STATE OF WISCONSIN	CIRCUIT COURT BRANCH _____	DANE COUNTY

PLANNED PARENTHOOD OF WISCONSIN,
302 North Jackson Street
Milwaukee, WI 53202,

NATALEE HARTWIG,
Planned Parenthood Madison East Health Center
3706 Orin Road
Madison, WI 53704

JOSEPHINE KRIZEK,
Planned Parenthood Green Bay Health Center
2605 S Oneida Street, Suite 107
Green Bay, WI 54304

KATHERINE SIMONS,
Planned Parenthood Madison East Health Center
3706 Orin Road
Madison, WI 53704

ALLISON LINTON,
Planned Parenthood of Wisconsin
302 North Jackson Street
Milwaukee, WI 53202,

Plaintiffs,

v.

Case No. 2026-CV-_____
Case Code: 30701
Declaratory Judgment

ISMAEL OZANNE,
DANE COUNTY DISTRICT ATTORNEY,
215 South Hamlin Street, #3000
Madison, Wisconsin 53703,
As a Representative of a Class of All District Attorneys Statewide,

GREGORY SCHMELING,
SUMEET GOEL,
EMILY YU,
MILTON BOND, JR.,
CLARENCE CHOU,

CALLISIA CLARKE,
KRIS FERGUSON,
DIANE GERLACH,
STEVEN LEUTHNER,
LUBNA MAJEED-HAQQI,
EMILY RUUD,
DERRICK SIEBERT,
and
ROBERT GRIBBLE,
MEMBERS OF THE MEDICAL EXAMINING BOARD,
4822 Madison Yards Way
Madison, WI 53705

and

JENNIFER MALAK,
AMANDA KANE,
PATRICK MCNALLY,
JOHN ANDERSON,
SARAH BRZOZOWSKI,
TINA DEGROOT,
CRAIG REINBOLD,
and
CHRISTIAN SALDIVAR FRIAS,
MEMBERS OF THE BOARD OF NURSING,
4822 Madison Yards Way
Madison, WI 53705

Defendants (All Named in Official Capacity).

COMPLAINT

Plaintiffs, by and through their undersigned attorneys, bring this complaint against the above-named Defendants and allege the following:

NATURE OF ACTION

1. This is an action for declaratory and injunctive relief challenging the constitutionality of several Wisconsin laws and a related regulation that, individually

and collectively, restrict access to abortion services within the State of Wisconsin in violation of the Wisconsin Constitution: Wis. Stat. §§ 940.15(5), 253.10(3)(b)-(c), 253.105(2) and (3), 253.107, and Wis. Admin. Code § Med. 11.03 (the "Access Restrictions").

2. Deciding whether and when to have a child is a cornerstone of personal liberty and bodily autonomy. When a person becomes pregnant, whether to carry the pregnancy to term or seek an abortion is a deeply personal decision with profound implications for every aspect of that person's life.

3. Wisconsin has limited the class of medical professionals authorized to provide abortion services, placing unique and medically unnecessary restrictions on women's ability to obtain health care, which Plaintiff Planned Parenthood of Wisconsin, Inc. ("PPWI") and the individual Provider Plaintiffs—Natalee Hartwig, Josephine Krizek, Katherine Simons, and Allison Linton—offer to patients.

4. Wisconsin Statute section 940.15(5), makes it a Class I felony for anyone who is not a physician to perform an abortion.

5. Likewise, Wisconsin Administrative Code section Med 11.03 prohibits anyone but physicians from providing an abortion.

6. Other statutes also prevent non-physicians from providing abortion-related care, including by requiring the physician who prescribes or provides medication for abortion to be the same physician who conducts the required physical exam of the patient, a violation of which is also punishable as a Class I felony. Wis. Stat. § 253.105(2)(a) and (3). In addition, a physician must assess whether consent is

"voluntary and informed" from the patient and provide certain information to the patient in advance. Wis. Stat. §§ 253.10(3)(b), (c)1.

7. Through various statutes, the Physician-Only Restriction prevents Advanced Practice Clinicians (APCs) including Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PAs) from providing health care that is within their education, training, and skill.

8. The Physician-Only Restriction needlessly prevents APCs from providing the exact same healthcare that they routinely provide in other contexts in the specific context of an abortion. This includes obtaining voluntary and informed consent, performing physical examinations, prescribing safe and common medications, and more.

9. The statutes also mandate a unique and medically unnecessary 24-Hour Delay for abortion care. Under section 253.10(3)(c)1., a physician must obtain "informed" consent from the patient "at least 24 hours before the abortion is to be performed or induced." In addition, the physician, or a "qualified person" assisting the physician must provide certain information to the patient at least 24 hours before the physician performs the abortion. Wis. Stat. § 253.10(3)(c)2. And Wisconsin law also requires a mandatory 24-hour delay after a patient is physically examined by a physician before the appointment for abortion. Wis. Stat. § 253.105(2)(a).

10. Each of these Access Restrictions substantially curtails the availability of abortion care within the State of Wisconsin (the "State") with no adequate justification for doing so. Each provision, therefore, violates the rights of Wisconsin women to

liberty and bodily autonomy under Article I, Section 1 of the Wisconsin Constitution, which encompasses the right to decide when and whether to carry a pregnancy to term.

11. The Access Restrictions also infringe on providers' right to liberty under Article I, Section 1 of the Wisconsin Constitution, which encompasses the fundamental right to practice their chosen profession to the fullest extent of their education, training, and skill.

12. In addition, the Access Restrictions infringe on patients' equal protection rights under Article I, Section 1 of the Wisconsin Constitution. The Access Restrictions treat women differently from men and treat people seeking abortion differently from people seeking other pregnancy-related health care.

13. Similarly, the Access Restrictions infringe on providers' equal protection rights under Article I, Section 1 of the Wisconsin Constitution by preventing providers from caring for their patients to the fullest extent of their education, training, and skill for the sole reason that their patients are overwhelmingly women and choosing to terminate a pregnancy.

14. The Access Restrictions operate both independently and in concert with each other to infringe on the state constitutional rights of Plaintiffs and their patients.

PARTIES

15. Plaintiff Planned Parenthood of Wisconsin ("PPWI") is a non-profit corporation incorporated in Wisconsin whose mission is to empower all individuals to manage their sexual and reproductive health through patient services, education, and advocacy.

