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**IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
THIRD JUDICIAL DISTRICT AT ANCHORAGE**

PLANNED PARENTHOOD GREAT
NORTHWEST, HAWAI'I, ALASKA,
INDIANA, AND KENTUCKY,

Plaintiff,

v.

STATE OF ALASKA; CORI MILLS, in her
official capacity as Acting Attorney General of
the State of Alaska; ALASKA DEPARTMENT
OF HEALTH; STATE MEDICAL BOARD; and
ALASKA BOARD OF NURSING,

Defendants.

Case No. 3AN-26-07345CI

VERIFIED COMPLAINT

Plaintiff, by and through its undersigned attorneys, brings this verified complaint against the above-named Defendants and their employees, agents, appointees, and successors in office, and in support thereof alleges the following:

I. PRELIMINARY STATEMENT

1. This case challenges a law that requires all Alaskans to travel to a health center in order to receive a medication abortion regardless of their circumstances. The law, for no good reason, delays and denies patients' access to an essential, constitutionally protected

form of health care. By requiring all abortions to be provided in a hospital or other health care facility under AS 18.16.010(a)(2), the State prohibits qualified clinicians from providing medication abortions via direct-to-patient (“DTP”) telehealth (the “Telehealth Ban” or the “Ban”), a widely used health care model that allows providers to evaluate and treat a patient via telehealth while the patient is at home or another location of their choosing. The State forces all Alaskans seeking a medication abortion to travel—in some instances more than 700 miles—to a health center in Anchorage or Fairbanks to seek care. It is well-documented that such travel distances often delay, and sometimes prevent, patients from accessing abortion care. By imposing these burdens, this Telehealth Ban violates Alaskans’ fundamental right to abortion under the Alaska Constitution.

2. The Telehealth Ban serves no medical purpose. Across the country, DTP telehealth is a routine, common, and critical mode of delivering many types of health care, including medication abortion. Providing medication abortions via DTP telehealth is safe and effective, as shown by extensive peer-reviewed medical literature and affirmed by all the major medical organizations that have weighed in on the topic.

3. DTP telehealth is especially important in Alaska, where many people live in rural or remote areas. Apart from abortion, the State broadly authorizes and encourages the use of DTP telehealth to provide health care, including other pregnancy-related care. The State even allows clinicians to use DTP telehealth to care for patients experiencing a miscarriage by prescribing the *exact same* medications used for medication abortions. Yet

despite the safety and efficacy of providing medication abortions via DTP telehealth, the State prohibits clinicians from providing this form of essential health care.

4. Anyone who “knowingly violates” AS 18.16.010(a)(2) is subject to criminal penalties, including up to five years’ imprisonment.¹

5. The Telehealth Ban significantly burdens Alaskans’ abortion access. Even though it is typically not medically necessary for a patient seeking a medication abortion to travel to a health center, the State nonetheless forces every Alaskan who seeks a medication abortion to travel often long distances to a health center in Anchorage or Fairbanks to visit one of the only two publicly identified health centers in the state that provide abortions, often at great difficulty and expense. Because of the difficulties many Alaskans face in traveling to a health center, the Telehealth Ban often forces Alaskans either to delay having an abortion or to forgo one entirely, leaving these patients to continue carrying their pregnancies, with all the risks of complications and mortality that doing so brings.

6. The Telehealth Ban especially burdens Alaskans who live in remote or rural areas, including those who must drive hundreds of miles to reach Anchorage or Fairbanks and those who can only reach Anchorage or Fairbanks by plane. The Ban also particularly burdens Alaskans who need to take time off from work or school or arrange childcare to travel to a health center; those who have mobility limitations; and those who are at risk of or experience intimate partner violence. The Ban also disproportionately burdens groups

¹ AS 18.16.010(c).

in Alaska who have higher rates of pregnancy-related morbidity and mortality, including Alaska Native and Black women and rural residents, who face increased health risks if they are delayed or denied in seeking an abortion.

7. Plaintiff Planned Parenthood Great Northwest, Hawai‘i, Alaska, Indiana, and Kentucky (“Planned Parenthood”) brings this action on behalf of its patients and abortion providers. But for the Telehealth Ban, Planned Parenthood would provide medication abortions via DTP telehealth to its eligible patients in Alaska. The Telehealth Ban violates Planned Parenthood’s patients’ fundamental right to privacy and its patients’ and abortion providers’ right to equal protection under the Alaska Constitution.

8. Defendants should be preliminarily and permanently enjoined from enforcing the Telehealth Ban.

II. JURISDICTION & VENUE

9. This Court has subject matter jurisdiction over the claims in this action under AS 22.10.020.

10. This action for declaratory and injunctive relief is authorized by AS 22.10.020 and Rules 57 and 65 of the Alaska Rules of Civil Procedure.

