IN THE IOWA DISTRICT COURT FOR POLK COUNTY

PLANNED PARENTHOOD OF THE HEARTLAND, INC., and DR. JILL MEADOWS M.D. **Petitioners,** **v.** **IOWA BOARD OF MEDICINE, GREG HOVERSTEN, D.O., HAMED TWEFIK, M.D., FRANK BOGNANNO, DIANE CLARK, ROBERT BENDER, M.D., JULIE CARMODY, M.D., JULIE PERKINS, M.D., and ALLISON SCHOENFELDER, M.D., IN THEIR OFFICIAL CAPACITIES AS MEMBERS OF THE BOARD OF MEDICINE AND IN THEIR INDIVIDUAL CAPACITIES,** **Respondents.**	**Case No. CVCV046429** **RULING ON MOTION TO STAY PENDING JUDICIAL REVIEW OF AGENCY ACTION AND DECLARATORY JUDGMENT AND INJUNCTIVE RELIEF**

On September 30, 2013, Petitioners filed a Petition for Judicial Review of Agency Action and Declaratory Judgment and Injunctive Relief and Motion to Stay. On October 17, 2013, Respondents filed a Resistance. On October 25, 2013 Petitioners filed a reply. On October 30, 2013, the Court held a contested hearing on the Motion to Stay. Attorney Sharon Malheiro appeared on behalf of Petitioners. Assistant Attorney General Julie Bussanmas appeared on behalf of Respondents. Having considered the court file, filings of parties, and arguments of counsel, the Court enters the following ruling.

I. BACKGROUND FACTS AND PROCEEDINGS

Petitioner Planned Parenthood of the Heartland, Inc. ("Planned Parenthood") began offering telemedicine abortion services in Iowa in 2008. Planned Parenthood of the Heartland, *Our History, 2008* (last visited on October 31, 2013), *available at* http://www.plannedparenthood.org/heartland/history-29880.htm. Telemedicine abortion is a

procedure that utilizes medications such as mifepristone and misoprostol to induce abortion, also known as a "chemical abortion," rather than a surgical procedure. Instead of meeting with each patient in person, a patient seeking abortion services speaks with a physician at a remote location using a webcam or some other form of telepresence. According to Petitioners, each consultation includes completing a medical history, "taking the patient's blood pressure, and an ultrasound of the patient to determine gestational duration and to determine whether there is an ectopic pregnancy," and laboratory tests, which are performed by healthcare professionals on-site. A "patient educator" then meets with each patient to discuss the medication, how to use it, and to obtain the patient's informed consent. After the physician reviews this information, the physician again meets with the patient through telepresence. At that time, if the physician decides to prescribe the patient with an abortion-inducing medication, the physician presses a button that releases the appropriate dose of the medication to the patient. The physician then observes the patient ingest the medication. The patient is asked to return twenty-four to forty-eight hours later to take a second medication, and a follow-up appointment is scheduled. *See* Petition for Judicial Review at 4–5, ¶¶ 17–24. According to the Parties, Iowa is the only state in the United States that currently offers this service.

In August or September 2010, the organization Operation Rescue filed a complaint with the Respondents challenging the use of telemedicine abortion, and requested that the Iowa Board of Medicine ("Board") investigate one of Planned Parenthood's physician's utilization of the procedure. In a January 11, 2011 letter to that physician, the Board "concluded that the complaint does not warrant any disciplinary action and closed the file." State's Exhibit A (sealed).

In June 2013, a group of fourteen medical professionals in Iowa filed a Petition for Rulemaking Regarding the Standards of Practice for Performing a Chemical Abortion. *See* Pet.'s

Exhibit A to Petition for Judicial Review. The medical professionals proposed the addition of Iowa Administrative Code rule 653–13.10 concerning standards of practice for performing chemical abortions. On August 30, 2013, Respondents held a public hearing concerning the Petition. At the hearing, Petitioners voiced their objections to the proposed rule change. According to Petitioners, an attorney for Planned Parenthood attended that hearing and "requested a stay of the rule's effective date pending Planned Parenthood of the Heartland's ability to seek judicial review of the Board's action." Affidavit of Mike Falkstrom at 2.