16. Planned Parenthood of Wisconsin operates 18 physical health centers within the State of Wisconsin as well as a virtual health clinic.

17. Planned Parenthood of Wisconsin provides a broad range of sexual, reproductive, and other critical preventive health services to patients throughout Wisconsin. These services include, but are not limited to: annual gynecological exams; screening for cervical and breast cancer; family planning counseling; contraceptive services; pregnancy testing and counseling regarding pregnancy options (including carrying to term and raising a child, placing the child for adoption, or abortion); miscarriage management; referrals for adoption; prenatal consultation; colposcopies; endometrial and vulvar biopsies; vasectomies; screening, diagnosis, and treatment of urinary, vaginal, and sexually transmitted infections; and HIV testing.

18. Planned Parenthood of Wisconsin employs 34 APRNs, including seven Certified Nurse Midwives (CNMs).

19. Restrictions on the ability of Wisconsinites to manage their sexual and reproductive health, as well as their staff to provide such care to the fullest extent of their education, training, and skill, threaten PPWI's mission and work.

20. Planned Parenthood of Wisconsin sues on behalf of itself, its staff, and its patients.

21. Plaintiff NATALEE HARTWIG is an APRN with a Certified Nurse Midwife ("CNM") specialty designation, which means that she is broadly authorized to provide care independently, including being authorized by the Wisconsin Board of Nursing to prescribe medications independently. She holds a Master of Science in

Nursing from Marquette University, where she participated in the Nurse-Midwifery Program. She is a clinician with PPWI who has previously served as Associate Director of Clinical Services and Lead Clinician for abortion services. Hartwig resides in Dane County and treats patients primarily at PPWI's Madison East health center. Among other services, she provides abortion-related services like sedation and recovery room care after the procedure; treats early pregnancy complications; provides miscarriage management; and performs intrauterine device ("IUD") insertions. She also trains other nurses in their provision of abortion-related care, such as administering sedation prior to an abortion and offering recovery room care. Over the past five years, Hartwig has provided both medication and procedural (aspiration) abortions in Illinois, where state law permits her to do so.

22. Plaintiff JOSEPHINE KRIZEK is a certified APRN with a Nurse Practitioner specialty designation. She holds a Bachelor of Science in Nursing from the University of Wisconsin-Madison and a Doctor of Nursing Practice from the University of Washington. She is a Lead Clinician with PPWI overseeing multiple Milwaukee health centers. Krizek resides in Brown County and spends about half of her time seeing patients at PPWI health centers in northeastern Wisconsin, and the other half of her time in her administrative role as a Lead Clinician. Her duties as a Lead Clinician include implementing new protocols, standards, and guidelines; providing clinical support to Center Managers and Regional Directors; interviewing, hiring, training, and evaluating clinicians; and more. Krizek provides a wide range of reproductive health care, including IUD insertions, miscarriage evaluation, endometrial biopsies, and more.

Krizek began her career as a nurse practitioner at Planned Parenthood of the Pacific Southwest in San Diego, California, where she routinely provided medication abortions and assisted with procedural abortions.

23. Plaintiff KATHERINE SIMONS is a certified Advanced Registered Nurse Practitioner (ARNP) with a Nurse Practitioner specialty designation. She holds a Bachelor of Science in Nursing from the University of Wisconsin-Milwaukee and a Doctor Nursing Practice from the University of Wisconsin-Eau Claire. Simons resides in Dane County. She is PPWI's Lead Clinician for specialty services, which include abortion care. In her role as Lead Clinician for abortion services, Simons trains physicians, nurses, and staff regarding PPWI's abortion-related protocols; provides training on performing and interpreting ultrasounds; provides training on miscarriage management services; and conducts audits to ensure that PPWI's medical staff abides by PPWI's protocols. In addition, she sees patients at PPWI's Madison East health center, where she provides reproductive health care including miscarriage management, ultrasounds, IUD insertions, sedation, and post-abortion care. Simons previously worked at Planned Parenthood of the Pacific Northwest in Seattle, where she routinely provided medication abortions.

24. Hartwig, Krizek, and Simons all wish to provide abortion care to their patients. If it were legal, they would promptly begin providing abortion care to the fullest extent of their education, training, and skills.

25. Plaintiff ALLISON LINTON, M.D., MPH, is a board-certified obstetrician-gynecologist (OB-GYN) with a focus on family planning who works in Milwaukee and

is the Chief Medical Officer of Planned Parenthood of Wisconsin. At PPWI, she provides a wide range of reproductive health care, including abortion care, and oversees other practitioners providing such care. Dr. Linton completed her undergraduate education at New York University. She completed medical school, an obstetrics-gynecology residency, a two-year Complex Family Planning Fellowship, and a Masters of Public Health at Northwestern Medicine's Feinberg School of Medicine.

26. Plaintiffs Hartwig, Krizek, Simons, and Linton all sue on behalf of themselves and their patients.

27. Defendant ISMAEL OZANNE is the elected District Attorney for Dane County, Wisconsin. As District Attorney, Mr. Ozanne has the authority to prosecute violations of the Physician-Only Restriction occurring in Dane County. *See* Wis. Stat. §§ 940.15(5), 253.105(3), 978.05(1). He is sued in his official capacity and as the representative of a class of the 71 elected district attorneys representing each of Wisconsin's counties, all of whom are sued in their official capacity. Because violations of the Access Restrictions or elements of such violations could be alleged to occur in other Wisconsin counties, criminal charges alleging such a violation could be brought by district attorneys throughout the State. The class of defendant district attorneys is so numerous that joinder of all members of that class as defendants is impracticable. The named defendant will fairly and adequately protect the interests of the class. Certification of a class of district attorneys represented by Mr. Ozanne is, therefore, warranted.

28. Defendants Gregory Schmeling, Emily Yu, Milton Bond, Jr., Clarence Chou, Callisia Clarke, Kris Ferguson, Diane Gerlach, Steven Leuthner, Lubna Majeed-Haqqi, Emily Ruud, Derrick Siebert, Danny Walker, and Robert Gribble are members of the Medical Examining Board. As such, they are responsible for, among other things: promulgating regulations; establishing certain licensing requirements to practice medicine and surgery; granting licenses to practice medicine and surgery in the State of Wisconsin; investigating allegations of violations of regulations and statutes related to the practice of medicine, unprofessional conduct, and negligence in treatment; conducting hearings on such alleged misconduct; and disciplining licensees who engage in misconduct. Wis. Stat. §§ 15.08(5), 448.02. Each of these individuals is sued in their official capacity.

