

EXHIBIT 2

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA

Paul A. Isaacson, M.D., on behalf of himself and
his patients, et al.,

Plaintiffs,

v.

Mark Brnovich, Attorney General of Arizona, in
his official capacity; et al.

Defendants.

Case No.

**DECLARATION OF KATHERINE B.
GLASER, M.D., M.P.H. IN SUPPORT
OF PLAINTIFFS' MOTION FOR A
PRELIMINARY INJUNCTION**

I, Katherine B. Glaser, M.D., M.P.H., declare as follows:

1. I am a board-certified obstetrician-gynecologist ("OB/GYN") licensed to practice in Arizona. As described further below, I currently provide a wide range of OB/GYN care to patients in Arizona, including pregnant patients.
2. I provide this declaration as a member of the Arizona Medical Association ("ArMA"), one of the plaintiffs in this action.
3. I earned my medical degree at the University of Arizona College of Medicine in 2008, and completed my residency training at the University of Arizona Department of Obstetrics and Gynecology from 2008 to 2012. I also hold a master's degree in Public Health, which I earned from the University of Arizona in 2005.
4. I am board certified as an OB/GYN and a fellow of the American College of Obstetricians and Gynecologists ("ACOG").
5. Since 2012, I have practiced primarily in Tuba City, Arizona. My patients often have very few financial or medical resources, and most come from the Navajo Nation. Tuba City is in

a relatively isolated part of the state. I work within a practice there that sees a large volume of pregnant patients and delivers about 400 babies per year.

6. I also am a back-up OB/GYN provider on contract at a reproductive health clinic in Flagstaff and with privileges at a hospital in Flagstaff.

7. My OB/GYN services address pregnant patients' range of needs from pregnancy testing onward, up to and including delivery, and assist patients in making their own decisions about their pregnancy and pregnancy care. Given the number of patients I treat, I see a variety of fetal anomalies with some regularity.

8. As part of my day-to-day practice, I offer genetic and other routine testing to my pregnant patients; counsel them about genetic testing and ultrasound results; help them maintain maternal and fetal health; provide them with nondirective information about options for their pregnancy and other care; and discuss any concerns and questions they may have during the pregnancy.

9. After I discuss genetic testing options with them, my patients often choose to undergo "quad screening," for example, which is a maternal blood test that measures the levels of four different hormones in the patient's blood. The test, which can be performed starting at approximately 15 weeks, screens for and measures the likelihood of various fetal genetic conditions. Its results are reported as a risk estimate. This is one of several screening tests that can be performed using maternal blood samples.

10. All pregnant patients in my care also receive an ultrasound at 18-22 weeks, which may identify structural malformations and/or markers that indicate a genetic anomaly.

11. If my patients need more specialized testing, consultation, or care than my general OB/GYN services, I refer them to and work with other medical providers, including maternal-fetal medicine physicians and specialists in genetic counseling. This consultative care can

include follow-up testing after their quad screening, other initial genetic screening, or ultrasound exam during their routine prenatal care with me.

12. Through my various professional roles, and in addition to my ongoing prenatal care for many patients, I perform one or two procedural abortions per year and have also provided medication abortion care. I also routinely provide information about abortion, as well as about other pregnancy options, during counseling after a positive pregnancy test or in connection with the counseling that accompanies fetal testing. I provide information about and referrals to abortion providers when and if my patients decide on an abortion, including when those patients have chosen to have an abortion after fetal testing indicated a genetic anomaly.

13. At ArMA, I serve on the Board of Directors as a Rural Director, a role that highlights that ArMA includes physician members from all parts of the state and aims to address the concerns of all types of medical practitioners. I am a member of the ArMA board's Committee on Public Health and Committee on Legislative and Government Affairs.

14. I have reviewed the final text of S.B. 1457, which I understand will take effect on September 29, 2021, absent relief from this Court. I am very concerned with its new intrusions into medical practice, with its severe penalties, and with the ways in which it will deprive my patients (and many other Arizona patients) of information, counseling, and care that they need. I am also concerned about the personhood rights it attempts to add to all of Arizona law, and am left without any guide as to how that might newly limit or punish my care for pregnant people or otherwise impact my patients.

15. I see that S.B. 1457, through a number of convoluted and unclear provisions (the "Reason Ban"), forbids any abortion unless the provider swears that they have no knowledge that the abortion is being sought because of a "genetic abnormality," and creates various felonies that

criminalize physicians who provide abortions when those are sought “solely because of” or “because of” any of the myriad fetal anomalies that may be covered by the law.

