IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
AMARILLO DIVISION

Carmen Purl, M.D.; and Carmen Purl, M.D., PLLC d/b/a Dr. Purl's Fast Care Walk In Clinic, *Plaintiffs*, v. United States Department of Health and Human Services; Xavier Becerra, in his official capacity as Secretary of the United States Department of Health and Human Services; Office for Civil Rights of the United States Department of Health and Human Services; and Melanie Fontes Rainer, in her official capacity as Director of the Office for Civil Rights of the United States Department of Health and Human Services, *Defendants.*	Civil Action No. 2:24-cv-228-Z

REPLY IN SUPPORT OF PROPOSED INTERVENOR-DEFENDANTS' MOTION FOR LEAVE TO INTERVENE

Proposed Intervenors—the City of Columbus, the City of Madison, and Doctors for America—seek to defend a regulation (the "2024 Rule" or "challenged Rule") and a statute, the Health Insurance Portability and Accountability Act ("HIPAA"), crucial to providing adequate care to their patients and, for the cities, promoting public health. Plaintiffs attempt to cast Proposed Intervenors' interests as merely "political." *See* Pl.'s Br. Op. Mot. to Intervene, (Pl. Op.) ECF No. 61 at 5. They and the government argue that Plaintiffs' inadequate representation arguments are "speculative," Pl. Op. at 15, and "premature," *see* Def.'s Op. to Mot. to Intervene (Def. Op.), ECF No. 62 at 2. But the parties both misconstrue Proposed Intervenors' arguments and misunderstand the liberal thrust of Rule 24. As explained in their brief in support of their Motion for Leave to Intervene, Mem. Supp. Proposed Intervenor's Mot. to Intervene, (Mem. Supp.) ECF No. 50, and

below, Proposed Intervenors satisfy all requirements for mandatory intervention, and, in the alternative, permissive intervention. Their motion should be granted.

I. Proposed Intervenors are entitled to intervention as of right under Rule 24(a).

A. Proposed Intervenors timely moved to intervene.

The government does not contest Proposed Intervenors' timeliness. Plaintiffs, for their part, assert that Proposed Intervenors' motion comes "late in the proceedings" and that intervention would delay resolution of the case and increase their litigation burdens. Pl. Op. at 4. Plaintiffs fail to grapple with important—and, for them, detrimental—aspects of both law and fact.

First, this case is not as advanced as Plaintiffs say—the government moved to dismiss, along with its Motion for Summary Judgment, on the day Proposed Intervenors filed this motion. That Proposed Intervenors moved to intervene three months after this case's initiation is insignificant. "[A]bsolute measures of timeliness should be ignored." *All. for Hippocratic Med. v. U.S. Food & Drug Admin.*, No. 2:22-CV-223-Z, 2024 WL 1260639, at *1 (permitting intervention where intervenors moved a year after litigation began (internal quotation marks and citation omitted)). As the Fifth Circuit and this Court have emphasized, motions—such as Proposed Intervenors'—made before trial or final judgment are generally timely. *See, e.g.*, *John Doe No. 1 v. Glickman*, 256 F.3d 371, 378 (5th Cir. 2001); *Edwards v. City of Houston*, 78 F.3d at 1001 (that the motions to intervene "were filed prior to entry of judgment favors timeliness").

Second, no prejudice will unfold should Proposed Intervenors' motion be granted. Plaintiffs assert that they will face delayed relief and increased litigation burdens if intervention is permitted. Pl. Op. at 4. But this factor of the timeliness test concerns only prejudice arising from any delay, not that which would ensue from intervention itself. *Sierra Club v. Espy*, 18 F.3d 1202, 1206 (5th Cir. 1994) (citations omitted). Indeed, Proposed Intervenors have reduced any burden

on the existing parties (relevant or not to the timeliness inquiry) by filing their own proposed summary judgment motion along with that of the Defendants, complying with the already extant briefing schedule.

Third, Plaintiffs fail to address the prejudice that will befall Proposed Intervenors if the Court denies their intervention motion. *See Glickman*, 256 F.3d at 379 (noting that, among other factors, inability to appeal an unfavorable decision was prejudice to proposed intervenors (citations omitted)). All factors relevant here favor a finding of timeliness.