29. Defendants Jennifer Malak, Amanda Kane, Patrick McNally, John Anderson, Sarah Brzozowski, Tina DeGroot, Craig Reinbold, and Christian Saldivar Frias are members of the Board of Nursing. As such, they are responsible for, among other things, promulgating regulations, establishing certain licensing requirements for nursing in Wisconsin, granting professional nursing licenses in the State, investigating alleged violations of Chapter 441 or rules promulgated thereunder; conducting hearings on such alleged violations; and disciplining licensees who violate statutes related to the practice of nursing or rules or engage in other forms of misconduct. Wis. Stat. §§ 15.08(5), 441.01, 441.06, 441.07. Each of these individuals is sued in their official capacity.

JURISDICTION AND VENUE

30. This Court has jurisdiction over the subject matter of this dispute pursuant to Article VII, Section 8 of the Wisconsin Constitution and Wisconsin Statute section 753.03, which provide for subject matter jurisdiction over all civil matters within this state.

31. Plaintiffs' action for declaratory judgment and injunctive relief is authorized by Wisconsin Statutes sections 227.40 and 806.05.

32. This Court has personal jurisdiction over all Defendants, which are state officials and employees who perform their work and have their principal places of business in Dane County.

33. Venue is proper in Dane County because it is where two of the individual Plaintiffs reside. Wis. Stat. § 227.40(1).

FACTS

Abortion is Safe and Common

34. Abortion is an extremely common and safe medical procedure in the United States.

35. Abortion is part of comprehensive reproductive health care for women and other individuals who can give birth.[1]

[1] This Complaint refers to the patients affected by the Access Restrictions as "women" for concision and to acknowledge the gendered history of abortion restrictions. However, the population of Wisconsinites who can become pregnant and are affected by the Access Restrictions includes some patients under the age of 18, as well as people who do not identify as women.

36. Nationwide, roughly one out of every four women will have had an abortion by the time she reaches age 45. Approximately 55 percent of women who obtained an abortion previously had at least one birth, and most also plan to have children in the future—for many, when they are older, financially able to provide for them, or in a supportive relationship with a partner.

37. Legal abortions in the United States rarely result in major complications, defined as those requiring hospital admission, surgery, or blood transfusion.

38. The risks associated with pregnancy, labor, and childbirth are generally greater than the risks associated with an abortion.

39. Even in an uncomplicated pregnancy, a patient can experience a wide range of physiological, psychological, emotional, and other consequences. Pregnancy can also exacerbate preexisting health conditions and result in pregnancy-induced medical conditions.

40. Moreover, even in a "normal" or "healthy" pregnancy with no comorbidities or complications, labor and delivery can become dangerous events. For example, increased blood flow to the uterus places the patient at risk of hemorrhage and, in turn, death; a patient may need abdominal surgery resulting in bleeding or infection; and the birth itself can cause significant physical and emotional trauma.

41. The risk of death associated with childbirth is approximately fourteen times higher than that associated with abortion.

42. There are two general methods used to provide abortion in the United States today: medication abortion and procedural abortion. Irrespective of method, both

are considered to be among the safest medical procedures in the United States.

43. The method of abortion that a patient chooses will depend on the gestational age of the pregnancy, whether one method is medically contraindicated, the patient's medical history, and personal preference. For example, some patients may prefer medication abortion over procedural abortion, because they may see it as less invasive or more similar to a miscarriage.

44. Medication abortion is typically performed using a regimen of two prescription drugs: mifepristone and misoprostol.

45. Misoprostol is regularly prescribed and taken, either alone or with mifepristone, to treat spontaneous miscarriage in a manner virtually identical to their prescription and use for abortion.

46. Medication abortion is safe and effective through at least 12 weeks, measured from the patient's last menstrual period (a medically accepted method of measuring pregnancy duration, and the source of all subsequent references to pregnancy duration in this Complaint). Patients who are beyond the point in pregnancy where medication abortion is available have procedural abortion as an option.

47. One common type of procedural abortion is aspiration abortion. For aspiration abortions, a clinician uses instruments and sometimes medication to widen the patient's cervical opening and empty the uterus. Aspiration abortion is a straightforward and brief procedure almost always performed in an outpatient setting. Although aspiration abortion is sometimes referred to as "surgical" abortion, that is a misnomer because it involves no incisions.

48. Although abortion is very safe with exceedingly low rates of complications, delays in receiving an abortion can incrementally increase the risk of complications for the patient and result in other hardships to the patients, such as increased costs and limiting available abortion options.

Planned Parenthood of Wisconsin's Abortion Practice

49. Abortion is legally authorized in Wisconsin up to 21 weeks, 6 days into pregnancy and is available later in limited circumstances to protect the life or health of the pregnant woman.

50. Planned Parenthood of Wisconsin offers medication abortion through 12 weeks, and procedural abortions through 21 weeks, 6 days of pregnancy.

51. Planned Parenthood of Wisconsin provides abortion at three of its 18 health centers: its Madison East health center in Madison, Wisconsin ("Madison East"), its Milwaukee–Water Street health center in Milwaukee, Wisconsin ("Water Street"), and its health center in Sheboygan, Wisconsin. The Madison East and Water Street health centers see abortion patients five days per week, but because abortion patients must have a preliminary visit where they undergo a physical exam and ultrasound, receive information, and provide consent, these facilities offer medication and procedural abortions only two to three days per week, on average. The Sheboygan health center provides only medication abortion approximately one day per week, with a limited number of appointments available those days.

52. Planned Parenthood of Wisconsin does not employ full-time physicians on staff. Its abortion providers are physicians who work part time at PPWI, most of

whom work only one day per week at its health centers.

53. Planned Parenthood of Wisconsin's ability to expand abortion services to other health centers is significantly hampered by the shortage of qualified obstetrician-gynecologists in Wisconsin and nationally, coupled with the Physician-Only Restriction.

The Physician-Only Restriction in Wisconsin

54. Wisconsin's Physician-Only Restriction prohibits all Advanced Practice Clinicians from performing abortions, including medication and procedural abortions.