On September 27, 2013, Respondents issued a formal statement announcing they had adopted and filed rule 653–13.10, which includes nearly word for word the provisions set forth in the petition for rule change. The new rule reads:

> **653–13.10(147,148,272C) Standards of practice—physicians who prescribe or administer abortion-inducing drugs.**
>
> **13.10(1)** *Definition.* As used in this rule:
> *"Abortion-inducing drug"* means a drug, medicine, mixture, or preparation, when it is prescribed or administered with the intent to terminate the pregnancy of a woman known to be pregnant.
>
> **13.10(2)** *Physical examination required.* A physician shall not induce an abortion by providing an abortion-inducing drug unless the physician has first performed a physical examination of the woman to determine, and document in the woman's medical record, the gestational age and intrauterine location of the pregnancy.
>
> **13.10(3)** *Physician's physical presence required.* When inducing an abortion by providing an abortion-inducing drug, a physician must be physically present with the woman at the time the abortion-inducing drug is provided.
>
> **13.10(4)** *Follow-up appointment required.* If an abortion is induced by an abortion-inducing drug, the physician inducing the abortion must schedule a follow-up appointment with the woman at the same facility where the abortion-inducing drug was provided, 12 to 18 days after the woman's use of an abortion-inducing drug to confirm the termination of the pregnancy and evaluate the woman's medical condition. The physician shall use all reasonable efforts to ensure that the woman is aware of the follow-up appointment and that she returns for the appointment.

> **13.10(5)** *Parental notification regarding pregnant minors.* A physician shall not induce an abortion by providing an abortion-inducing drug to a pregnant minor prior to compliance with the requirements of Iowa Code chapter 135L and rules 641—89.12(135L) and 641—89.21(135L) adopted by the public health department.

Iowa Board of Medicine, *Iowa Board of Medicine's Statement on Adopted and Filed Rule ARC 1034C* 4–5 (Sept. 27, 2013), *available at* http://www.medicalboard.iowa.gov/ [hereinafter *Board Statement*]; Admin. Rec. at 91–92.

On September 30, Petitioners filed a Petition for Judicial Review and Motion to Stay the enactment of rule 653–13.10, which is currently set to go into effect November 6, 2013.

II. STANDARD OF REVIEW

Section 17A.19 of the Iowa Code governs judicial review of administrative agency action. The district court acts in an appellate capacity to correct errors of law on the part of the agency. *Meyer v. IBP, Inc.*, 710 N.W.2d 213, 219 (Iowa 2006). "A preliminary, procedural or intermediate agency action is immediately reviewable if all adequate administrative remedies have been exhausted and review of the final agency action would not provide an adequate remedy." Iowa Code § 17A.19(1); *see also Riley v. Boxa*, 542 N.W.2d 519, 521 (Iowa 1996).

With respect to motions to stay the execution of an agency action, "the agency may grant a stay on appropriate terms or other temporary remedies during the pendency of judicial review." Iowa Code § 17A.19(5)(a). However, where the agency refuses to do so, "or application to the agency for a stay or other temporary remedies is an inadequate remedy," the requesting party may petition the district court for a stay. *Id.* § 17A.19(5)(c).

> To determine whether a stay should be entered, the court must consider and balance the following factors:
>
> (1) The extent to which the applicant is likely to prevail when the court finally disposes of the matter.

> (2) The extent to which the applicant will suffer irreparable injury if relief is not granted.
>
> (3) The extent to which the grant of relief to the applicant will substantially harm other parties to the proceedings.
>
> (4) The extent to which the public interest relied on by the agency is sufficient to justify the agency's action in the circumstances.
>
> It is the applicant's burden to present evidence establishing the prerequisites for the stay.

Snap-On Tools Corp. v. Schadendorf, 757 N.W.2d 339, 342 (Iowa 2008) (internal citations omitted).

"Iowa Code section 17A.19(5) 'plainly makes the issuance of [a] stay discretionary.'" *Grinnell College v. Osborn*, 751 N.W.2d 396, 398 (Iowa 2008) (quoting *Teleconnect Co. v. Iowa State Commerce Comm'n*, 366 N.W.2d 511, 513 (Iowa 1985)). "If the court determines that relief should be granted from the agency's action on an application for stay or other temporary remedies, the court may . . . issue an order denying a stay, granting a stay on appropriate terms, or granting other temporary remedies." Iowa Code § 17A.19(5)(d).

III. MERITS

First, the Court makes clear that this ruling is extremely narrow in scope. At this stage, Petitioners ask the Court to temporarily prevent rule 653–13.10 from going into effect on November 6, 2013 pending resolution of their action in court. This ruling does not, in any way, decide the merits of Petitioners' constitutional and other claims.