B. Proposed Intervenors assert myriad direct, substantial, and legally protectable interests.

The government does not contest that Proposed Intervenors' interests are sufficient for Rule 24. Plaintiffs do.[1] But Plaintiffs ignore Rule 24's "minimal" interest burden, *Texas v. United States*, 805 F.3d 653, 661 (5th Cir. 2015), and the even "more lenient standard" in public interest cases such as this one, *Brumfield v. Dodd*, 749 F.3d 339, 344 (5th Cir. 2014), (citation omitted). They compound their error by repeatedly and incorrectly conflating the showing required for Rule 24 "interest" with that required for Article III standing as they attempt to challenge Proposed Intervenors' interests.[2]

First, Plaintiffs attempt to label Proposed Intervenors' interests as merely political. *See* PI Op. at 5–8. Proposed Intervenors' direct, substantial, and legally protectable interests in the case

[1] Plaintiffs do not address the sufficiency of Proposed Intervenors' interests in the protecting "provider-patient relationship." As such, they waive this argument. *See Safe Home Sec., Inc. v. Philadelphia Indem. Ins. Co.*, 581 F. Supp. 3d 794, 798 (N.D. Tex. 2021).

[2] *See, e.g.*, Pl. Op. at 8–9 (quoting *Food & Drug Administration v. Alliance for Hippocratic Medicine*, 602 U.S. 367, 382 (2024)); 9 (citing *Dep't of Educ. v. Brown*, 600 U.S. 551m 5563–64 (2023)); 11 (citing *Rogers v. 12291 CBW, LLC*, No. 1:19-cv-00266, 2021 WL 11247562, at *4 (E.D. Tex. Dec. 13, 2021) (applying a standing analysis where putative intervenors sought to file a crossclaim)); 11 (quoting *Lane v. City of Houston*, No. 4:23-CV-02302, 2024 WL 4354116, at *2 (S.D. Tex. Sept. 30, 2024)); 13 (quoting *Ass'n for Retarded Citizens of Dall. v. Dall. County Mental Health & Mental Retardation Ctr. Bd. Of Trs.*, 19 F.3d 241, 244 (5th Cir. 1994)); 13 (quoting *NAACP v. City of Kyle*, 626 F.3d 233, 239 (5th Cir. 2010)).

are separate and apart from their publicly stated positions. *See, e.g.*, *All. for Hippocratic Med*, 2024 WL 1260639 at *3–*4 (finding states opposed to abortion had interests sufficient to intervene in case challenging FDA approval of medication abortion). This red herring does not diminish the sufficiency of Plaintiffs' asserted interests—as parties regulated by the statutory scheme, as providers for whom patient trust is essential, as cities responsible for public health, and as entities that must expend resources if HIPAA or the 2024 Rule are altered or blocked.

Second, Plaintiffs contend that "*not* being regulated is not an injury" and imply that only parties "*opposing*" laws that regulate them may intervene in cases to challenge them. Pl. Op. at 8 (emphases in original). As explained above, Proposed Intervenors' job at this juncture is to demonstrate "interest" not injury. *Texas*, 805 F.3d at 659; *see also Va. House of Delegates v. Bethune-Hill*, 587 U.S. 658, 663 (2019) (defendant-intervenors need not establish Article III standing for initial intervention if they do not assert counterclaims).[3] Plaintiffs also cite no law for the proposition that parties only have interests sufficient for Rule 24 if they oppose the legal scheme at issue. Nor can they, as that is not the law and would preclude defensive intervention in cases such as this one.

In *Wal-Mart v. Texas Alcoholic Beverage Commission*, the Fifth Circuit found a trade association representing the exclusive sellers of liquor at retail prices for off-premises consumption had an "interest" and was permitted to intervene as a defendant in a case regulating that statutory scheme. 834 F.3d 562, 565–56. Although the scheme required the association's members to adhere to certain requirements, the court found the association had an interest in the regulation

[3] Proposed Intervenors, however, do meet Article III standing requirements.

because the scheme in some way benefited its members. *Id.* at 566-67.[4] The court made no mention of the fact that the challenged law, by default, "add[ed] requirements" on the association's members that the litigation, if successful, would remove. Pl. Op. at 9. Likewise, in *National Horsemen's Benevolent and Protective Ass'n v. Black*, this Court found that putative intervenors (the state of Texas and one of its agencies) had an interest in challenging a regulatory regime to which they were subject. No. 5:21-CV-071-H, 2022 WL 974335 at *5 (N.D. Tex. Mar. 31, 2022). In so doing, the Court did not say that the state could *only* intervene to challenge regulations that it opposed. Rather, because the state was subject to the law, had to spend time and resources to comply with it, and had an interest in the "vitality" of programs threatened by the law, it had an interest under Rule 24. *Id.* at *5.

So too here. As Proposed Intervenors have made clear, although HIPAA and the 2024 Rule require Proposed Intervenors to comply with certain requirements, Proposed Intervenors—like the licensed liquor retailers in *Wal-Mart*—want to maintain the regulatory regime because it enables them to care for their patients. *See* Mem. Supp. at 9–13. The "vitality" of their work, *Black*, 2022 WL 974335 at *5, depends on HIPAA and the 2024 Rule remaining in place.