55. The Physician-Only Restriction is found in several places throughout Wisconsin statutes and regulation.

56. Section 940.15(5) states that "[w]hoever intentionally performs an abortion and is not a physician is guilty of a Class I felony." Failure to have the same *physician* both conduct the required physical exam of the patient and provide medication for the abortion is also a Class I felony. Wis. Stat. § 253.105(2)(a) and (3). Class I felonies in Wisconsin are punishable by imprisonment for up to 3 years and 6 months, a fine up to a $10,000, or both. Wis. Stat. § 939.50(3)(i).

57. In addition, section 253.10(3)(b) requires the *physician* who is to perform the abortion to ensure the patient's consent is *voluntary*. That same physician or another physician must also provide the patient with extensive, statutorily mandated information, ostensibly to ensure her consent is *informed*. Wis. Stat. § 253.10(3)(c)1. Likewise, section 253.10(3)(c)2. requires the physician who is to perform the abortion, another physician, or a "qualified person assisting the physician" to provide additional statutorily mandated information as a part of the "informed consent" process.

58. Section 253.105(2) requires a *physician* to perform a physical examination on a patient at least 24 hours before the patient receives a medication abortion—which the same *physician* must provide.

59. Section 253.107 unnecessarily requires a *physician* to determine the "probable post-fertilization age" of the fetus before providing an abortion, even though PPWI APCs routinely make that determination in non-abortion contexts.

60. Finally, Wisconsin Administrative Code section Med 11.03 states that abortions may only be performed by licensed physicians.

Advanced Practice Registered Nurses and Physician Assistants are Highly Trained and Skilled Medical Providers

61. Advanced Practice Registered Nurses and Physician Assistants, also referred to as "advanced practice clinicians," or APCs, are highly trained, skilled clinicians who meet advanced education, training, examination, and licensing requirements. Both APRNs and PAs provide a broad range of health care across a variety of health care settings.

62. The specific parameters of an APRN's or PA's practice are governed by: (1) statutes, (2) regulations, and (3) each individual clinician's specific training and qualifications. Most APCs in Wisconsin also practice within parameters set by their employer or a collaborative practice agreement with a physician.

63. In Wisconsin, APRN practice is governed by both statute and administrative rules promulgated by the Board of Nursing. Wis. Stat. §§ 15.08, 440.03(1), 441.01, Wis. Admin. Code Chs. N. 2, N. 6–8.

64. Recognizing their advanced training and skill, and the critical role APRNs play in providing care to Wisconsinites, the Wisconsin legislature recently expanded APRN practice authority in the state. 2025 WI Act 17 (the "APRN Modernization Act"). This expansion included providing a path to independent practice for APRNs who have extensive experience beyond what is required for licensure.

65. To qualify for APRN licensure, new candidates for licensure must hold a license as a registered nurse and demonstrate completion of specific graduate or post-graduate level education. Wis. Stat. § 441.09(1)(a).

66. Wisconsin nurses who were certified to issue prescription orders or licensed as nurse-midwives prior to the APRN Modernization Act's September 1, 2026 effective date automatically received APRN licenses and appropriate "specialty designations." Wis. Stat. § 441.09(1)(b)1.b-c. Advanced Practice Registered Nurses each receive one or more of four recognized "specialty designations" based upon their training and qualifications.

67. The specialty designations are: Certified Nurse-Midwife ("CNM"), Wis. Stat. § 441.011(3c); Certified Registered Nurse Anesthetist ("CRNA"), Wis. Stat. § 441.011(3g); Clinical Nurse Specialist ("CNS"), Wis. Stat. § 441.011(3n); and Nurse Practitioner ("NP"), Wis. Stat. § 441.011(3r). Each specialty designation has a statutory scope of practice and related regulations.

68. Advanced Practice Registered Nurses in Wisconsin generally carry prescribing authority (allowing them to directly write patient prescriptions without a physician's sign-off). Wis. Stat. § 441.09(2). Under the Board of Nursing's practice rules,

this includes broad authority to issue prescription orders independently, as appropriate to the APRN's "areas of competence as established by the advanced practice registered nurse's education, training, or experience." Wis. Admin. Code § N 8.06(1). If an individual Wisconsin APRN does not have prescribing authority, that limitation is noted on their license. Wis. Stat. § 441.09(1)(b)5.

69. The practice rules do not prohibit APRNs from prescribing mifepristone and misoprostol. *See* Wis. Admin Code § N. 8.06.

70. Certified Nurse-Midwives have a broad scope of practice that includes "the management of women's health care, pregnancy, childbirth, postpartum care for newborns, family planning, and gynecological services." Wis. Stat. § 441.001(3c). This often includes managing and providing care that is as complex, if not more complex, than abortion care.

71. Nurse Practitioners also have a broad scope of practice that includes "practice in ambulatory, acute, long-term, or other health care settings as a primary or specialty care provider who provides health services, including assessing, diagnosing, treating, or managing acute, episodic, and chronic illnesses." Wis. Stat. § 441.011(3r). This often includes managing and providing care that is as complex, if not more complex, than abortion care.

72. A Certified Nurse-Midwife's or Nurse Practitioner's scope of practice often includes, but is not limited to, advanced physical assessment of patients; selection and performance of diagnostic and therapeutic procedures; order and interpretation of laboratory tests; diagnosis, treatment, and ongoing monitoring of common acute and

chronic clinical conditions; prescription of treatments and therapies; and patient case management and referral to physicians and other specialists—all without on-site physician supervision.

73. In Wisconsin, PA practice is governed by both statute and administrative rules promulgated by the Medical Examining Board. Wis. Stat. §§ 448.973, 448.975, Wis. Admin. Code §§ PA 1–4. To qualify for PA licensure, new candidates for licensure must demonstrate completion of an accredited physician assistant program and pass a national certification examination. Wis. Stat. § 448.974(1)(a), Wis. Admin. Code § PA 2. PAs are required to work under the direction and management of or through a collaborative agreement with a physician. Wis. Stat. § 448.975(2)(a).

Advanced Practice Clinicians in Wisconsin Routinely Provide Critical Health Care that is More Medically Complex than Abortion

74. Consistent with the Board of Nursing's scope of practice guidelines, advanced practice registered nurses in Wisconsin, including the APRNs at PPWI, provide a vast array of critical health care services to patients in the State.

75. At PPWI's 18 health centers, APRNs provide services related to gynecological, pregnancy, childbirth, and post-partum care. For example, all PPWI APRNs provide general reproductive health care services to Wisconsin women, including providing pregnancy options counseling and developing contraceptive plans.