16. It is unclear to me whether I might get caught up in a criminal prosecution, including potentially as an accomplice or aider of criminalized care, if I refer a patient to an abortion provider or simply provide factual information about where in Arizona abortion care is offered, after the patient receives any positive results from anomaly screening or diagnostic tests. And of course, when I myself perform abortions, if there is any indication of an anomaly, I would be at risk of direct felony prosecution.

17. If I became aware that another physician had (with some knowledge) provided my patient with an abortion that the patient had decided upon as a result of an anomaly, I would have to breach physician-patient confidentiality and report that abortion to law enforcement. If I failed to report any such abortion, I would be subject to a fine of up to \$10,000. This scheme is antithetical to my patients’ rights and interests, and conflicts with my ethical obligations to them as their physician.

18. These provisions and ramifications of the banned abortion care in S.B. 1457 would seriously affect my ability to provide full, standard counseling and information to my pregnant patients after any genetic screening, ultrasound, or diagnostic tests. I would be forced to constrain the non-directive options counseling, referrals, and open discussion with patients that are now essential parts of the care I provide.

19. Fundamentally, my relationship with my patients depends on earning and building their trust. I must put their interests first and understand their values, needs, and priorities. I cannot do any of that if I am required to withhold critical medical information from my patients, deprive

them of access to vital medical care options, and disclose their private healthcare decisions to law enforcement.

20. When a patient is faced with an unanticipated screening result or diagnosis, my purpose is to provide them with comprehensive, objective, and individualized counseling to ensure that each patient can make a well-informed and autonomous decision that is best for the patient and the patient's family.

21. In these challenging situations, I provide objective, compassionate, and non-directive counseling about options, including both pregnancy continuation and termination, and I help patients and their families navigate an unexpected and sometimes profoundly difficult situation. Because I allow the patient's values, desires, and questions to guide our conversations, it is particularly important that patients feel they can speak openly with me, ask any questions they may have, and receive help from me in finding and receiving the care they need. S.B. 1457's Reason Ban scheme would bar that.

22. The Reason Ban's harms will be particularly harsh for the patients that I serve in Tuba City. Many of my pregnant patients there simultaneously experience an array of significant challenges, ranging, for example, from financial insecurity, to family insecurity, to caregiving challenges and serious health issues that preceded the pregnancy, to lack of access to any other reliable health information sources. These are patients who need a full physician-patient relationship with me and who need my support in openly considering their pregnancy options after anomaly screening or other testing. The Reason Ban will tie my hands and their options.

23. In addition, as another major example of S.B. 1457's interference with essential health care, Section 1 of the law appears to newly restrict treatments provided for a pregnant person's own medical issues during pregnancy. When I care for pregnant patients, I may prescribe drugs

or order testing to address the patient’s health needs that unavoidably pose some risk to a developing embryo or fetus. I also often work together with other Tuba City medical colleagues to address maternal health issues that require chemotherapy, prescription drugs, or other interventions that pose such risks to an embryo or fetus. And I may be helping patients who are in treatment for opioid addiction or struggling with addictions in ways that could harm a fertilized egg, embryo, or fetus.

24. The new personhood “rights” and “immunities” in Section 1 of S.B. 1457 appear to create potential liability for both physicians and patients, but their sweep and specifics are exceedingly unclear. I do not understand how Section 1 changes the interpretation of all Arizona laws, how I must adjust my behavior to recognize such rights, or the specifics of the criminal or civil liability that I or my patients will face if it is allowed to take effect.

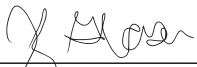
25. As an ArMA member and board member—appearing here for myself, my patients, my fellow ArMA members who provide pregnant patients with care, and their patients throughout the state—I urge this Court to examine S.B. 1457 closely.

26. I do not by any means attempt here to identify all of the many harms and confusions that S.B. 1457’s Reason Ban and its new Section 1 rights and immunities impose.

27. But it is clear from its terms that S.B. 1457 will upend standard medical practices and interfere with physicians’ open communication with their patients, including my own. S.B. 1457 will deprive patients of medical care they need; open up private, complex patient decision-making to law enforcement; establish felonies and other serious penalties for physicians; and create unbounded and unexplained rights in fertilized eggs, embryos and fetuses.

28. For all the legal reasons and based on all of the facts presented by ArMA’s lawyers, I urge the Court to prevent S.B. 1457 from taking effect and to rule it unconstitutional.

I declare under penalty of perjury that the foregoing is true and correct. Executed on
August 16, 2021.



Katherine B. Glaser, M.D., M.P.H.