Third, Plaintiffs allege that Proposed Intervenors are not the "beneficiaries" of the 2024 Rule, Pl. Op. at 9, 10 and, lacking "legally enforceable rights," Pl. Op. at 10, have no Rule 24 interest. But the Fifth Circuit has plainly said that an interest "need not be legally enforceable" to count for Rule 24 purposes. *Texas*, 805 F.3d at 659 (emphasis omitted). And, again, Plaintiffs cite no case law indicating that *only* the intended beneficiaries of a legal regime may intervene in

[4] Although Plaintiffs argue that *Wal-Mart* hinged on the fact that the intervenor's members were the "beneficiaries" of the law at issue in that case, Pl. Op. at 9–10, as explained below, no case law dictates that only beneficiaries of a statutory scheme may have interests in that scheme sufficient for Rule 24 and, regardless, Plaintiffs are beneficiaries of HIPAA and the 2024 Rule.

cases that throw it into question. Even if that were the law, Proposed Intervenors are indeed among the intended beneficiaries of the 2024 Rule. *See, e.g.*, 89 Fed. Reg. at 32991 (Apr. 26, 2024). (describing how the 2024 Rule will improve "health care providers" provision of care, at both the individual and population levels); *Id.* at 32993 (noting that the 2024 Rule "will eliminate some of the burdens health care providers face in providing high-quality health care"). Proposed Intervenors "seeking to preserve" a regulation that benefits them and "which may be *in part* intended to" do so satisfies Rule 24. *Mass. Food Ass'n v. Sullivan*, 184 F.R.D. 217, 222 (D. Mass.), aff'd sub nom. *Mass. Food Ass'n v. Mass. Alcoholic Beverages Control Comm'n*, 197 F.3d 560 (1st Cir. 1999) (emphasis added).

Fourth, Plaintiffs claim that the costs Proposed Intervenors will incur if the 2024 Rule is overturned are insufficient to warrant intervention. Pl. Op. at 11. They even go so far as to allege that if the Court affords Plaintiffs the relief they seek, Proposed Intervenors would "avoid" compliance costs. Pl. Op. at 12 (emphasis omitted). Again, Plaintiffs miss the mark.

Contrary to what Plaintiffs argue, a judgment upholding the 2024 Rule would "avoid future costs" for Proposed Intervenors. Pl. Op. at 12. For example, the City of Columbus has already devoted time and resources to implementing the 2024 Rule. App. in Supp. of Intervenor-Defendants' Mot. to Intervene, ECF No. 50-1 (Appx.) at 020 (Mitchell Decl. ¶ 14). Undoing that work would not only mean that money was "spent in vain," *City of Houston v. Am. Traffic Sol.s, Inc.*, 668 F.3d 291, 294 (5th Cir. 2012), it would require additional expenses as a result of this litigation, *Britto v. Bureau of Alcohol, Tobacco, Firearms, & Explosives*, No. 2:23-CV-019-Z, 2023 WL 11957195, at *3 (N.D. Tex. Apr. 14, 2023) (finding compliance costs, among other economic injuries, a sufficient interest for Rule 24). And Plaintiffs' attempt to distinguish *American Traffic Solutions* as unique to the putative intervenors in that case misses the forest for

the trees. *See* Pl. Op. at 12–13. The Fifth Circuit has "continued to hold that economic interests can justify intervention when they are directly related to the litigation." *Wal-Mart*, 834 F.3d at 568. Such is the case for DFA too. As an organization that devotes significant resources to improving the provision of health care, there is no doubt an end to the 2024 Rule through this litigation would "change[] the legal landscape " in which DFA (and its members) operate, *La Union del Pueblo Entero v. Abbott*, 29 F.4th 299, 306 (5th Cir. 2022), in turn requiring it to "expend resources to educate their members on the shifting situation," *id.* at 307.