76. Several APRNs at PPWI, including Plaintiffs Hartwig, Krizek, and Simons, regularly provide all legally allowed elements of patient care before and after an abortion, as well as miscarriage management, and are specialized in this type of care

by virtue of their training and experience.

77. Hartwig and Simons date pregnancies by ultrasound for non-abortion care, including early pregnancy complications and miscarriage, and counsel these patients on their options.

78. Hartwig and Simons routinely manage patient care preceding and following an abortion, for example by conducting pre-abortion sedation evaluations, sedation administration during abortions, and providing post-abortion follow-up care, including performing ultrasounds after medication abortions to confirm complete passage of the pregnancy.

79. Advanced Practice Clinicians in Wisconsin, including the APRNs at PPWI, perform many procedures and issue prescriptions in connection with gynecological services, pregnancy, childbirth, and post-partum care that are at least as complex as medication or aspiration abortion care.

80. Wisconsin APRN-CNMs are permitted to, and do, induce labor and provide care during childbirth through procedures that are more complex than aspiration and medication abortion care.

81. Hartwig has experience performing these procedures from employment outside of PPWI. Hartwig has delivered between 200 and 300 babies in her career and has treated several cases of hemorrhage following childbirth.

82. Most significantly in relation to the ability and competence of APRNs to safely provide aspiration abortions, if a patient has retained tissue in her uterus following a miscarriage or an abortion, no law prevents PPWI APRNs from performing

a procedure identical to an aspiration abortion in order to evacuate the uterus to reduce risk of infection and other complications. Such procedures are within their scope of practice, and APRNs need only train with a qualified provider to be able to provide them independently. In fact, aspiration conducted following a miscarriage can involve greater risk of complications and hemorrhage than the controlled context of an aspiration abortion. Because of the Physician-Only Restriction, however, advanced practice nurses are prohibited from performing the same procedure for purposes of an aspiration abortion.

83. Hartwig is privileged to provide aspiration procedures for miscarriage and post-abortion care and has provided this care under the supervision of a physician at PPWI.

84. But for the Physician-Only Restriction, Hartwig could, based on her training and experience, promptly provide aspiration abortion services and other advanced practice nurses at PPWI, including Krizek and Simons, would immediately pursue training to expand their scope of practice to encompass aspiration services.

85. Hartwig, Krizek, and Simons, along with all other APRNs employed by PPWI, routinely obtain voluntary and informed consent from patients—including for procedures that will be performed by another clinician.

86. As a general matter, APCs in Wisconsin prescribe medications and perform procedures that carry greater risks than medication abortion.

87. Advanced Practice Registered Nurses such as Hartwig, Krizek, and Simons are already authorized to, and do, prescribe misoprostol outside the medication

abortion context. For instance, they prescribe misoprostol to prepare a patient's cervix for IUD insertion. When a patient has a miscarriage or has retained tissue in her uterus following an abortion, Wisconsin APRNs also prescribe mifepristone and misoprostol to evacuate the uterus to reduce risk of infection and other complications.

88. But for Wisconsin's Physician-Only Restriction, Hartwig, Krizek, and Simons, and at least two other APRNs at PPWI could, given their training and experience, promptly begin providing medication abortions.

89. Other PPWI APRNs could also begin training to provide medication abortions.

The Physician-Only Restriction is Medically Unjustified

90. The Physician-Only Restriction is medically unnecessary and is not grounded in medically accepted standards of patient care.

91. The Physician-Only Restriction is unjustified because it prohibits APCs from performing medication and aspiration abortions even though they are highly qualified clinicians who, with training and experience, can provide those procedures.

92. The Physician-Only Restriction is also unjustified because it prohibits APCs from providing pre-abortion services that are within their scope of practice, such as obtaining voluntary and informed consent and conducting a physical examination.

93. The existing scope of practice of Wisconsin APCs, as well as consistent study results and guidance from prominent medical and public health authorities, confirm that there is no adequate justification for categorically barring APCs from performing medication and aspiration abortions.

94. The process of performing a medication or aspiration abortion is either less complex or comparable in complexity and skill to miscarriage management, insertion and removal of intra-uterine device birth control, and many aspects of pregnancy care.

95. Other aspects of pregnancy care, as well as labor and delivery, are significantly riskier, more difficult, and more complex than medication and aspiration abortions.

96. Like all health care providers, APCs must always limit the care they provide to that which falls within the scope of their license, training, and experience.

97. There is no other specific medical procedure which the Wisconsin Legislature has specifically decreed APCs may not provide, regardless of the APC's training and expertise.

98. Peer-reviewed studies and leading medical and health authorities have confirmed that properly trained APCs can perform abortion procedures safely and effectively.

99. In a recent comprehensive review of evidence on abortion care in the United States titled, "The Safety and Quality of Abortion Care in the United States," the National Academies of Sciences, Engineering, and Medicine (NASEM)—nonprofit, nonpartisan institutions that serve as independent advisors to the government on matters pertaining to science, engineering, and medicine—cited an extensive body of peer-reviewed research to conclude overwhelmingly that "Both trained physicians (OB/GYNs, family medicine physicians, and other physicians) and APCs . . . can

provide medication and aspiration abortions safely and effectively." NASEM also concluded that state laws and regulations prohibiting advanced practice clinicians from providing abortion care have the effect of "reduc[ing] the availability of providers, resulting in inequitable access to abortion care based on a woman's geography." NASEM further concluded that these restrictions "limit patients' preferences, as patient choice is contingent on the availability of trained and experienced providers[,] . . . impacts patient-centered care, and also negatively affects the efficiency of abortion services by potentially increasing the costs of abortion care as the result of requiring the involvement of a physician to perform a procedure that can be provided safely and effectively by an [advanced practice clinician]."

100. Leading medical authorities, including the American College of Obstetricians and Gynecologists, the American Public Health Association, the World Health Organization, and Physicians for Reproductive Health have concluded that laws prohibiting qualified APCs from providing medication and aspiration abortion services impede access to safe abortion care.

101. The American College of Obstetricians and Gynecologists, a nonprofit, non-partisan professional organization and body that medical professionals rely on for clinical standards, expressly opposes restrictions like the Physician-Only Restriction that limit abortion services to physicians only. Citing several studies, ACOG has found that "there is no significant difference in complication rates for medication abortions performed by APCs and those performed by physicians."