11. Venue is proper pursuant to Rule 3(c) of the Alaska Rules of Civil Procedure because all Defendants, who are sued in their official capacities, carry out their official duties at offices located in Anchorage.

III. PARTIES

A. Plaintiff

12. Plaintiff Planned Parenthood is a not-for-profit corporation organized under the laws of Washington and doing business in Alaska.

13. Planned Parenthood operates two health centers in the state: one in Anchorage and one in Fairbanks.

14. Planned Parenthood provides a broad range of sexual and reproductive health care services to patients in Alaska, including well-person exams, birth control, emergency contraception, pregnancy testing and planning, testing and treatment for sexually transmitted infections, miscarriage care, cancer screenings, gender-affirming hormone therapy, certain vaccines, and abortions.

15. Planned Parenthood's health centers in Anchorage and Fairbanks are the only publicly identified health centers that provide abortions in Alaska.

16. Planned Parenthood sues on behalf of its patients and abortion providers.

B. Defendants

17. Defendant the State of Alaska is a proper party pursuant to AS 44.80.010.

18. Defendant Cori Mills is sued in her official capacity as the Acting Attorney General of the State of Alaska. Alaska's Attorney General has authority to enforce the Telehealth Ban pursuant to AS 44.23.020(a)(4), which grants her authority to "prosecute all cases involving violations of state law."

19. Defendant the Alaska Department of Health (the "Department of Health") holds authority to "administer the statutes and regulations relating to the promotion and

protection of the public health as provided by law,” including by “flexibly us[ing] the broad range of powers set out in [Title 18 of the Alaska Statutes] assigned to the department to protect and promote the public health.”² As part of those powers, the Department of Health has authority to approve facilities to provide abortions pursuant to AS 18.16.010(a)(2), the statute that operates as the Telehealth Ban.

20. Defendant the State Medical Board (the “Medical Board”) is a state agency as defined in AS 08.64.010. The Medical Board governs the licensing of physicians and physician assistants in the state.³ The Medical Board has the authority to “define ethical, unprofessional, or dishonorable conduct as related to abortions, set standards of professional competency in the performance of abortions, and establish procedures and set standards for facilities, equipment, and care of patients in the performance of an abortion.”⁴ This includes the authority to investigate and impose disciplinary sanctions for alleged violations of the Telehealth Ban.⁵ The Medical Board’s regulations also define “unprofessional conduct” for physicians and physician assistants to include, among other things, conviction of a felony, which would include a conviction for violating the Telehealth Ban.⁶

21. Defendant the Alaska Board of Nursing (the “Board of Nursing”) is a professional licensing board within the Division of Corporations, Business and Professional Licensing

² AS 18.05.010(a), (b)(1).

³ See AS 08.64.101(a), 08.64.107.

⁴ AS 08.64.105.

⁵ See AS 08.64.326, 18.16.010(a)(2).

⁶ 12 AAC 40.967(17).

of the Alaska State Department of Commerce, Community, and Economic Development. The Board of Nursing governs the licensing of advanced practice registered nurses in the state.⁷ Pursuant to AS 08.68.270 and 08.68.275, the Board of Nursing has the authority to discipline advanced practice registered nurses for failure to comply with the Telehealth Ban.

IV. FACTUAL STATEMENT

A. Planned Parenthood Provides Sexual & Reproductive Care to Alaskans

22. Planned Parenthood provides a broad range of sexual and reproductive health care services to patients in Alaska, including both medication and procedural abortions.

23. Medication abortion, as the name suggests, is a method of terminating a pregnancy by taking one or more medications in pill form. Planned Parenthood provides medication abortions in Alaska through 12 weeks of pregnancy, as measured from the first day of a pregnant person's last menstrual period ("LMP").

24. Planned Parenthood provides medication abortions both through in-person care at its Anchorage and Fairbanks health centers and through site-to-site telehealth, a more limited form of telehealth that is the only type permitted by Alaska law. For a site-to-site telehealth medication abortion, a patient travels to a Planned Parenthood health center and, if eligible, receives medications there after meeting over telehealth with a clinician located elsewhere. Although site-to-site telehealth enables Planned Parenthood to staff its health centers more flexibly and better accommodate patient and provider schedules, it does not alleviate the burdens patients face in reaching one of these health centers.

⁷ See AS 08.68.100, 08.68.160.

25. Procedural abortions use suction, instruments, or a combination thereof to empty the contents of the uterus.⁸ Planned Parenthood currently provides procedural abortions through 17 weeks and 6 days LMP at its Anchorage health center and through 13 weeks and 6 days LMP at its Fairbanks health center. This case concerns only medication abortions, not also procedural abortions, which must be provided in person.