Lastly, Plaintiffs' argument that Proposed Intervenors may operate under their desired privacy standards regardless of what HIPAA requires, *see* Pl. Op. at 13–14, is legally incorrect. The fact that HIPAA is a "federal floor," *Id.* at 13 (quoting 65 Fed. Reg. at 82580 (Dec. 28, 2000)), means only that providers must comply with the most privacy protective *law*, whether that be state or federal, not that they can do whatever they want to protect their patients' privacy. Ensuring that the most sensitive medical information of Proposed Intervenors' patients is subject to the most protective privacy law, including the 2024 Rule, is a critical interest that may be impaired should Proposed Intervenors be precluded from intervening. *See*, *e.g.*, Appx. 015 (Oller Decl. ¶ 15) ("[M]y patients understand that their information is protected by federal law. If HIPAA or the 2024 Rule were to be overturned, it would . . . threaten[] my relationships with them and inhibit[] my ability to provide care for them."); *see also* Appx. 008–009 (Petrin Decl. ¶ 12).[5]

[5] Proposed Intervenors have also demonstrated that resolution of this litigation will impair or impede their ability to protect their interest in the litigation. *See* Mem. Supp. at 14–15. Although Plaintiffs imply that Proposed Intervenors have not, and state that they will address this "deficienc[y]" later on in their brief, Pl. Op. at 8 n.14, they never do. "Generally, the failure to respond to arguments constitutes abandonment or waiver of the issue." *Safe Home Sec., Inc. v. Phila. Indem. Ins. Co.*, 581 F. Supp. 3d 794, 798 (N.D. Tex. 2021) (internal quotation marks and citation omitted). The Court should find as much here.

C. Proposed Intervenors have more than made the minimal showing required to satisfy the inadequacy requirement.

The government and Plaintiffs frame Proposed Intervenors' showing on the inadequacy of interest as speculative and premature. Pl. Op. at 15; *see* Def. Op. at 2 (describing the motion as "premature"). Yet to make the "minimal" showing required for this factor, Proposed Intervenors need only demonstrate that the government's representation of their interests "*may* be inadequate." *Heaton v. Monogram Credit Card Bank of Ga.*, 297 F.3d 416, 425 (5th Cir. 2002) (emphasis added). Proposed Intervenors have certainly done so here.

To begin, the government has acknowledged that it is less than certain it will defend the challenged Rule. *See* Def. Op. at 1 ("HHS is currently reevaluating the Rule and the issues raised in this litigation."); Suppl. App. in Supp. of Intervenor-Defendants' Mot. to Intervene (Suppl. Appx.) 004 (Mot. to Hold Deadline in Abeyance, *Texas v. U.S. Dep't of Health and Human Services, et al.*, No. 5:24-cv-204-H, (January 30, 2025), ECF No. 39). The administration has also taken actions that indicate its opposition to the 2024 Rule. Suppl. Appx. 007 (Exec. Order No. 14182, 90 Fed. Reg. 8751 (January 31, 2025)) (rescinding Suppl. Appx. 009 (Exec. Order No. 14076, 87 Fed. Reg. 42053, 42054 (July 13, 2022))), which directed HHS to take actions under HIPAA to protect "sensitive information related to reproductive healthcare services"). These suffice to demonstrate that Proposed Intervenors' interests (and ultimate goal of defending the challenged Rule) may diverge from those of the government in the future, which is all that is needed under Rule 24. *See Heaton*, 297 F.3d at 425 ("That [interests] may diverge in the future, even though, at this moment, they appear to share common ground, is enough to meet the [intervenor's] burden"); *accord W. Energy All. v. Zinke*, 877 F.3d 1157, 1169 (10th Cir. 2017) ("[T]he change in the Administration raises the possibility of divergence of interest or a shift during litigation." (internal quotation marks and citation omitted)).

Further, even apart from the likelihood that the government will drop its defense of the 2024 Rule, that Proposed Intervenors' interests overlap with *some* of the government's stated interests in its pre-inauguration filings in no way indicates that the government will "adequately" defend the interests of Proposed Intervenors as Plaintiffs imply. *See* Pl. Op. at 14. The existing parties fail to contend with the legal precedent dictating that putative intervenors with narrower interests than those of the government can demonstrate inadequate representation. *See Glickman*, 256 F.3d at 381. Proposed Intervenors have done so. *See* Mem. Supp. at 16.

D. Proposed Intervenors satisfy the Fifth Circuit permissive requirements for Rule 24(c)

Plaintiffs likewise attempt to toss Proposed Intervenors for failing to attach a pleading (here, an answer) outlining their defense of the challenged Rule. Fed. R. Civ. P. 24(c). Yet Proposed Intervenors' proposed motion for summary judgment explains quite clearly to the Court the positions they plan to take. And, as Plaintiffs acknowledge, the Fifth Circuit follows a "permissive approach" when assessing whether an intervention motion satisfies Rule 24(c). *DeOtte v. State*, 20 F.4th 1055, 1067 n.2 (5th Cir. 2021); *see, e.g.*, *Farina v. Mission Inv. Trust*, 615 F.2d 1068, 1074 (5th Cir. 1980).