A. Exhaustion of Administrative Remedies

In their Resistance, Respondents first argue that Petitioners failed to exhaust their remedies at the agency level before seeking judicial review, and that their failure to do so deprives the Court of jurisdiction to grant a stay pending judicial review. Respondents further

argue that if Petitioners did exhaust their administrative remedies by orally requesting a stay at the August 30, 2013 hearing, the request was insufficient. Respondents contend that this Court's review therefore should be limited solely to whether the Board's denial of that request was appropriate. Petitioners argue that they were not required to exhaust their administrative remedies before seeking a stay pending judicial review, and that even if they were, their oral request at the August 30, 2013 hearing was sufficient.

The "exhaustion doctrine" is "an expression of administrative autonomy and a rule of sound judicial administration." *Pro Farmer Grain, Inc. v. Iowa Dep't of Agric. & Land Stewardship*, 427 N.W.2d 466, 496 (Iowa 1988). "[An Administrative] agency has been legislatively created as an entity vested with its own powers and duties. It should be free to work out its own problems, and courts should not interfere with its work until the agency has completed its task." *Id.* The exhaustion doctrine requires that "administrative remedies . . . be exhausted before an aggrieved party is entitled to judicial review of an administrative decision." *Riley*, 542 N.W.2d at 521.

> Two conditions must be met before we apply the doctrine: an adequate administrative remedy must exist for the claimed wrong, and the governing statutes must expressly or impliedly require the remedy to be exhausted before allowing judicial review. An exception to the doctrine is applied when the administrative remedy is inadequate or its pursuit would be fruitless.

Id. (internal citations and quotation marks omitted). "The district court is deprived of jurisdiction over the case if administrative remedies are not exhausted." *Johnson v. Dep't of Corrs.*, 635 N.W.2d 487, 488 (Iowa Ct. App. 2001).

Here, Petitioners were not required to do anything further to exhaust administrative remedies before petitioning the Court for a stay. The only regulation relevant to the granting of a stay under Chapter 653 of the Iowa Administrative Code is rule 25.27, which provides that

"[a]ny party to *a contested case proceeding* may petition the board for a stay of an order issued in that proceeding or for other temporary remedies, pending review by the board or pending judicial review." Iowa Admin. Code r. 653–25.27(1). As defined in Iowa Code section 17A.2, a "contested case" is "a proceeding including but not restricted to ratemaking, price fixing, and licensing in which the legal rights, duties or privileges of a party are required by Constitution or statute to be determined by an agency after an opportunity for an evidentiary hearing." Neither the Board's decision to adopt a rule, nor a request to stay the implementation of that rule, falls within the definition of a "contested case proceeding."

The Court finds no other provision in Iowa Administrative Code Chapter 653 governing requests for stays specific to the implementation of a rule promulgated by the Board, and the Parties have not provided one. Therefore, there was no adequate "remedy" available to Petitioners; they are specifically requesting a stay of the implementation of rule 653–13.10, and Chapter 653 does provide them an avenue through which they could have effectively requested a stay of the implementation of that rule until they filed for judicial review. Accordingly, because there are no administrative remedies to exhaust, Petitioners are permitted to request a stay pending judicial review from the Court pursuant to Iowa Code section 17A.19. *See Portz v. Iowa Bd. Of Med. Exam'rs*, 563 N.W.2d 592, 593 (Iowa 1997) ("[A] party aggrieved by agency action is not required to exhaust a review procedure that is not provided by agency rules."). This result respects and is consistent with the purpose of the exhaustion doctrine; here, the Board has "completed its task"—it enacted rule 653–13.10. The Court in no way interferes with the Board's ability to enact the rule; the Court is merely exercising its authority to review rule 653–13.10, as permitted by Iowa Code section 17A.19.