102. The American Public Health Association —the nation's leading nonprofit,

nonpartisan public health organization—similarly recognizes that physician-only requirements are outdated and expressly recommends that advanced practice nurses be permitted to provide both aspiration and medication abortion care.

103. The World Health Organization has likewise confirmed that medication and aspiration abortion can be safely provided by APCs. The WHO explained that health care providers, including advanced practice nurses, "can be trained to perform vacuum aspiration" and that "midlevel health-care providers can also administer and supervise abortion services."

104. Numerous peer-reviewed studies confirm that statutes like Wisconsin's Physician-Only Requirement place a medically unnecessary restriction on abortion care by prohibiting APCs from providing abortion care. These peer-reviewed studies uniformly confirm that APCs can provide medication and aspiration abortions at least as competently as physicians.

105. Studies focused on medication abortion have similarly found that APCs provide medication abortion services as safely as, and perhaps more effectively than, physicians. For example, a 2014 study on the safety and efficacy of medication abortion provided by nurse-midwives (a type of APRN) as compared to physicians "showed the superior efficacy of nurse-midwife provision of early medical [termination of pregnancy] in healthy women, when compared with standard doctor provision." A more recent study of medication abortion, just published in July 2026, similarly found that "APC provision was noninferior to physician provision."

106. In several states across the country (including Wisconsin's neighbors—

Illinois, Michigan, and Minnesota), APCs are already legally permitted to provide both procedural (aspiration) and medication abortion care, and in several additional states they are permitted to provide medication abortions.

The Mandatory 24-Hour Delay in Wisconsin Law

107. Wisconsin's mandatory 24-Hour Delay requires most patients seeking abortion care to attend two appointments. The abortion is provided at the second appointment, which must take place at least 24 hours after providers fulfill multiple statutorily mandated pre-abortion requirements at the first appointment.

108. The requirements for the first appointment include:

a. Obtaining informed consent, see Wis. Stat. §§ 253.10(3)(a), (c)(1);

b. Performing a physical exam on the patient, which in the case of a medication abortion must be done by the same physician that will prescribe and dispense medication abortion to a patient. Wis. Stat. §§ 253.105(2)(a), 253.10(2)(e); and

c. Requiring a physician or "qualified" person to provide the patient with State mandated information on alternatives to abortion. Wis. Stat. §§ 253.10(3)(a), (c)(2).

109. Failure to comply with the mandatory delay requirement can result in statutory penalties ranging from $1,000 to $10,000 as well as civil liability. Wis. Stat. §§ 253.10(5), (6).

The 24-Hour Delay is Medically Unjustified

110. The mandatory 24-Hour Delay is medically unnecessary and is not grounded in medically accepted standards of care.

111. The 24-hour Delay unnecessarily limits access to abortion care for people who need it by conscripting health care providers into enforcing a mandatory waiting period, regardless of how certain a patient is of her decision. The mandatory 24-hour delay period forces patients to needlessly delay time-sensitive abortion care, and in some cases, extinguishes their ability to obtain an abortion in Wisconsin. Often, it also imposes logistical barriers to accessing care.

112. Evidence demonstrates that most patients seeking an abortion are already certain of their decision by the time they present for care and that mandatory delays do not improve patient certainty.

113. Studies have found that mandatory delay laws exacerbate the burdens that patients experience in seeking abortion care, including by increasing costs, prolonging wait times, increasing the risk that patients will have to jeopardize the privacy of their decision in order to access care, and potentially preventing patients from accessing the type of abortion that they seek or extinguishing their ability to obtain an abortion at all.

114. Mandatory waiting periods can place emotional burdens on patients, causing some to experience increased anxiety and distress.

115. Consistent with the professional standard of care, Plaintiffs use a patient-centered approach to discuss pregnancy options, obtain voluntary and informed

consent before any procedure, screen for intimate partner violence, and ensure patients only receive the care they want to receive.

116. Planned Parenthood of Wisconsin does not provide an abortion without confirming that the patient is certain in her decision and that it is voluntary. Any patient who appears to be uncertain is encouraged to take all the time she needs to come to a decision.

117. State law does not require Plaintiffs to enforce a mandatory delay period for other medical procedures in circumstances where a patient is informed about the treatment and consents, including procedures—with comparable or far greater medical risks—provided to men or to women receiving other pregnancy related care.

118. For example, state statutes do not require a patient to wait at least 24 hours before obtaining a vasectomy or impose medically unnecessary prerequisites before obtaining a vasectomy.

119. Women are not legally required to wait to implement any decisions that they make related to *continuing* their pregnancies.

The Access Restrictions Harm Plaintiffs and their Patients

120. The Access Restrictions delay and at times, result in the denial of abortion care to women, including by significantly impairing PPWI's ability to provide—and patients' ability to obtain—time-sensitive health care.

121. Deciding whether and when to have a child is a cornerstone of personal liberty and bodily autonomy.

122. Pregnancy, childbirth, and childrearing transform a woman's body and mind and can place her physical and mental health at risk.

123. Whether to seek an abortion or carry a pregnancy to term is a deeply personal decision that can have profound implications for every aspect of a woman's life.

124. Patients may decide to seek an abortion for a variety of personal reasons, including medical, familial, and financial concerns guided by their individual health, values, and circumstances. And many patients do so for more than one reason.

125. Patients who seek abortions include patients who planned their pregnancy but then faced a high-risk pregnancy jeopardizing their health, life, ability to care for their existing children, or their ability to have children in the future.

126. People from all walks of life seek abortion care every year. However, as the University of Wisconsin Collaborative for Reproductive Equity has identified, women living in or near poverty, women experiencing housing instability, and women of color are all disproportionately likely to require abortion care due to long-standing systemic inequities and other social determinants of health.

127. Because of the Access Restrictions, patients who need an abortion but do not live near Milwaukee, Madison, or Sheboygan must often travel long distances to obtain abortion care from PPWI (or other) clinics in these locations, or out of state. Such travel often comes with additional financial, logistical, and emotional costs.

128. Patients, especially patients who travel to obtain an abortion, may need to take time off work or enlist a friend or family member to drive them. In some cases,

patients experiencing abuse from partners or family members may need to exercise extreme caution and hide their plans from the person who is abusing them.

129. All patients, regardless of how far they travel, must make two appointments with PPWI, because of the 24-Hour Delay. This can create serious barriers to care, especially for patients who must travel long distances to a PPWI location.