Here, Proposed Intervenors have put the parties "on notice" of their reasons for intervention and the positions they take on the matters at issue in the case. *Liberty Surplus Ins. Companies v. Slick Willies of Am., Inc.*, No. CIV.A. H-07-0706, 2007 WL 2330294, at *2 (S.D. Tex. Aug. 15, 2007); *accord Providence Baptist Church v. Hillandale Comm., Ltd.*, 425 F.3d 309, 315 (6th Cir. 2005). The Seventh Circuit case to which Plaintiffs cite is inapposite, as that court is one of the few that has decisively "taken a stricter approach" to Rule 24(c). *Liberty Surplus Ins. Companies*, 2007 WL 2330294 at *2 (citing *Shevlin v. Schewe*, 809 F.2d 447, 450 (7th Cir. 1987)). Even if

this Court finds Proposed Intervenors' motion deficient, Proposed Intervenors respectfully request that the Court give them an opportunity to file an answer, rather than denying the motion outright.

II. Alternatively, this Court should permit intervention under Rule 24(b).

Proposed Intervenors satisfy all the requirements of permissive intervention. *See* Mem. Supp. at 18–19. The government does not contest this conclusion, and Plaintiffs' arguments are unpersuasive. As explained above, Proposed Intervenors' motion is timely. This litigation is still in its early stages and any delays about which Plaintiffs complain result from the goings-on of litigation, not from any delay in the motion. And the purported "procedural defect" with the motion, Pl. Op. at 16, is of little concern in this Circuit, *see DeOtte*, 20 F.4th at 1067 n.12.

III. Proposed Intervenors should be permitted to fully intervene.

Plaintiffs propose that if this Court grants Proposed Intervenors' motion, they be allowed to participate "only for the purpose of standing in Defendants' shoes if Defendants choose not to appeal." Pl. Op. at 16. But intervention under these constraints—a proposition for which Plaintiffs cite no case law—would be woefully inadequate and would prevent Proposed Intervenors from fully defending their interests in the challenged Rule. Defendants may, for example, make litigation choices with which Proposed Intervenors disagree, such as consenting to an injunction more limited in scope. Plaintiffs also suggest that this Court permit intervention in a manner that does not add to or extend the briefing schedule. Proposed Intervenors—as demonstrated by their submission of a proposed motion for summary judgment—have no interest in altering the existing schedule. Any restriction on altering the briefing schedule would therefore be unnecessary and might unnecessarily constrain both the parties and this Court in the future.

CONCLUSION

For the foregoing reasons and those stated in their opening brief, Proposed Intervenors respectfully request that this Court grant their motion for leave to intervene.

Date: February 21, 2025

Respectfully submitted,

/s/ Shannon R. Selden
Shannon Rose Selden – *Admitted Pro Hac Vice*
Adam Aukland-Peck – *Admitted Pro Hac Vice*
DEBEVOISE & PLIMPTON LLP
66 Hudson Boulevard
New York, New York 10001
(212) 909-6000 (phone)
(212) 909-6836 (fax)
srselden@debevoise.com
aauklandpeck@debevoise.com

Counsel to Intervenor-Defendants

-and-

Anna A. Moody – *Admitted Pro Hac Vice*
Gabriel A. Kohan – *Admitted Pro Hac Vice*
DEBEVOISE & PLIMPTON LLP
801 Pennsylvania Avenue NW
Washington, DC 20004
(202) 383-8000 (phone)
(202) 383-8118 (fax)
amoody@debevoise.com
gakohan@debevoise.com

Counsel to Intervenor-Defendants

Carrie Y. Flaxman – *Admitted Pro Hac Vice*
Madeline H. Gitomer – *Admitted Pro Hac Vice*
Emma R. Leibowitz – *Admitted Pro Hac Vice*
DEMOCRACY FORWARD
P.O. Box 34553
Washington, DC 20043
(202) 448-9090 (phone)
cflaxman@democracyforward.org
mgitomer@democracyforward.org
eleibowitz@democracyforward.org

Counsel to Intervenor-Defendants

-and-

Aisha Rich – *Admitted Pro Hac Vice*
PUBLIC RIGHTS PROJECT
490 43rd Street, Unit #115
Oakland, California 94609
(510) 214-6960 (phone)
aisha@publicrightsproject.org

Counsel to City of Columbus and City of Mason

-and-

Ryan Patrick Brown
RYAN BROWN ATTORNEY AT LAW P.L.L.C
1222 S. Fillmore
Amarillo, Texas 79101
(806) 372-5711 (phone)
ryan@ryanbrownattorneyatlaw.com

Counsel to Intervenor-Defendants

CERTIFICATE OF SERVICE

I hereby certify that on February 21, 2025, a copy of the foregoing was filed electronically via the Court's ECF system, which effects service upon counsel of record.