Respondents' fear that considering Petitioners' request will stifle the Board's rulemaking

authority is unavailing. That is, after all, the purpose of judicial review—to provide aggrieved persons the ability to bring their grievances before a judicial body. The Court is not convinced that allowing an aggrieved party to petition a district court for a stay of the implementation of a rule will chill administrative agencies' ability to promulgate rules. A petitioner must meet the fairly burdensome requirements of Iowa Code section 17.A.19(5)(c) before a stay will be granted, and a court will only grant that stay if the claim is meritorious. Courts do not simply uniformly defer to the rulemaking authority of administrative agencies out of respect for that authority. Where a citizen challenges a rule, the courts' duty is the exact opposite—to hear the claims of that aggrieved citizen and grant relief if warranted. The Court is not persuaded that the Iowa Board of Medicine is so bashful that it would utterly cease to make rules for fear they could be challenged in court. Just as the Iowa Legislature's duty is to make law, one of the Board of Medicine's administrative duties is to create rules, and the Court is confident it will continue to do so successfully despite challenges and requests for stays by aggrieved parties.

Even if Petitioners were somehow required to first request a stay from the Board, the Court finds that their oral request at the August 30, 2013 hearing was sufficient. Chapter 653 of the Iowa Administrative Code does not provide a procedure for requesting a stay of the implementation of a rule created by the Board. Therefore, there are no formal requirements the request must adhere to. Respondents argue that Petitioners' oral request would be insufficient, but provide no legal authority whatsoever for that conclusion. The Court finds that even if a request for a stay was required, Petitioners exhausted their administrative remedies by orally requesting a stay at the August 30, 2013 hearing, which was sufficient to put the Board on notice of the request. The Court further finds that the Board's failure to act on that request operated as a rejection, thus making proper Petitioners' request for a stay pending judicial review from the

Court.

Having found that Petitioners were not required to exhaust their administrative remedies prior to requesting a stay from the Court, the Court finds that it has jurisdiction over this matter and considers Petitioners' motion on the merits.

B. Motion to Stay

In determining whether to grant a stay of agency action, the Court must consider each of the four factors provided in Iowa Code section 17A.19(5)(c). While Respondents are correct that "Petitioners must establish that the four statutory considerations for determining whether the Court should stay the agency action subject to a judicial review proceeding balance in favor of granting a stay," Resistance at 3, the strength or weakness of any single factor is not outcome determinative. Rather, the factors, when considered as a whole, must weigh in favor of granting a stay, even if some factors are far weaker than others. *See Grinnell*, 751 N.W.2d at 402 (recognizing that the "balance of hardships" must favor granting the stay, even if a single factor is not convincing, and that "more of one factor excuses less of another factor").

i. Petitioners' Likelihood of Success

First, the Court considers "[t]he extent to which the applicant is likely to prevail when the court finally disposes of the matter." Iowa Code § 17A.19(5)(c)(1). "This factor does not describe the degree of likelihood of prevailing, *but only requires the court to consider and balance the extent or range of the likelihood of success*." *Grinnell*, 751 N.W.2d at 402 (emphasis added). "A stay can be granted where the likelihood of success is not high but the balance of hardships favors the applicant." *Id.* (internal quotation marks omitted); *see also Annett Holdings, Inc. v. Pepple*, 823 N.W.2d 418, *2 (Table) (Iowa Ct. App. 2012) ("The applicant need not show that it will eventually prevail in judicial review, but the court will consider the extent or range of

the likelihood of success . . . Proof of one factor can excuse another that is lacking and ultimately, the stay can be granted when the balance of hardships weigh in favor of the applicant.").

Petitioners challenge rule 653–13.10 on four separate grounds: (1) the adoption and implementation of rule 653–13.10 is "inconsistent with the agency's prior practice or precedents"; (2) in adopting rule 653–13.10, the Board was "motivated by an improper purpose"; (3) rule 653–13.10 violates Article 1 of the Iowa Constitution—specifically, its guarantees of liberty, equality, and due process of law; and (4) rule 653–13.10 violates the Fourteenth Amendment of the United States Constitution. Reply at 4 (internal quotation marks omitted). It is clear from the case law cited above that the Court should not, at this stage, consider whether Petitioners are *actually* likely to succeed on each of these claims; rather, with respect to Iowa Code Section 17A.19(5)(c)(1), Iowa courts generally only consider whether Petitioners have a viable claim and whether litigation would actually be worthwhile. Surely, Petitioners need not provide evidence that they will definitely succeed, for that would thwart the very purpose of having a subsequent judicial review proceeding. If that were the standard, the Court essentially would be ruling on the merits of Petitioners' claim, rather than the merits of their request for a stay.

