject to certain limitations. *See Roe v. Wade*, 410 U.S. 113, 153, 93 S.Ct. 705, 35 L.Ed.2d 147 (1973); *Planned Parenthood of Southeastern Pa. v. Casey*, 505 U.S. 833, 869, 112 S.Ct. 2791, 120 L.Ed.2d 674 (1992). *Casey* confirmed that a woman has the right to choose to have an abortion prior to viability and to obtain an abortion without "undue interference from the State." 505 U.S. at 846, 112 S.Ct. 2791.

Women's Med. Prof'l Corp. v. Baird, 438 F.3d 595, 602 (6th Cir. 2006). A state regulation is constitutionally invalid if it places an "undue burden" on a woman's right to decide to have an abortion. *Whole Woman's Health v. Hellerstedt*, 136 S. Ct. 2292, 2299 (2016) (citing *Casey*, 505 U.S. at 878). An undue burden exists

³ The Court notes that the same issue has been decided by five other courts, all of which issued a TRO in those cases at plaintiffs' request. *See Robinson v. Marshall*, No. 2:19-cv-00365 (M.D. Ala. Mar. 30, 2020); *Preterm-Cleveland v. Att'y Gen. of Ohio*, No. 1:19-cv-00360 (S.D. Ohio Mar. 30, 2020); *Planned Parenthood Ctr. for Choice v. Abbott*, No. A-20-CV-323-LY, 2020 WL 1815587 (W.D. Tex. Apr. 9, 2020); *S. Wind Women's Ctr. LLC v. Stitt*, No. CIV-20-277-G, 2020 WL 1677094 (W.D. Okla. Apr. 6, 2020), *appeal dismissed*, No. 20-6045, 2020 WL 1860683 (10th Cir. Apr. 13, 2020); *Little Rock Family Planning Servs. v. Rutledge*, No. 4:19-cv-00449-KGB (E.D. Ark. Apr. 14, 2020).

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if the “state regulation has the purpose or effect of placing a substantial obstacle in the path of a woman seeking an abortion of a nonviable fetus.” *Casey*, 505 U.S. at 877.

In the present case, plaintiffs have shown that they are likely to succeed on the merits of their claim because the enforcement of EO-25 creates an undue burden on the right of women in Tennessee to choose to have a pre-viability abortion. EO-25 has caused plaintiffs to cancel all procedural abortions to avoid risking criminal and other penalties. Looney Decl. ¶¶ 5, 43; Terrell Decl. ¶¶ 36-37; Rovetti Decl. ¶¶ 5, 14. As a result, since EO-25 took effect on April 9, procedural abortions have been unavailable in Tennessee for women who are more than eleven weeks pregnant, as measured from the first day of their last menstrual period (“LMP”),⁴ and for women of any gestational age for whom a medication abortion is contraindicated.⁵ Procedural abortions made up approximately fifty to sixty percent of the abortions that plaintiffs performed in 2019 and/or 2020. Looney Decl. ¶¶ 16-17 (2,390 procedural abortions out of 4,742 abortions performed in 2019; 917 procedural abortions out of 1,700 abortions

⁴ Medication abortions are available in Tennessee through eleven weeks, zero days LMP. Looney Decl. ¶¶ 2, 15; Terrell Decl. ¶ 9. “After 11 weeks, 0 days LMP, patients will generally need a procedural abortion.” Looney Decl. ¶ 13.

⁵ “[S]ome patients with pregnancies less than 11 weeks, 0 days LMP will have a procedural abortion for various reasons, including because of an underlying medical condition, such as an increased risk of bleeding, that makes this the safer option.” Looney Decl. ¶ 13 (footnote omitted).