130. Even if a patient can schedule two appointments exactly 24 hours apart, the 24-Hour Delay causes hardship The patient may need to make the trip twice, get off work twice, and potentially compromise their privacy to explain two trips to others. In certain circumstances, the patient must find a way to stay overnight near the clinic, at their own expense.

131. Patients travel to PPWI health centers from all over the state to obtain abortion care. Often they tell their providers about the challenges they faced to get there, citing the need for childcare, the price of gas, and needing to take time off work as major difficulties.

132. Some Wisconsinites are unable to access care and ultimately, forced to carry a pregnancy to term and experience labor and delivery due to the financial, logistical, and social barriers that they may face in seeking health care far from home. For these people, having a closer option for abortion care or being able to obtain care in one appointment instead of two, could make the difference between receiving that care and being forced to carry a pregnancy to term and give birth.

133. Residents of 27 Wisconsin counties, mostly in the northern half of the state and in rural areas, must travel over 100 miles to receive abortion care. Kewaunee

County residents must travel roughly 391 miles, and Door County residents must travel an average of 419 miles to receive abortion care.

134. Hundreds of women travel from Wisconsin to Minnesota to receive abortion care each year. In 2024, 767 women made the journey; in 2023, 928 women did.

135. Even more Wisconsinites travel to Illinois for abortion care: in 2024, over 3,000 Wisconsin residents did so.

136. One study by the University of Wisconsin Collaborative for Reproductive Equity found a causal connection between increasing the average travel distance for abortion care and higher rates of intimate partner violence.

137. Compliance with the Access Restrictions impacts Plaintiffs' ability to provide health care, including by impacting PPWI's operations, occupying their limited resources and staff time, and requiring Plaintiffs to delay—or even deny—abortion care to patients for reasons that are not related to widely accepted standards of care and evidence-based medicine.

138. The Access Restrictions impair PPWI's mission, create serious operational problems for PPWI, and reduce operational efficiency.

139. The Access Restrictions exacerbate the impact of the shortage of qualified OB-GYNs nationally and in Wisconsin by preventing qualified providers from providing abortion care to Wisconsinites who need it.

140. The Physician-Only Restriction limits the days on which PPWI can offer abortion at its Water Street, Madison East, and Sheboygan health centers, because abortion appointments are contingent on physician availability.

141. Allowing APCs to provide abortions would allow PPWI to offer abortion care on more days at its Water Street, Madison East, and Sheboygan health centers.

142. Allowing APCs to provide abortions would allow PPWI to offer abortion care at additional locations throughout the state, most notably in and near rural and other medically underserved areas where OB-GYN health care is hard to obtain.

143. By effectively limiting the health centers at which PPWI can offer abortion, the Physician-Only Restriction limits the access of hundreds of thousands of Wisconsinites to abortion care.

144. The Access Restrictions also interfere with the provider-patient relationship by requiring Plaintiffs to delay care for at least 24 hours even if Plaintiffs could otherwise schedule a patient sooner and even if the patient wished to proceed that same day.

145. The Access Restrictions impair Hartwig, Krizek, Simons, and Linton's ability to practice their careers and treat their patients to the fullest extent of their education, training, and skill.

146. Under the Physician-Only Restriction, despite having the education, training, and skills to do so, PPWI employees including Plaintiffs Hartwig, Krizek, and Simons, cannot provide abortion care in Wisconsin without risking criminal prosecution, civil penalties, and loss of their nursing licenses.

147. Plaintiffs Hartwig, Krizek, and Simons have all provided abortion care outside Wisconsin, in states where it was legal for them to provide it. All of them are passionate about reproductive health care and want to provide abortions to their

patients in Wisconsin, consistent with their training, experience, and scope of practice—and their patients' needs.

148. Hartwig has received training on medication and aspiration abortion in both Illinois and Minnesota and has lawfully provided both medication and aspiration abortion at an independent clinic in Illinois. She has at times divided her practice between Wisconsin and Illinois, so that she could use her skills to provide desperately needed abortion care in Illinois to patients who were forced to travel out of state. She estimates she has provided over 200 procedural abortions, and at least 600 medication abortions.

149. Hartwig has personal experience providing abortion care lawfully to Wisconsinites who traveled to Illinois to receive care when abortion was unavailable in Wisconsin after the United States Supreme Court's 2022 decision in *Dobbs v. Jackson Women's Health*.

150. Krizek provided hundreds of lawful medication abortions when she lived and practiced in California. Upon moving to Wisconsin, she was deeply disappointed to learn she could no longer provide that care, which so many of her patients needed.

151. Simons routinely and lawfully provided medication abortion when she lived and practiced in Washington state. Much like Krizek, she moved to Wisconsin and suddenly found her practice limited, with medically unnecessary laws preventing her from providing the routine medication abortions she was used to providing.

152. The Access Restrictions require Dr. Linton to use her time inefficiently, including by spreading care across two appointments even though the care could be

provided in one, and providing care that APCs can safely, effectively provide as well.

153. Dr. Linton is also licensed to practice medicine in Illinois, where she has provided abortion care without a needless 24-hour waiting period—including to patients who have traveled from Wisconsin. She would like to be able to provide the same level of care to her Wisconsin patients in Wisconsin.

154. By restricting the types of care that qualified providers can provide, and building unnecessary delays into abortion care, the Access Restrictions limit the number of patients that Plaintiffs can serve, limit patients' options, and impact Plaintiffs' ability to provide other forms of health care to patients.

PPWI and the Provider Plaintiffs are Appropriate Plaintiffs to Challenge the Access Restrictions on Behalf of Their Patients

155. Plaintiffs Hartwig, Krizek, Simons, and Linton, together with other PPWI clinicians, provide medical care to Wisconsin women seeking abortion. The professional relationship between a medical provider and patient is a close one. Furthermore, PPWI's mission makes it an advocate for its patients' ability to obtain reproductive health care.

156. Many women wish to keep their decision to obtain an abortion private. Sometimes this privacy is essential for their personal safety. Participating in a lawsuit, even anonymously, could jeopardize that privacy.

157. Many women wish to obtain an abortion because they are in precarious economic or personal circumstances: financially strapped, experiencing housing insecurity, or struggling with an unsupportive partner. Serving as a plaintiff to a

lawsuit brings obligations and stresses which most women in such circumstances can ill afford.