The Court, then, will not discuss each argument individually, and will instead consider whether "the balance of hardships favors the applicant." Aside from the argument that its rulemaking authority will be hampered (which this Court finds unconvincing), the Board will not incur any "hardship" whatsoever; Petitioners, however, will. Petitioners have demonstrated that denying a stay at this time would unduly interfere with the relationships between physicians who provide telemedicine abortions and their patients who would be unable to obtain an abortion

absent that procedure. The Court also finds compelling in this case the incidental effect of denying this motion on women seeking an abortion, but who would be unable to do so if required to meet with the abortion provider in person. This could delay such women's ability to obtain a chemical abortion past the date where chemical abortions are prohibited, and force them to consider having a surgical abortion, or even forgo having an abortion altogether.

If the Court is truly "balancing the hardships" of the parties, and not assessing whether Petitioners will inevitably succeed on their constitutional claims, this factor undoubtedly favors granting a stay in this case. The Court bears in mind that even if weaker than the other factors, "more of one factor excuses less of another factor." *Grinnell*, 751 N.W.2d at 402. The Court finds that the first factor weighs in favor of granting a stay in this case.

ii. Threat of Irreparable Harm to Petitioners if Denied

Second, the Court must consider "[t]he extent to which the *applicant* will suffer irreparable injury if relief is not granted." Iowa Code § 17A.19(5)(c)(2) (emphasis added). Petitioners argue that implementation of rule 653–13.10 will effectively end abortion services at ten of Planned Parenthood's fifteen locations, which will in turn harm Planned Parenthood's patients, specifically in rural areas, by denying them access to abortion services. Respondents counter that rule 653–13.10 does not end access to abortion altogether—women can still seek such services at the five remaining clinics in Iowa, or alternatively, Planned Parenthood can offer in-person abortion services at its ten other clinics. Planned Parenthood claims that staffing those locations with physicians willing to perform abortions is not a viable alternative due to the lack of physicians willing to provide abortion services.

The irreparable injury must be "certain and actual"; "[m]ere allegations of 'irreparable injury' have 'no value since the court must decide whether the harm will in fact occur.'"

Grinnell, 751 N.W.2d at 403 (quoting *Wisc. Gas Co., v. Fed. Energy Regulatory Comm'n.*, 758 F.2d 669, 674 (D.C. Cir. 1985)). Iowa Courts require "an irreparable injury of substantial dimension." *Salsbury Labs. v. Iowa Dep't of Envtl. Quality*, 276 N.W.2d 830, 837 (Iowa 1979).

While the Court considers seriously Petitioners' concerns regarding their patients' access to abortion services, the Court is limited to assessing the specific injury to the Petitioners themselves—not their patients. However, while the Court finds that denying this stay would likely not result in substantial or irreparable harm to Planned Parenthood or Dr. Meadows directly, denying the stay would cause irreparable harm to Petitioners' ability to care for their patients. If Dr. Meadows was prohibited from offering telemedicine abortion services, she would not be able to provide her patients across Iowa with the medical care that she deems most appropriate.

As Petitioners point out, a chemical abortion must be performed within sixty-three days of pregnancy. Given that this action will undoubtedly not reach its conclusion until well past sixty-three days from November 6, 2013, Petitioners would be denied the ability to adequately care for those patients seeking abortion services at the ten clinics unable to provide those services, and would therefore be unable to care for their patients within the authority of their sound medical judgment and expertise. The Court is persuaded that the difficulty of providing abortion services in Iowa—especially rural Iowa—is exacerbated due to the fact that so few physicians in Iowa are willing to or capable of performing such services. Merely finding physicians to staff those ten facilities does not appear to be as simple a task as Respondents suggest.

Accordingly, the Court finds that this factor weighs in favor of granting a stay in this case.

iii. Threat of Harm to Respondents if Granted

Third, the Court must consider "[t]he extent to which the grant of relief to the applicant will substantially harm other *parties* to the proceedings." Iowa Code § 17A.19(5)(c)(3) (emphasis added). Respondents argue that "[a] grant of a stay in this case would unduly limit the Board's ability to carry out its statutory duty to set standards of practice through rulemaking." As the Court stated above, this concern is minimal at best, and more than likely nonexistent. Respondents do not identify any additional harms the Board would suffer if this stay is granted. Therefore, the third factor weighs substantially in favor of granting a stay in this case.

iv. Public Interest

Last, the Court must consider "[t]he extent to which the public interest relied on by the agency is sufficient to justify the agency's action in the circumstances." Iowa Code § 17A.19(5)(c)(4). Respondents argue that "the interests of these petitioners in reversing state law . . . for their own benefit cannot trump the interests of the State in protecting its citizens through the regulation of professions. A stay of the Board's rule would jeopardize the public's interest in receiving adequate health care." Resistance at 11. Petitioners contend that Respondents did not rely on any public interest in adopting rule 653–13.10, and that the rule's sole purpose is "to prevent women in rural areas of Iowa from receiving timely access" to abortion services. Reply at 10.