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performed in January to March 2020); Terrell Decl. ¶ 10 (1,654 procedural abortions out of 2,792 abortions performed in 2019); Rovetti ¶ 15 (827 procedural abortions out of 1,366 abortions performed in 2019). EO-25 currently expires on April 30, but plaintiffs have provided evidence that the order is likely to be renewed or extended beyond that date. Pls.’ Br. in Support of Mot. for TRO and/or Prelim. Inj. at 4 n.5, 11, 23-24; Looney Decl. ¶ 58; Terrell Decl. ¶¶ 15, 45; Rovetti Decl. ¶¶ 21-22; Pls.’ Reply in Support of Mot. for TRO and/or Prelim. Inj. at 1. Defendants do not dispute the likelihood of a renewal or extension of EO-25, and they acknowledge that Tennessee’s COVID-19 infections “have not yet reached their peak.” Defs.’ Resp. to Mot. for TRO and/or Prelim. Inj. at 8, 21. Therefore, the Court finds that, for purposes of seeking a preliminary injunction, plaintiffs have shown that EO-25 “plac[es] a substantial obstacle in the path of a woman seeking an abortion of a nonviable fetus.” *Casey*, 505 U.S. at 877.

Plaintiffs have also shown that they would suffer irreparable harm if defendants are not enjoined from enforcing EO-25 as it relates to procedural abortions. Plaintiffs argue that EO-25, as applied to procedural abortions, “prevents Tennessee patients from exercising their fundamental constitutional right to terminate a pregnancy” guaranteed by the Fourteenth Amendment. Pls.’ Br. in Support of Mot. for TRO and/or Prelim. Inj. at 30. Plaintiffs also argue that “[f]orcing patients to forgo abortion care and remain pregnant against their will inflicts serious physical, emotional, and psychological consequences that alone constitute irreparable harm.” *Id.* at 31. “Courts

have . . . held that a plaintiff can demonstrate that a denial of an injunction will cause irreparable harm if the claim is based upon a violation of the plaintiff's constitutional rights." *Overstreet v. Lexington-Fayette Urban Cty. Gov't*, 305 F.3d 566, 578 (6th Cir. 2002) (citing *Connection Distrib. Co. v. Reno*, 154 F.3d 281, 288 (6th Cir. 1998); *Covino v. Patrissi*, 967 F.2d 73, 77 (2d Cir. 1992); *McDonell v. Hunter*, 746 F.2d 785, 787 (8th Cir. 1984)). "[T]o establish irreparable harm based upon the denial of a constitutional right, the plaintiff must first show a substantial likelihood of success on the underlying constitutional claim." *Bokhari v. Metro. Gov't of Nashville & Davidson Cty.*, No. 3:11-00088, 2012 WL 1165907, at *8 (M.D. Tenn. Apr. 9, 2012) (citing *Overstreet*, 305 F.3d at 578). As noted above, plaintiffs have made this required showing of success on their substantive due process claim. Moreover, abortion is a time-sensitive procedure. *See* Looney Decl. ¶¶ 20, 43. Delaying a woman's access to abortion even by a matter of days can result in her having to undergo a lengthier and more complex procedure that involves progressively greater health risks, *see id.*; Rovetti Decl. ¶ 22, or can result in her losing the right to obtain an abortion altogether. Therefore, plaintiffs have demonstrated that enforcement of EO-25 causes them irreparable harm.

In terms of balancing the harm to others, plaintiffs argue convincingly that the irreparable harm they would suffer without injunctive relief, which includes violation of their constitutional rights, "vastly outweigh[s]" any "temporary reduction of PPE" resulting from the enforcement of EO-25. Pls.' Br. in Support of Mot. for TRO and/or Prelim. Inj. at 32.

Plaintiffs claim that injunctive relief “will simply preserve ‘the status quo that has been in place for more than 40 years since *Roe* was decided, and some 25 years since *Casey* followed.’” *Id.* (quoting *Preterm-Cleveland v. Yost*, 394 F. Supp. 3d 796, 803 (S.D. Ohio 2019)). Defendants argue that granting the requested relief would “irreparably harm Tennessee’s authority to protect the safety and health of its citizens” and that it would “also harm the public by hindering the State’s otherwise comprehensive efforts to respond to the COVID-19 pandemic.” Defs.’ Resp. to Mot. for TRO and/or Prelim. Inj. at 21. But plaintiffs have provided evidence, which the Court accepts as accurate, that they have implemented sanitation procedures, as well as procedures to minimize the use of PPE, that they do not use N95 masks or other hospital resources needed to respond to COVID-19, and that a procedural abortion uses less PPE and involves significantly less patient interaction than carrying a pregnancy to term and giving birth. In addition, plaintiffs state that women may travel out-of-state to obtain an abortion while EO-25 is in effect, risking infection of COVID-19 and transmission to others when they return to Tennessee. *See* Rovetti Decl. ¶ 17 (stating that four patients with appointments on the day EO-25 went into effect were referred to an abortion clinic in Atlanta because the patients were not eligible for medication abortion care). While the stated goal of EO-25 to preserve PPE is unquestionably laudable, defendants have presented no evidence that any appreciable amount of PPE would actually be preserved if EO-25 is applied to procedural abortions. Plaintiffs, on the other hand, offered convincing