/s/ Shannon R. Selden
Shannon Rose Selden

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
AMARILLO DIVISION

Carmen Purl, M.D.; and Carmen Purl, M.D., PLLC d/b/a Dr. Purl's Fast Care Walk In Clinic, *Plaintiff*, v. United States Department of Health and Human Services; Xavier Becerra, in his official capacity as Secretary of the United States Department of Health and Human Services; Office for Civil Rights of the United States Department of Health and Human Services; and Melanie Fontes Rainer, in her official capacity as Director of the Office for Civil Rights of the United States Department of Health and Human Services, *Defendants*.	Civil Action No. 2:24-cv-228-Z

SUPPLEMENTAL APPENDIX IN SUPPORT OF INTERVENOR-DEFENDANTS' MOTION TO INTERVENE

Ex.	Exhibit Description	Bates Number
A	Mot. to Hold Deadline in Abeyance, *Texas v. U.S. Dep't of Health and Human Services, et al*., No. 5:24-cv-204-H, (January 30, 2025), ECF No. 39	Appx. 004
B	Exec. Order No. 14182, 90 Fed. Reg. 8751 (2025)	Appx. 007
C	Exec. Order No. 14076, 87 Fed. Reg. 42053 (2022)	Appx. 009

Date: February 21, 2025

Respectfully submitted,

/s/ Shannon R. Selden
Shannon Rose Selden – *Admitted Pro Hac Vice*
Adam Aukland-Peck – *Admitted Pro Hac Vice*
DEBEVOISE & PLIMPTON LLP
66 Hudson Boulevard
New York, New York 10001
(212) 909-6000 (phone)
(212) 909-6836 (fax)
srselden@debevoise.com
aauklandpeck@debevoise.com

Counsel to Intervenor-Defendants

-and-

Anna A. Moody – *Admitted Pro Hac Vice*
Gabriel A. Kohan – *Admitted Pro Hac Vice*
DEBEVOISE & PLIMPTON LLP
801 Pennsylvania Avenue NW
Washington, DC 20004
(202) 383-8000 (phone)
(202) 383-8118 (fax)
amoody@debevoise.com
gakohan@debevoise.com

Counsel to Intervenor-Defendants

-and-

Ryan Patrick Brown
RYAN BROWN ATTORNEY AT LAW
P.L.L.C
1222 S. Fillmore
Amarillo, Texas 79101
(806) 372-5711 (phone)
ryan@ryanbrownattorneyatlaw.com

Counsel to Intervenor-Defendants

Carrie Y. Flaxman – *Admitted Pro Hac Vice*
Madeline H. Gitomer – *Admitted Pro Hac Vice*
Emma R. Leibowitz – *Admitted Pro Hac Vice*
DEMOCRACY FORWARD
P.O. Box 34553
Washington, DC 20043
(202) 448-9090 (phone)
cflaxman@democracyforward.org
mgitomer@democracyforward.org
eleibowitz@democracyforward.org

Counsel to Intervenor-Defendants

-and-

Aisha Rich – *Admitted Pro Hac Vice*
PUBLIC RIGHTS PROJECT
490 43rd Street, Unit #115
Oakland, California 94609
(510) 214-6960 (phone)
aisha@publicrightsproject.org

Counsel to City of Columbus and City of Mason

CERTIFICATE OF SERVICE

I hereby certify that on February 21, 2025, a copy of the foregoing was filed electronically via the Court's ECF system, which effects service upon counsel of record.

/s/ Shannon R. Selden
Shannon Rose Selden

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
LUBBOCK DIVISION

STATE OF TEXAS, *Plaintiff*, v. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, *et al.*, *Defendants*.	No. 5:24-cv-204-H

DEFENDANTS' CONSENT MOTION TO HOLD ALL DEADLINES IN ABEYANCE

In light of the recent change in administration, defendants respectfully request that the Court hold all current deadlines in abeyance to allow incoming leadership personnel at the Department of Health and Human Services additional time to evaluate their position in this case and determine how best to proceed. The parties have conferred, and the State of Texas consents to this request.

Several deadlines are forthcoming in this matter, including:

- The parties' respective responses to the proposed intervenors' motion to intervene, due February 7, 2025;
- The State of Texas's motion for summary judgment, due February 7, 2025;
- The parties' respective briefs in opposition to the other side's dispositive motion, due March 7, 2025;
- The parties' respective reply briefs in support of their own dispositive motion, due April 4, 2025.