158. Due to Wisconsin statutes governing abortions, there is only a short window of time during which a Wisconsin woman can consider and proceed with obtaining an abortion, and it would be impossible to litigate a case such as this one within that window.

CLAIMS FOR RELIEF

COUNT 1:

Declaratory Judgment: Article I, § 1 Fundamental rights of Plaintiffs' patients

159. All preceding paragraphs are incorporated as though fully set forth herein.

160. Article I, Section 1 provides that "All people . . . have certain inherent rights; among these are life, liberty and the pursuit of happiness[.]"

161. The rights to liberty and bodily autonomy include the right to decide whether or when to have children, which encompasses the right to obtain an abortion.

162. The Access Restrictions, individually and collectively, violate the rights of Plaintiffs' patients to liberty and bodily autonomy as guaranteed by Article I, Section 1 of the Wisconsin Constitution by impeding the exercise of those rights.

163. The Access Restrictions place significant limitations on women's ability to obtain abortion care, up to and including making it difficult and in some cases impossible for some women to obtain the care they need in a timely manner—or at all.

164. The Access Restrictions violate Article I, Section 1 of the Wisconsin Constitution.

COUNT 2:

Declaratory Judgment: Article I, § 1, Fundamental rights of providers

165. All preceding paragraphs are incorporated as though fully set forth herein.

166. The Access Restrictions, individually and collectively, violate the fundamental rights of the Provider Plaintiffs and Planned Parenthood of Wisconsin to practice their chosen profession to the fullest extent of their education, training, and skill as guaranteed by Article I, Section 1 of the Wisconsin Constitution.

167. The Access Restrictions violate Article I, Section 1 of the Wisconsin Constitution.

COUNT 3:

Declaratory Judgment: Article I, § 1, Equal Protection for women

168. All preceding paragraphs are incorporated as though fully set forth herein.

169. Article I, Section 1 of the Wisconsin Constitution has long been read to guarantee that no person shall be denied the equal protection of the laws.

170. The Access Restrictions, individually and collectively, deprive Plaintiffs' patients of equal protection of the law, as guaranteed by Article I, Section 1 of the Wisconsin Constitution.

171. Through the Access Restrictions, the State and the Defendants treat

women differently than they treat men by singling out women and people capable of becoming pregnant, and perpetuating sex- and gender-based stereotypes that motherhood is the appropriate role for women and that women need State intervention to decide whether to continue or terminate a pregnancy.

172. Women have an unequal opportunity to access the full array of safe, competent medical care for their full reproductive health care needs, which includes abortion, as compared to men's access to reproductive health care.

173. Women who choose to seek an abortion are treated differently and unequally from women who choose to carry a pregnancy to term.

174. The Access Restrictions violate Article I, Section 1 of the Wisconsin Constitution.

COUNT 4:

Declaratory Judgment: Article I, § 1, Equal Protection for providers

175. All preceding paragraphs are incorporated as though fully set forth herein.

176. The Access Restrictions, individually and collectively, deprive Plaintiffs of equal protection of the law, as guaranteed by Article I, Section 1 of the Wisconsin Constitution.

177. Provider Plaintiffs and others who provide or wish to provide abortion care are prevented, by the Access Restrictions, from caring for their patients to the full extent of their education, training, and skill for the sole reason that their patients are overwhelmingly women and have chosen to terminate their pregnancy.

178. No comparable statutes or regulations limit the ability of medical professionals to treat male patients or patients who are receiving pregnancy related care other than abortion to the fullest extent of the providers' education, training, and skill.

179. The Access Restrictions violate Article I, Section 1 of the Wisconsin Constitution.

RELIEF REQUESTED

WHEREFORE, Plaintiffs respectfully request that this Court:

A. Declare under Wis. Stat. §§ 806.04 and 227.40 that the following statutes and regulation violate Article I, Section 1 of the Wisconsin Constitution:

1. Wis. Stat. § 940.15(5) (the "Physician-Only Restriction"), as applied to qualified advanced practice clinicians who seek to provide medication or aspiration abortions;

2. Wis. Stat. § 253.105(2)(a) and (3), as applied to prevent qualified advanced practice clinicians from providing medication or aspiration abortions and from performing physical examinations and obtaining voluntary and informed consent in advance of those abortions;

3. Wis. Stat. § 253.10(3)(b) to the extent it assumes or requires that a "physician . . . is to perform or induce the abortion" and is the only medical professional who can determine the voluntariness of a woman's consent to an abortion, thereby precluding advanced practice clinicians from performing medication or aspiration abortions or determining the voluntariness of a woman's consent to an abortion;

4. Wis. Stat. § 253.10(3)(c)1. to the extent it assumes or requires that a "physician . . . is to perform or induce the abortion" and is the only medical professional who can orally inform the woman of the information set forth in that statute, thereby precluding advanced practice clinicians from performing medication or aspiration abortions or orally informing the woman of the information set forth in that statute;

5. Wis. Stat. § 253.10(3)(c)2. to the extent it assumes or requires that a "physician . . . is to perform or induce the abortion" and that only a physician or a "person assisting the physician" can orally inform the woman of the information set forth in that statute, thereby precluding advanced practice clinicians from performing medication or aspiration abortions or orally informing the woman of the information set forth in that statute;

6. Wis. Stat. § 253.107(2) to the extent it assumes or requires that a physician must make "a determination of the probable postfertilization age of the unborn child," and no other medical professional can make this determination;

7. Wis. Admin. Code § Med 11.03, as applied to qualified advanced practice clinicians who seek to provide medication or aspiration abortions;

8. Wis. Stat. §§ 253.10(3)(c)1., 253.10(3)(c)1.L., 253.10(3)(c)2., and 253.105(2) (the "24-Hour Delay"), to the extent they require patients seeking an abortion to wait at least 24 hours after undergoing a physical examination, receiving certain information, and consenting to an abortion before they obtain abortion care;

B. Permanently enjoin Defendants, their employees, agents, representatives,

successors in office, and any other person acting directly or indirectly in concert with them, from enforcing the statutory and regulatory provisions set forth in points A(1–8), as well as any other statutory and regulatory provisions that may be construed to effect the Physician-Only Restriction and the 24-Hour Delay, including through any future enforcement actions based on any conduct that occurred during the pendency of an injunction;

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

Respectfully submitted this 10th day of September, 2026.

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