evidence demonstrating the contrary. The balancing of harms therefore favors plaintiffs.

The fourth factor the Court must consider in deciding whether to issue a preliminary injunction also favors plaintiffs because “it is always in the public interest to prevent violation of a party’s constitutional rights.” *Thomas v. Schroer*, 116 F. Supp. 3d 869, 879 (W.D. Tenn. 2015) (citing *Deja Vu of Nashville, Inc. v. Metro. Gov’t of Nashville & Davidson Cty., Tenn.*, 274 F.3d 377, 400 (6th Cir. 2001)); *see also Dodds v. U.S. Dep’t of Educ.*, 845 F.3d 217, 222 (6th Cir. 2016) (stating that protection of constitutional rights “is always in the public interest”).

In seeking injunctive relief, plaintiffs ask that the Court waive the bond requirement of Fed. R. Civ. P. 65(c). Defendants do not oppose this request. Rule 65(c) states that “[t]he court may issue a preliminary injunction . . . only if the movant gives security in an amount that the court considers proper to pay the costs and damages sustained by any party found to have been wrongfully enjoined or restrained.” However, “the rule in our circuit has long been that the district court possesses discretion over whether to require the posting of security,” *Moltan Co. v. Eagle-Picher Indus., Inc.*, 55 F.3d 1171, 1176 (6th Cir. 1995) (internal citation omitted), and “a court has no mandatory duty to impose a bond as a condition for issuance of injunctive relief.” *Stooksbury v. Ross*, No. 3:09-CV-498, 2012 WL 12841901, at *6 (E.D. Tenn. Aug. 1, 2012) (citing *NACCO Materials Handling Grp., Inc. v. Toyota Materials Handling USA, Inc.*, 246 F. App’x 929, 952 (6th Cir. 2007)). “When determining whether to require the party seeking an injunction to give security, courts

have considered factors such as the strength of the movant's case and whether a strong public interest is present." *I Love Juice Bar Franchising, LLC*, 2019 WL 6050283, at *14 (citing *Moltan Co.*, 55 F.3d at 1176). In light of these factors, the Court declines to impose a bond requirement in this case.

Conclusion

Accordingly,

IT IS ORDERED that plaintiffs' motion to file a supplemental complaint is granted. Within seven days of the date of this order, plaintiffs shall file a version of the supplemental complaint that is identical to the one attached to plaintiffs' motion as Exhibit 1.

IT IS FURTHER ORDERED that plaintiffs' motion for a TRO and/or preliminary injunction is granted to the following extent: Defendants are hereby immediately enjoined from enforcing EO-25 as applied to procedural abortions.

s/Bernard A. Friedman
BERNARD A. FRIEDMAN
SENIOR UNITED STATES DISTRICT JUDGE
SITTING BY SPECIAL DESIGNATION

Dated: April 17, 2020
Detroit, Michigan

APPENDIX C

**UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF TENNESSEE
NASHVILLE DIVISION**

Civil Action No: 3:15-cv-00705

HON. BERNARD A. FRIEDMAN

[Filed: April 21, 2020]

ADAMS & BOYLE, P.C., et al.,)
)
Plaintiffs,)
)
vs.)
)
HERBERT H. SLATERY, III, et al.,)
)
Defendants.)
)

**OPINION AND ORDER DENYING
DEFENDANTS' MOTION FOR A STAY
PENDING APPEAL**

This matter is presently before the Court on defendants' motion for a stay pending appeal [docket entry 246]. Plaintiffs have filed a response in opposition, and defendants have filed a reply. Pursuant to M.D. Tenn. LR 78.01, the Court shall decide this motion without a hearing. For the reasons explained below, the Court shall deny defendants' motion.