In the interest of conserving judicial and party resources, defendants respectfully request expedited resolution of this motion in advance of the upcoming deadlines on February 7. In the event the Court grants this motion, defendants propose that the parties meet and confer and file a joint status report within 90 days of the Court's order, addressing whether the Court should continue to hold all deadlines

in abeyance and, if necessary, proposing appropriate next steps. A proposed order is attached.

Dated: January 30, 2025

Respectfully submitted,

BRETT A. SHUMATE
Acting Assistant Attorney General
Civil Division

ERIC B. BECKENHAUER
Assistant Branch Director

/s/ Jody D. Lowenstein
JODY D. LOWENSTEIN
Mont. Bar No. 55816869
Trial Attorney
U.S. Department of Justice
Civil Division, Federal Programs Branch
1100 L Street NW
Washington, DC 20005
Phone: (202) 598-9280
Email: jody.d.lowenstein@usdoj.gov

Attorneys for Defendants

CERTIFICATE OF CONFERENCE

The parties conferred, and the State of Texas consents to the relief requested herein.

/s/ Jody D. Lowenstein
JODY D. LOWENSTEIN
Trial Attorney
U.S. Department of Justice

CERTIFICATE OF SERVICE

On January 30, 2025, I electronically submitted the foregoing document with the Clerk of Court for the U.S. District Court, Northern District of Texas, using the Court's electronic case filing system. I hereby certify that I have served all parties electronically or by another manner authorized by Federal Rule of Civil Procedure 5(b)(2).

/s/ Jody D. Lowenstein
JODY D. LOWENSTEIN
Trial Attorney
U.S. Department of Justice

Presidential Documents

Executive Order 14182 of January 24, 2025

Enforcing the Hyde Amendment

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered:

Section 1. *Purpose and Policy.* For nearly five decades, the Congress has annually enacted the Hyde Amendment and similar laws that prevent Federal funding of elective abortion, reflecting a longstanding consensus that American taxpayers should not be forced to pay for that practice. However, the previous administration disregarded this established, commonsense policy by embedding forced taxpayer funding of elective abortions in a wide variety of Federal programs.

It is the policy of the United States, consistent with the Hyde Amendment, to end the forced use of Federal taxpayer dollars to fund or promote elective abortion.

Sec. 2. *Revocation of Orders and Actions.* The following Executive Orders are hereby revoked:

(a) Executive Order 14076 of July 8, 2022; and

(b) Executive Order 14079 of August 3, 2022.

Sec. 3. *Implementation.* The Director of the Office of Management and Budget shall promulgate guidance to the heads of executive departments and agencies related to implementation of sections 1 and 2 of this order.

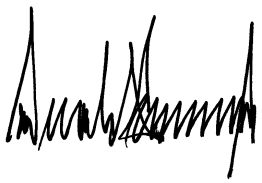
Sec. 4. *General Provisions.* (a) Nothing in this order shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.



THE WHITE HOUSE,
January 24, 2025.

[FR Doc. 2025–02175
Filed 1–30–25; 11:15 am]
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Presidential Documents

Executive Order 14076 of July 8, 2022

Protecting Access to Reproductive Healthcare Services

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered as follows:

Section 1. *Policy.* Nearly 50 years ago, *Roe* v. *Wade,* 410 U.S. 113 (1973), articulated the United States Constitution's protection of women's fundamental right to make reproductive healthcare decisions. These deeply private decisions should not be subject to government interference. Yet today, fundamental rights—to privacy, autonomy, freedom, and equality—have been denied to millions of women across the country.

Eliminating the right recognized in *Roe* has already had and will continue to have devastating implications for women's health and public health more broadly. Access to reproductive healthcare services is now threatened for millions of Americans, and especially for those who live in States that are banning or severely restricting abortion care. Women's health clinics are being forced to close—including clinics that offer other preventive healthcare services such as contraception—leaving many communities without access to critical reproductive healthcare services. Women seeking abortion care—especially those in low-income, rural, and other underserved communities—now have to travel to jurisdictions where services remain legal notwithstanding the cost or risks.

In the face of this health crisis, the Federal Government is taking action to protect healthcare service delivery and promote access to critical reproductive healthcare services, including abortion. It remains the policy of my Administration to support women's right to choose and to protect and defend reproductive rights. Doing so is essential to justice, equality, and our health, safety, and progress as a Nation.

Sec. 2. *Definitions.* (a) The term ''agency'' means any authority of the United States that is an ''agency'' under 44 U.S.C. 3502(1), other than one considered to be an independent regulatory agency, as defined in 44 U.S.C. 3502(5).

(b) The term ''reproductive healthcare services'' means medical, surgical, counseling, or referral services relating to the human reproductive system, including services relating to pregnancy or the termination of a pregnancy.