In this case, the "public interest" prong does not address the public's interest in abortion generally; it is narrowly limited to the interest on which the Board relied in adopting rule 653–13.10, which is set forth in the Respondents' brief and the Board's September 27, 2013 Statement. In their brief, the public interest on which Respondents rely is ensuring "safe" and "adequate healthcare." *See* Resistance at 11. Under the "PRINCIPAL REASONS PRESENTED

IN SUPPORT OF THE RULE" section of the Board's Statement, the Board's stated reason for adopting this rule is "[t]o protect the health and safety of patients." *Board Statement*, *supra*, at 1; Admin. Rec. at 93.

According to Petitioners, over 5000 women have accessed Planned Parenthood's telemedicine abortion services since they were first offered in 2008, and of those 5000 patients, there have been no negative incidents reported involving the telemedicine abortion procedure. Respondents have not supplied the Court with any evidence whatsoever that telemedicine abortions are unsafe or negatively impact patient health.

In its Statement, the Board indicates several areas of concern with respect to telemedicine abortion: "the quality and sufficiency of the physical examination being performed prior to a medical abortion"; "the quality of the ultrasound that is being performed prior to a medical abortion"; and "whether clinic staff members providing the ultrasounds are actually qualified to produce useful images to sufficiently rely upon for diagnostic purposes." *Board Statement*, *supra*, at 3; Admin. Rec. at 95. The Board also suggests that the physician-patient relationship between the physicians providing the service and the woman seeking a telemedicine abortion is hindered because there is no in-person meeting either before or after the procedure. *Board Statement*, *supra*, at 4; Admin. Rec. at 96.

While the Court acknowledges the Board's expertise in regulating the provision of medical care in Iowa, the Court is not entirely persuaded that rule 653–13.10 achieves its goal in ensuring the safe and healthy administration of healthcare services. With respect to the lack of an in-person meeting, it is peculiar, as Petitioners point out, that the Board would mandate this for abortion services and not *any other* telemedicine practices in Iowa. There is simply no evidence the Court can rely on to come to the conclusion that the telemedicine abortion procedures, which

have been offered for five years without issue, do not "protect the health and safety of patients."

Further, the Court strains to understand how *decreasing* the number of apparently effective and safe abortion services offered to Iowa women pending the resolution of this case supports the public's interest in receiving "adequate" healthcare. If anything, the opposite is true; women who would be unable to attend one of the five remaining clinics that could maintain chemical abortion services despite the implementation of rule 653–13.10 would *not* receive adequate healthcare as they would likely be unable to access those services. According to Petitioners, this new rule "will force women in these areas to confront the logistics of [*sic*] llengthy travel, the additional financial burdens, child care logistics, and time off work, necessary to get to one of the remaining clinics." And as discussed above, denying access to telemedicine abortion would only increase the need for surgical abortion, which is much more invasive and risky. Women may even choose to self-terminate their pregnancies if they are left with no other option, which is undoubtedly the least safe method of abortion. In light of the hardships such woman would face, the Court is not convinced that the public's interest in promoting safe, healthy, and adequate medical services in Iowa is furthered by rule 653–13.10.

Having duly considered each of the four factors of Iowa Code section 17A.19(5)(4), the Court finds that these factors weigh in favor of granting a temporary stay in this case.

IV. ORDER

IT IS THE ORDER OF THE COURT that the Motion for Stay Pending Judicial Review of Agency Action is **GRANTED**. The effective date of Iowa Administrative Code rule 653–13.10, is hereby **STAYED** and will remain enjoined pending resolution of the Petition for Judicial Review.

IT IS SO ORDERED this 5th day of November, 2013.

State of Iowa Courts

Type: OTHER ORDER

Case Number	**Case Title**
CVCV046429	PLANNED PARENTHOOD V. IOWA BOARD OF MEDICINE

So Ordered

Karen A. Romano, District Court Judge,
Fifth Judicial District of Iowa