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Plaintiffs are reproductive healthcare providers who, on their own behalf and on behalf of their patients, assert a constitutional challenge to a Tennessee statute that requires women seeking an abortion to receive certain information in person at least forty-eight hours before undergoing the procedure. On April 8, 2020, Governor William Lee issued Tennessee Executive Order 25 (“EO-25”), requiring that, between April 9 and April 30, healthcare providers “postpone surgical and invasive procedures that are elective and non-urgent,” as defined by the order. EO-25 ¶ 2. The stated purposes of EO-25 are to reduce the spread of COVID-19 and to conserve personal protective equipment (“PPE”). On April 13, plaintiffs filed a motion to file a supplemental complaint alleging that EO-25, as applied to procedural abortions, violates plaintiffs’ patients’ substantive due process rights under the Fourteenth Amendment. Plaintiffs simultaneously filed a motion for a TRO and/or preliminary injunction to enjoin enforcement of EO-25 as it applies to procedural abortions.

On April 17, the Court heard extensive oral argument from the parties during a ninety-minute telephonic hearing, after which the Court issued an opinion and order granting plaintiffs’ motion to file a supplemental complaint and granting plaintiffs’ motion for a TRO and/or preliminary injunction “to the following extent: Defendants are hereby immediately enjoined from enforcing EO-25 as applied to procedural abortions.” Op. & Order Granting Pls.’ Mot. for Prelim. Inj. at 12-13. Shortly thereafter, defendants filed a notice of appeal and the instant motion to stay the injunction pending appeal.

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A motion for a stay pending appeal is governed by Fed. R. Civ. P. 62(c). The Sixth Circuit has stated:

In deciding whether to grant a stay of a preliminary injunction, “we consider (1) the likelihood that the party seeking the stay will prevail on the merits of the appeal; (2) the likelihood that the moving party will be irreparably harmed absent a stay; (3) the prospect that others will be harmed if the court grants the stay; and (4) the public interest in granting the stay.” *Coalition to Defend Affirmative Action v. Granholm*, 473 F.3d 237, 244 (6th Cir. 2006) (internal quotation marks omitted). . . . The Defendants as movants for the stay have the burden of persuasion. *See Nken v. Holder*, 556 U.S. 418, 433-34, 129 S.Ct. 1749, 173 L.Ed.2d 550 (2009).

Graveline v. Johnson, 747 F. App’x 408, 412 (6th Cir. 2018). “All four factors are not prerequisites but are interconnected considerations that must be balanced together.” *Coal. to Defend Affirmative Action v. Granholm*, 473 F.3d 237, 244 (6th Cir. 2006). “[B]ecause the burden of meeting the standard is a heavy one, more commonly stay requests will be found not to meet this standard and will be denied.” 11 CHARLES ALAN WRIGHT, ARTHUR R. MILLER & MARY KAY KANE, FEDERAL PRACTICE AND PROCEDURE § 2904 (3d ed. 2012) (footnotes omitted).

Regarding the first factor, defendants have not shown that they are likely to prevail on the merits. Defendants argue that “[t]he broad relief afforded by this Court’s Order cannot be squared with the Supreme

Court’s decision in *Jacobson v. Commonwealth of Massachusetts*, 197 U.S. 11 (1905)[,]” in which “the Supreme Court explained that the States have wide-ranging authority to ‘enact quarantine laws and health laws of every description,’ even where those laws may curtail constitutional rights. *See id.* at 26, 31.” Defs.’ Mot. for Stay Pending Appeal at 2.

