

# **Exhibit 3**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF OKLAHOMA**

SOUTH WIND WOMEN'S CENTER LLC, d/b/a TRUST WOMEN OKLAHOMA CITY, on behalf of itself, its physicians and staff, and its patients; LARRY A. BURNS, D.O., on behalf of himself, his staff, and his patients; and COMPREHENSIVE HEALTH OF PLANNED PARENTHOOD GREAT PLAINS, INC., on behalf of itself, its physicians and staff, and its patients,

Plaintiffs,

v.

J. KEVIN STITT in his official capacity as Governor of Oklahoma; MICHAEL HUNTER in his official capacity as Attorney General of Oklahoma; DAVID PRATER in his official capacity as District Attorney for Oklahoma County; GREG MASHBURN in his official capacity as District Attorney for Cleveland County; GARY COX in his official capacity as Oklahoma Commissioner of Health; and MARK GOWER in his official capacity as Director of the Oklahoma Department of Emergency Management,

Defendants.

CIVIL ACTION

Case No. 5:20-cv-00277-G

**SUPPLEMENTAL DECLARATION  
OF BRANDON J. HILL, Ph.D.**

I, Brandon J. Hill, Ph.D., pursuant to 28 U.S.C. § 1746, declare under penalty of perjury that the following is true and correct:

1. I am the President and CEO of Comprehensive Health of Planned Parenthood Great Plains, Inc. ("CHPPGP"), which operates health centers in Kansas and Oklahoma.

My background is more fully described in my prior declaration filed in this case on March 31, 2020 (Dkt.16-7), and I incorporate that prior declaration here by reference.

2. I submit this declaration in support of Plaintiffs' motion for a preliminary injunction.

3. The facts I state here are based on my experience, my review of CHPPGP's business records, and information and personal knowledge obtained in the course of my duties as CEO of CHPPGP. If called and sworn as a witness, I could and would testify competently thereto.

4. In addition to downplaying the real harms the Executive Order (or "Order") imposes on abortion patients, I understand that Defendants have made statements that our abortion practice is unsafe and distort the record on the amount of personal protective equipment ("PPE") involved in providing abortion services. I address each of these issues below.

5. As I stated in my prior declaration, on the morning that the Governor issued the March 27 press release, CHPPGP was set to begin scheduling patients for abortion services in Oklahoma City for the weeks of March 30 and April 6, with the full expectation that we would be providing medication abortions to patients on April 1, and all methods of abortion on April 3. Because the Governor's press release expanded EO 2020-07 (which at the time was set to expire on April 7) to apply to all abortions, CHPPGP was forced to close its abortion schedule.

6. On April 1, the Governor extended the Executive Order an additional four weeks, until April 30.

7. Prior to the Court issuing the limited TRO, and during the ten days the Executive Order was fully in effect as to abortion services, CHPPGP received numerous calls from patients seeking to schedule their abortion. We were forced to tell patients they could not currently have an abortion in the state of Oklahoma. I know a number of these patients chose to travel out of state to seek timely abortion care.

8. While we were waiting for the Court to rule on Plaintiffs' motion for preliminary relief, my staff and I deliberated whether we should cancel all of our already scheduled appointments for the month of April. We decided that we would hold off on calling patients to cancel their appointments until we got closer to the date that we had abortions scheduled for next, which was April 8. We have been through this painful exercise in other states when abortion restrictions were passed that forced us to cancel services. I know that it is devastating for patients to hear that the State will not allow them to have a health care service they so desperately need.

9. When the Court issued the TRO, we were relieved to hear that we would be able to continue providing at least some abortion services to our patients. We have already been able to provide safe medication abortion to nearly twenty (20) patients under the TRO. Our patients were incredibly relieved to be able to have their abortions, as many of them had seen on the news that the Governor was stopping abortions in the state.

10. Currently, we have over 145 patients on the schedule through the rest of April, almost all of whom have reported to us a last menstrual period ("LMP") date that would make them eligible for a medication abortion (unless there are contraindications). Over two-thirds of these patients will be 8-10 weeks LMP by the time they come in for

their appointment. That means that if they were forced to wait until after the current Executive Order expires on April 30, they would no longer be eligible for a medication abortion and would instead need a procedural abortion. And if they were delayed even further, they would be pushed from an aspiration procedure to a dilation & evacuation (“D&E”) procedure.

11. These unprecedented delays impose serious harms on our patients. I understand that other declarants are providing testimony regarding the physical risks associated with forcing patients to remain pregnant and delay an abortion. I will focus on the real-world harms on patients that will ensue if the State is allowed to ban abortion services in a way that pushes patients to have more complex health care services.

12. For example, abortions later in pregnancy are more expensive because of the need for additional interventions for a more complex, but still safe, procedure—such as additional medications, cervical treatment for dilation, and sedation. Depending on what type of procedure a patient is pushed into having, if they are forced to wait until after the Order is lifted, a patient could end up incurring significant additional costs ranging from an *extra* \$300 to \$800 to have their abortion. Unlike most other health services, abortions are rarely covered by public or private health insurance, so these additional expenses are covered out of pocket by our patients, some of whom already struggle to make ends meet.

13. In addition, at later gestational ages in pregnancy, including those that require a D&E procedure, patients must spend more time in the health center. This is because more time is required for pre-procedure preparation, sedation, and recovery time. Not only is it counterproductive during these times to force patients to spend more time in a health center

than necessary, but many of our patients also already have children at home or have the type of jobs that are considered essential, and therefore struggle to find time off to attend their health care appointment.

14. It is also important to note that forcing patients who seek an early procedural abortion to delay their procedure until the Order is lifted does not actually advance the State's asserted goals, in particular the goal of preserving PPE. As I mention above, some patients will be forced into more complex procedures, and these procedures actually require more PPE. Moreover, some patients will come into the health center seeking a medication abortion, but after having an ultrasound and bloodwork, will learn they are not eligible for a medication abortion. It does not make any sense to turn these patients away once they are in the health center and make them come back in several weeks. Again, this is counterproductive because it requires patients to have more interaction with our health care system than necessary and utilizes more PPE.

15. I am also concerned that the Governor will again extend the current Executive Order given that national medical professionals expect the pandemic to last for months to come, if not longer. But even if we were only talking about a four- or five-week delay, a categorical rule that all patients must be delayed will create a backlog of patients seeking abortion care and will make it difficult for everyone to receive the abortion care they need when the Executive Order is lifted.

16. Defendants accuse us of both using too much PPE and not using enough, when neither is the truth. The policies and protocols that CHPPGP has implemented are


derived from CDC guidance, other recent evidence-based science and medicine, and the recommendations of leading national medical organizations.

17. Defendants also distort my prior statements about the usage of PPE involved in medication abortion. While no PPE is involved in providing the medications to the patient (unlike when patients are provided a procedural abortion), every CHPPGP patient seeking an abortion—both medication and procedural—must have an ultrasound and bloodwork performed prior to the abortion. When the latter services are provided, staff use a pair of non-sterile gloves.

18. Due to recent guidance issued by the CDC on April 3, encouraging the use of face coverings in public settings, CHPPGP has implemented a new policy that all staff wear a medical mask throughout the day.

19. Finally, Defendants incorrectly state that medication abortion requires more PPE because patients are required to return to the health center for a follow-up visit. In light of the current pandemic, CHPPGP will allow patients to conduct their follow-up with home testing and a telehealth consultation rather than an in-person follow-up.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on April 10, 2020.

  
Brandon J. Hill, Ph.D.