Sec. 3. *Protecting Access to Reproductive Healthcare Services.* (a) Within 30 days of the date of this order, the Secretary of Health and Human Services shall submit a report to the President:

(i) identifying potential actions:

(A) to protect and expand access to abortion care, including medication abortion; and

(B) to otherwise protect and expand access to the full range of reproductive healthcare services, including actions to enhance family planning services such as access to emergency contraception;

(ii) identifying ways to increase outreach and education about access to reproductive healthcare services, including by launching a public awareness initiative to provide timely and accurate information about such access, which shall:

(A) share information about how to obtain free or reduced cost reproductive healthcare services through Health Resources and Services Administration-Funded Health Centers, Title X clinics, and other providers; and

(B) include promoting awareness of and access to the full range of contraceptive services, as well as know-your-rights information for those seeking or providing reproductive healthcare services; and

(iii) identifying steps to ensure that all patients—including pregnant women and those experiencing pregnancy loss, such as miscarriages and ectopic pregnancies—receive the full protections for emergency medical care afforded under the law, including by considering updates to current guidance on obligations specific to emergency conditions and stabilizing care under the Emergency Medical Treatment and Labor Act, 42 U.S.C. 1395dd, and providing data from the Department of Health and Human Services concerning implementation of these efforts.

(b) To promote access to reproductive healthcare services, the Attorney General and the Counsel to the President shall convene a meeting of private pro bono attorneys, bar associations, and public interest organizations in order to encourage lawyers to represent and assist patients, providers, and third parties lawfully seeking these services throughout the country.

Sec. 4. *Protecting Privacy, Safety, and Security.* (a) To address potential heightened safety and security risks related to the provision of reproductive healthcare services, the Attorney General and the Secretary of Homeland Security shall consider actions, as appropriate and consistent with applicable law, to ensure the safety of patients, providers, and third parties, and to protect the security of clinics (including mobile clinics), pharmacies, and other entities providing, dispensing, or delivering reproductive and related healthcare services.

(b) To address the potential threat to patient privacy caused by the transfer and sale of sensitive health-related data and by digital surveillance related to reproductive healthcare services, and to protect people seeking reproductive health services from fraudulent schemes or deceptive practices:

(i) The Chair of the Federal Trade Commission (FTC) is encouraged to consider actions, as appropriate and consistent with applicable law (including the Federal Trade Commission Act, 15 U.S.C. 41 *et seq.*), to protect consumers' privacy when seeking information about and provision of reproductive healthcare services.

(ii) The Secretary of Health and Human Services shall consider actions, including providing guidance under the Health Insurance Portability and Accountability Act, Public Law 104–191, 110 Stat. 1936 (1996) as amended by Public Law 111–5, 123 Stat. 115 (2009), and any other statutes as appropriate, to strengthen the protection of sensitive information related to reproductive healthcare services and bolster patient-provider confidentiality.

(iii) The Secretary of Health and Human Services shall, in consultation with the Attorney General, consider actions to educate consumers on how best to protect their health privacy and limit the collection and sharing of their sensitive health-related information.

(iv) The Secretary of Health and Human Services shall, in consultation with the Attorney General and the Chair of the FTC, consider options to address deceptive or fraudulent practices related to reproductive healthcare services, including online, and to protect access to accurate information.

Sec. 5. *Coordinating Implementation Efforts.* (a) The Secretary of Health and Human Services and the Director of the Gender Policy Council shall establish and co-chair an Interagency Task Force on Reproductive Healthcare Access (Task Force). Additional members shall include the Attorney General and the heads of other agencies as determined by the Secretary of Health and Human Services and the Director of the Gender Policy Council. The Task Force shall work to identify and coordinate activities to protect and strengthen access to essential reproductive healthcare services. In addition, the Task Force shall coordinate Federal interagency policymaking, program development, and outreach efforts to address barriers that individuals and entities may face in seeking and providing reproductive healthcare services.

The Department of Health and Human Services shall provide funding and administrative support as may be necessary for the performance and functions of the Task Force.

(b) The Attorney General shall provide technical assistance, as appropriate and consistent with applicable law, concerning Federal constitutional protections to States seeking to afford legal protection to out-of-State patients and providers who offer legal reproductive healthcare.

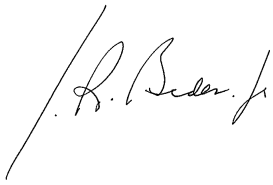
Sec. 6. *General Provisions.* (a) Nothing in this order shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.



THE WHITE HOUSE,
July 8, 2022.

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