In *Jacobson*, the Supreme Court rejected an individual’s constitutional challenge to a state’s compulsory vaccination law enacted when smallpox was “prevalent and increasing.” *Jacobson*, 197 U.S. at 28. The Court recognized the “police power” of states to enact “reasonable regulations established directly by legislative enactment as will protect the public health and the public safety.”¹ *Id.* at 25. But the Court also recognized the possibility that

it might be that an acknowledged power of a local community to protect itself against an epidemic threatening the safety of all might be exercised in particular circumstances and in reference to particular persons in such an arbitrary, unreasonable manner, or might go so far beyond what was reasonably required for the safety of the public, as to authorize or compel

¹ The Court notes that the “police power” acknowledged by the Supreme Court in *Jacobson* is for the state’s enactment of “reasonable regulations” to protect public health and public safety. *Jacobson*, 197 U.S. at 25 (emphasis added). Defendants have not demonstrated the reasonableness of EO-25.

the courts to interfere for the protection of such persons.

Id. at 28. Further,

[i]f there is any such power in the judiciary to review legislative action in respect of a matter affecting the general welfare, it can only be when that which the legislature has done comes within the rule that, if a statute *purporting to have been enacted to protect the public health, the public morals, or the public safety, has no real or substantial relation to those objects, or is, beyond all question, a plain, palpable invasion of rights secured by the fundamental law*, it is the duty of the courts to so adjudge, and thereby give effect to the Constitution.

Id. at 31 (emphasis added). The Court in *Jacobson* affirmed plaintiff's criminal conviction because "the [vaccination] statute in question is a health law, enacted in a reasonable and proper exercise of the [state's] police power." *Id.* at 35. The Court found that the statute had a "real or substantial relation to the protection of the public health and the public safety," *id.* at 31; and the Court further found that the statute did not "invade[] any right secured by the Federal Constitution." *Id.* at 38.

Defendants fault the Court for not mentioning *Jacobson* in its opinion. However, EO-25 is easily distinguishable from the statute at issue in *Jacobson*, and the Court considered *Jacobson* and its limitations on judicial intervention without finding it necessary to reference this case by name. In its April 17 decision,

the Court determined that EO-25, as applied to procedural abortions, did not have a “real or substantial relation” to protecting public health or public safety. The Court noted plaintiffs’ evidence that enforcement of EO-25 would result in increased patient interaction and greater risk of infection and spreading of COVID-19. Op. & Order Granting Pls.’ Mot. for Prelim. Inj. at 11. The Court also noted that defendants had “presented no evidence that any appreciable amount of PPE would actually be preserved if EO-25 is applied to procedural abortions” despite plaintiffs having “offered convincing evidence demonstrating the contrary.” *Id.* In addition, the Court found that EO-25 placed an undue burden on the right of women in Tennessee to choose to have a pre-viability abortion, a constitutional right recognized by the Supreme Court since *Roe v. Wade*, 410 U.S. 113 (1973). *Id.* at 8-9. Because the Court determined, based on the record before it at the preliminary injunction stage, that EO-25 did not have a “real or substantial relation” to protecting public health or public safety and was invading plaintiffs’ fundamental rights, it was “the duty of the [C]ourt[] to so adjudge, and thereby give effect to the Constitution.” *Jacobson*, 197 U.S. at 31. Therefore, defendants have not shown that the Court’s decision to issue a preliminary injunction in this matter is in any way inconsistent with *Jacobson*. And for the reasons set forth in the Court’s April 17 opinion, the Court remains firmly convinced that defendants are highly unlikely to prevail on the merits.

Regarding the second factor, defendants argue that they and the citizens of Tennessee will be irreparably harmed without a stay because “[i]t is well-settled that

the wrongful enjoining of a valid state action always qualifies as irreparable harm.” Defs.’ Mot. for Stay Pending Appeal at 3. Defendants characterize EO-25 as a “valid state action” because it “is a good-faith effort to slow the spread of COVID-19 and is well within the Governor’s power to issue in a time of crisis.” *Id.* While the Governor certainly has the power – indeed, the obligation – to take reasonable measures to safeguard public health, EO-25 is not reasonable, and not a “valid state action,” as it relates to procedural abortions because it does not appreciably advance either of its stated goals, i.e., to slow the spread of COVID-19 or conserve PPE. There is no irreparable harm in enjoining the enforcement of an ineffectual executive order that accomplishes nothing except to interfere, on a broad scale, with the exercise of a recognized constitutional right.

