

**FILED
02-22-2024
CLERK OF WISCONSIN
SUPREME COURT**

**IN THE SUPREME COURT OF WISCONSIN
NO. _____**

PLANNED PARENTHOOD OF WISCONSIN,
on behalf of itself, its employees, and its patients;

KATHY KING M.D.,

and

ALLISON LINTON M.D. M.P.H.,
on behalf of themselves and their patients,

and

MARIA L.,

JENNIFER S.,

LESLIE K.,

and

ANAIS L.,

Petitioners,

v.

JOEL URMANSKI, in his official capacity as District Attorney
for Sheboygan County, Wisconsin,
615 North 6th Street, First Floor
Sheboygan, Wisconsin 42081

ISMAEL R. OZANNE, in his official capacity as District Attorney
for Dane County, Wisconsin,
215 South Hamilton Street, #3000
Madison, Wisconsin 53703

4. Planned Parenthood of Wisconsin provides affordable, quality, and confidential health care to nearly 60,000 people each year in 22 health centers throughout Wisconsin.
5. I have served as the Chief Medical Officer of Planned Parenthood of Wisconsin from November 2023 to the present. Prior to that, starting in 2017, I was Associate Medical Director of Planned Parenthood of Wisconsin.
6. My medical practice includes primarily family planning and outpatient gynecological services, including abortion services. I am board certified in obstetrics and gynecology and complex family planning. Over my nine year career, I have treated thousands of patients.
7. I practice primarily in Milwaukee and, to a lesser extent, Madison, Sheboygan, and outside of Chicago.
8. During my residency in obstetrics and gynecology and complex family planning fellowship, I was trained to perform abortion care services.
9. Abortion care services fall within my license to practice medicine in Wisconsin. Providing abortions is within the spectrum of medical care that my pregnant patients sometimes require for numerous reasons.

10. At times I provide abortions through medical procedures, such as aspiration, which is the same medical procedure I perform for my patients for the purpose of miscarriage management.
11. At times I provide abortions by medication, which involves a two-step medication regimen of mifepristone and misoprostol. The two medications and dosages I prescribe to my patients for purposes of an abortion are the same medications and dosages I prescribe to my patients for the purpose of miscarriage management.
12. I routinely treat patients with complications of pregnancy. The most common pregnancy complications I encounter are hypertensive disorders, gestational diabetes, anemia, hyperemesis gravidarum, and preeclampsia.
13. Some pregnancy complications I see in my patients can be diagnosed, treated, and monitored for the duration of pregnancy, without significant risk to the pregnant person.
14. Other pregnancy complications I see in my patients are life-threatening. These include chorioamnionitis with sepsis, previable preterm premature rupture of membranes (PPROM), abruption with hemorrhaging, early onset HELLP syndrome. In these and similar cases, I recommend to my patients against continuing the pregnancy if the pregnancy has not already ended due to the condition.

15. At times, prenatal diagnostic testing my patients receive reveals a lethal/severely life threatening fetal anomaly. In these cases, the fetal condition will invariably lead to death in utero or in the newborn period regardless of treatment. Lethal/severely life threatening fetal anomalies I have encountered include anencephaly/acrania, bilateral renal agenesis, osteogenesis imperfecta type II, and body stalk anomaly with ectopia cordis.
16. Some of my patients develop pregnancy complications that can negatively impact their ability to become or stay pregnant again in the future. For example, patients who develop placenta accreta spectrum during pregnancy have an increased risk of life-threatening hemorrhage and need for a cesarean hysterectomy. Another common example I see is ectopic pregnancy in the fallopian tube which, if the pregnancy continues, can cause rupture of the fallopian tube or catastrophic hemorrhaging.
17. I have also routinely seen patients who suffer from mental health conditions that follow pregnancy, including postpartum depression and anxiety.
18. I have cared for patients that have preexisting mental health diagnoses, including addiction, which may impact their desire to continue a pregnancy, their perceived ability to effectively parent or provide for

children, as well as their ability to avoid prescribed medication or illicit substances during pregnancy.

19. Some of my patients develop sudden and unexpected complications during labor and delivery, even after a healthy, full-term pregnancy. These conditions are dangerous and can be fatal. Some complications I have encountered include sudden amniotic fluid embolism, catastrophic postpartum hemorrhaging, disseminated intravascular coagulation, intracranial hemorrhage due to pregnancy-related hypertensive emergencies, and sepsis due to infection.
20. I believe I have the right to practice medicine and adhere to the bioethical principles of autonomy and beneficence, which includes providing safe, effective, patient centered medical treatment to all persons, including those who request abortion care services.
21. Wisconsin statute § 940.04 as interpreted by Sheboygan County District Attorney Urmanski is a barrier to my practice and impedes the care and treatment I am able to provide to my patients by prohibiting me from administering safe, effective, and desired medical care under all appropriate circumstances, not just life-threatening circumstances.
22. For similar reasons, Wisconsin statute § 940.04 as interpreted by Sheboygan County District Attorney Urmanski is a barrier to Planned

Parenthood of Wisconsin fully accomplishing its mission of providing affordable, quality, and confidential reproductive health care.

23. I have reviewed the medical journals and similar publications cited in the Affidavit of Counsel, including the American Journal of Obstetrics & Gynecology, Obstetrics & Gynecology, American Journal of Public Health, and the National Academies of Sciences, Engineering, and Medicine ("NASEM"), *The Safety and Quality of Abortion Care in the United States* (2018). I can verify these publications are sources of credible and accepted medical and scientific information. It is also common in my practice to rely on data and information from the U.S. Centers for Disease Control & Prevention and the Wisconsin Department of Health Services. I provide this affidavit in support of my Petition to take Jurisdiction of an Original Action.

Allison Linton

Dr. Allison Linton

Signed and sworn to before me
this 21 day of February 2024.

Michelle Velasquez
Notary Public, State of Wisconsin

My Commission expires: permanent