Defendants argue that the last two factors – the balance of harms and the public interest – favor granting a stay because the Court’s April 17 order “undermines the State’s ability to effectively prepare for the incoming wave of [COVID-19] infections and ensures that the virus may continue to spread through the State’s healthcare system and beyond.” *Id.* at 4. Defendants state that “[i]n recent years, an average of nearly 50 patients per week obtained surgical abortions in Tennessee after 11 weeks gestation.” *Id.* (citing Tenn. Dep’t of Health, *Selected Induced Termination of Pregnancy (ITOP) Data, According to Age and Race of Woman, Tennessee and Department of Health Regions, Resident Data, 2018*, <https://www.tn.gov/content/dam/tn/health/documents/vital-statistics/itop/ITOP2018.pdf>). They argue that the Court’s order “all but

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guarantees that similar numbers of patients, if not more, will require medical professionals to expend valuable personal protective equipment and will flout the State’s generally applicable social distancing guidelines, thus putting themselves and everyone they come into contact with at greater risk of contracting COVID-19.” *Id.* But this unsupported assertion, which defendants also made in opposing plaintiffs’ request for emergency injunctive relief, disregards the unrebutted evidence showing that plaintiffs had already adopted significant procedures for social distancing and preserving PPE prior to EO-25 taking effect.² Pls.’

² Plaintiffs previously indicated that

[e]ven before EO-25 was issued, they proactively adopted recommendations and guidelines from the Centers for Disease Control and Prevention (“CDC”), National Abortion Federation to reduce the spread of COVID-19, while continuing to comply with all relevant Tennessee laws and regulations governing abortion. Terrell Decl. ¶ 19; Looney Decl. ¶ 25; Rovetti Decl. ¶ 8.

For example, the Providers have postponed or cancelled non-essential procedures such [as] wellness visits. Terrell Decl. ¶ 26; Looney Decl. ¶ 26; Rovetti Decl. ¶ 8. They screen patients for symptoms over the telephone prior to their appointments and when they arrive at the clinics prior to entering the facilities to ensure that no one experiencing symptoms of COVID-19 enters the clinic. Terrell Decl. ¶¶ 20-21; Looney Decl. ¶ 27; Rovetti Decl. ¶¶ 9, 11. Based on the particularized needs of each facility, the Providers maintain social distancing by, for example, staggering appointments, asking patients to wait outside the clinic until their appointment, prohibiting patients from bringing a support person to their appointment, keeping patients in separate rooms whenever possible, and spacing patients a minimum of six feet apart during their time in the clinic.

Br.in Support of Mot. for TRO and/or Prelim. Inj. at

Terrell Decl. ¶ 22; Looney Decl. ¶ 28; Rovetti Decl. ¶¶ 9, 11-12. At any given time, the Providers have fewer people inside the clinic than they normally had before the COVID-19 pandemic. Terrell Decl. ¶ 23; Looney Decl. ¶ 26; Rovetti Decl. ¶¶ 8-9. Where medically appropriate, several of the Providers have reduced the number of staff in the clinic and restricted the number of staff in the room during procedural abortion to only those who are medically essential or required by law. Terrell Decl. ¶¶ 23-24; Rovetti Decl. ¶ 24. Additionally, the Providers continuously disinfect chairs, doorknobs, pens, clipboards, and other frequently touched surfaces throughout the day. Terrell Decl. ¶ 27; Looney Decl. ¶ 28; Rovetti Decl. ¶¶ 8, 12.

Abortion care does not require the use of any hospital resources that may be needed for COVID-19 response such as hospital beds, ICU beds, or ventilators. Looney Decl. ¶ 30. Indeed, procedural abortion takes place in an outpatient setting. *Id.* Procedural abortion involves only minimal use of PPE: typically gloves, a surgical mask or reusable plastic face shield, and either reusable scrubs or a disposable gown or smock. *Id.* ¶ 29; Terrell Decl. ¶¶ 30; Rovetti Decl. ¶ 24. None of the Providers stock the N95 respirators that are in short supply during this COVID-19 pandemic. Looney Decl. ¶ 30; Terrell Decl. ¶ 29; Rovetti Decl. ¶ 24. Procedural abortion after approximately 18 weeks LMP [last menstrual period] requires more PPE than a procedural abortion at an earlier point in pregnancy, because it is typically a two-day procedure at that stage. Looney Decl. ¶ 50. Nevertheless, as explained *infra*, abortion care requires vastly less PPE than continuing a pregnancy. The provision of abortion care in Tennessee does not deplete hospital resources and the Providers have made every effort to conserve PPE and minimize the spread of COVID-19 while still providing this time-sensitive, essential healthcare to patients. *Id.* ¶¶ 24, 30; Terrell Decl. ¶ 33; Rovetti Decl. ¶ 24.

Pls.' Br. in Support of Mot. for TRO and/or Prelim. Inj. at 12-13.

12-13. The Court commends defendants' efforts to prepare for an expected increase in COVID-19 infections, but the entirely speculative constraints the preliminary injunction allegedly imposes on these efforts do not outweigh the demonstrated irreparable harm plaintiffs will suffer if a stay is issued, particularly in light of the many precautionary steps plaintiffs have taken to limit the spread of the virus and to conserve PPE. *See Op. & Order Granting Pls.' Mot. for Prelim. Inj.* at 9-11. The Court has already determined that the balancing of harms and the public interest favor issuing a preliminary injunction, *id.* at 10-12, and defendants' arguments do not alter the Court's conclusion.

For these reasons, the Court finds that defendants have not shown that they are entitled to a stay pending the appeal of the Court's April 17 opinion and order granting plaintiffs' motion for a preliminary injunction. Accordingly,

IT IS ORDERED that defendants' motion for a stay pending appeal is denied.

s/Bernard A. Friedman
BERNARD A. FRIEDMAN
SENIOR UNITED STATES DISTRICT JUDGE
SITTING BY SPECIAL DESIGNATION

Dated: April 21, 2020
Detroit, Michigan

APPENDIX D

**UNITED STATES COURT OF APPEALS
FOR THE SIXTH CIRCUIT**

No. 20-5408

[Filed: May 14, 2020]

ADAMS & BOYLE, P.C. ET AL.,)
)
Plaintiffs-Appellees,)
)
v.)
)
HERBERT H. SLATERY III, ET AL.,)
)
Defendants-Appellants.)
)

ORDER

BEFORE: MOORE, WHITE, and THAPAR,
Circuit Judges.

The court received a petition for rehearing en banc. The original panel has reviewed the petition for rehearing and concludes that the issues raised in the petition were fully considered upon the original submission and decision of the case. The petition then was circulated to the full court. No judge has requested a vote on the suggestion for rehearing en banc.

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Therefore, the petition is denied. Judge Thapar would grant rehearing for the reasons stated in his dissent.

ENTERED BY ORDER OF THE COURT

/s/ Deborah S. Hunt
Deborah S. Hunt, Clerk

APPENDIX E

[SEAL]

**STATE OF TENNESSEE
E X E C U T I V E O R D E R
BY THE GOVERNOR**

No. 25

**AN ORDER TO REDUCE THE SPREAD OF
COVID-19 BY LIMITING NON-EMERGENCY
HEALTHCARE PROCEDURES**

WHEREAS, emergency government action to limit the spread of Coronavirus Disease 2019 (COVID-19) continues to be prudent and necessary as the illness spreads rapidly throughout our community; and

WHEREAS, on March 4, 2020, the first case of COVID-19 in the State of Tennessee was identified, and 4,362 additional cases of COVID-19 have since been identified in Tennessee, demonstrating a continued, increasing, and serious risk to the health, safety, and welfare of Tennesseans; and

WHEREAS, the Centers for Disease Control and Prevention advises that the best way to prevent COVID-19 is to avoid exposure to it, and exposure mainly results from close person-to-person contact; and

WHEREAS, unnecessary person-to-person contact within the healthcare community increases the risk of

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COVID-19 spreading to providers and patients throughout our healthcare system; and

WHEREAS, the American Dental Association and the Tennessee Dental Association recommend that dental providers and patients contribute to reducing the spread of COVID-19 by suspending non-essential services like hygiene visits and cosmetic and elective procedures for a minimum of three (3) weeks; and

WHEREAS, the American College of Surgeons has recommended that each hospital, health system, and surgeon thoughtfully review all scheduled elective procedures with a plan to minimize, postpone, or cancel electively scheduled operations, endoscopies, or other invasive procedures and to immediately minimize use of essential items needed to care for patients, including, but not limited to, ICU beds, personal protective equipment, terminal cleaning supplies, and ventilators; and

WHEREAS, the federal Centers for Medicaid & Medicare Services recommends limiting all non-essential planned surgeries and procedures, including dental, until further notice; and

WHEREAS, limiting the dental and medical procedures that may be performed during the current state of emergency serves the joint goals of preserving personal protective equipment for emergency and essential needs and preventing community spread of COVID-19 through non-essential patient-provider interactions; and

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WHEREAS, on March 23, 2020, I issued Executive Order No. 18, which limited non-emergency dental procedures and non-essential medical procedures; and

WHEREAS, the spread of COVID-19 throughout Tennessee continues to intensify and warrant additional limitations on non-essential medical procedures, thus necessitating amendment of the provisions Executive Order No. 18 by the issuance of this superseding Order; and

WHEREAS, in addition to the other emergency management powers granted by law, Tennessee Code Annotated, Section 58-2-107(e), provides that during a state of emergency, the Governor is authorized to suspend laws and rules regarding the conduct of state business if necessary to cope with the emergency, order evacuations from certain areas, make orders concerning entry and exit and the occupancy of premises within an emergency area, and take measures concerning the conduct of civilians and the calling of public meetings and gatherings, among other things; and

WHEREAS, the temporary suspension of selected state laws and rules and the other measures contained herein are necessary to facilitate the response to the current emergency.

NOW THEREFORE, I, Bill Lee, Governor of the State of Tennessee, by virtue of the power and authority vested in me by the Tennessee Constitution and other applicable law, in light of the continuing state of emergency to facilitate the response to COVID-19, do hereby order the following statewide:

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1. Dental service providers in the State of Tennessee, including but not limited to dentists, pediatric dentists, orthodontists, oral surgeons, periodontists, prosthodontists, and endodontists, shall not perform any non-emergency dental or oral procedures. Non-emergency dental or oral procedures include hygiene visits, cosmetic procedures, and other elective procedures. Emergency procedures for patients with acute dental or oral needs may still be performed, including treatment for pain, swelling, trauma, or an abscess.
2. All healthcare professionals and healthcare facilities in the State of Tennessee shall postpone surgical and invasive procedures that are elective and non-urgent. Elective and non-urgent procedures are those procedures that can be delayed until the expiration of this Order because they are not required to provide life-sustaining treatment, to prevent death or risk of substantial impairment of a major bodily function, or to prevent rapid deterioration or serious adverse consequences to a patient's physical condition if the surgical or invasive procedure is not performed, as reasonably determined by a licensed medical provider.
3. In order to conserve personal protective equipment, healthcare providers and facilities in Tennessee must limit attendance to essential personnel in the rooms where surgeries and invasive procedures are being performed.

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4. Non-hospital healthcare providers impacted by this Order are requested and encouraged to provide necessary personal protective equipment in their possession and not required for the emergency care exempted in the Order, including, but not limited to, medical gowns, N95 masks, surgical masks, TYVEK suits, boot covers, gloves, and/or eye protection to the Tennessee Emergency Management Agency by delivering such equipment to the nearest open Tennessee National Guard Armory listed on the TEMA website (www.tn.gov/tema) between the hours of 9:00 a.m. and 2:00 p.m.
5. Any state or local law, order, rule, or regulation that would limit the application of this Order is hereby suspended.
6. This Order shall take effect at 12:01 a.m., Central Daylight Time, on April 9, 2020, and shall remain in effect until 12:01 a.m., Central Daylight Time, on April 30, 2020, at which time the suspension of any state laws and rules and the other provisions of this Order shall cease and be of no further force or effect.
7. Upon becoming effective, this Order amends and supersedes the provisions of Executive Order No. 18, dated March 23, 2020.

IN WITNESS WHEREOF, I have subscribed my signature and caused the Great Seal of the State of Tennessee to be affixed this 8th day of April, 2020.

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/s/ Bill Lee
GOVERNOR

ATTEST:

/s/ Secretary of State

[SEAL]