26. The majority of abortions provided by Planned Parenthood in Alaska are medication abortions.

27. In addition to in-person care at its Anchorage and Fairbanks health centers, Planned Parenthood offers many of its health care services through DTP telehealth in Alaska, including birth control, emergency contraception, gender-affirming hormone therapy, HIV services, pregnancy testing and planning, care for other sexual and reproductive health concerns, and some gynecological consults, such as consults for chronic pelvic pain and recurrent or persistent cervical dysplasia.

B. Abortion Is a Safe and Common Form of Health Care

28. In the United States, an estimated one in four women of reproductive age will have an abortion by the time she turns forty-five.⁹ As of 2020, the most recent year for which data are available, nearly one in five pregnancies in the United States ended in abortion.¹⁰

⁸ Although procedural abortions are sometimes called “surgical abortions,” they are not surgery in the traditional sense because they do not involve cutting into a patient’s skin.

⁹ See Rachel K. Jones, *An Estimate of Lifetime Incidence of Abortion in the United States Using the 2021–2022 Abortion Patient Survey*, 135 *Contraception* 1, 4 (2024).

¹⁰ *Pregnancy Trends in the United States*, Guttmacher Inst. (Mar. 2025), <https://www.guttmacher.org/fact-sheet/pregnancy-trends-united-states>.

29. Patients decide to end pregnancies for a variety of reasons, including familial, medical, financial, and personal ones. For example, some decide that it is not the right time to have a child or to add to their families; some end a pregnancy because of a severe fetal anomaly; some choose not to carry a pregnancy to term because they have become pregnant as a result of rape or incest; some choose not to have biological children; and for some, continuing with a pregnancy would pose a significant risk to their health.

30. All the major medical organizations that have weighed in on the topic have concluded that abortions are safe, common, and an essential form of health care, including the American Medical Association,¹¹ World Health Organization,¹² American College of Obstetricians & Gynecologists (“ACOG”),¹³ Royal College of Obstetricians & Gynaecologists,¹⁴ Society for Maternal-Fetal Medicine,¹⁵ and the Society of Family

¹¹ See AMA Code of Med. Ethics, *Opinion 4.2.7: Abortion*, <https://code-medical-ethics.ama-assn.org/ethics-opinions/abortion> (last visited May 31, 2026).

¹² See World Health Org., *Abortion* (Dec. 8, 2025), <https://www.who.int/news-room/fact-sheets/detail/abortion>.

¹³ See ACOG, *Abortion Access Fact Sheet*, <https://www.acog.org/advocacy/abortion-is-essential/come-prepared/abortion-access-fact-sheet> (last visited May 31, 2026).

¹⁴ See *Abortion Care Is Healthcare*, Royal Coll. Obstetricians & Gynaecologists, <https://www.rcog.org.uk/about-us/global-network/centre-for-womens-global-health/contraception-and-abortion/our-making-abortion-safe-programme/key-messages-on-safe-abortion/abortion-care-is-healthcare/> (last visited May 31, 2026).

¹⁵ See Soc’y Maternal-Fetal Med. et al., *Society for Maternal-Fetal Medicine Position Statement: Access to Abortion Care B7* (July 2024), https://assets.noviams.com/novi-file-uploads/smfm/Publications_and_Guidelines/Position_Statements/Society_for_Maternal_Fetal_Medicine_Position_Statement_Access_to_abortion_care.pdf.

Planning.¹⁶ In fact, abortions are markedly safer than carrying a pregnancy to term and giving birth.¹⁷

31. During the first trimester of pregnancy, a patient seeking an abortion can have either a medication abortion or a procedural abortion. The majority of abortions in the United States are medication abortions.¹⁸

32. Evidence-based research and practice demonstrates that medication abortions are safe and effective through at least twelve weeks LMP.¹⁹

33. There are multiple different medication abortion regimens. In the United States, medication abortions are most commonly provided using a regimen of two medications:

¹⁶ See Soc’y Fam. Planning, *Society of Family Planning Position Statement: Abortion Is Essential Healthcare* (2025), <https://societyfp.org/wp-content/uploads/2025/07/Abortion-is-essential-healthcare.pdf>.

¹⁷ See, e.g., Nat’l Acads. of Scis., Eng’g, & Med., *The Safety and Quality of Abortion Care in the United States* 74, 75 tbl. 2–4, 77–78 (2018) [hereinafter “*National Academies Report*”]; cf. *Planned Parenthood of the Great Nw. v. State*, 375 P.3d 1122, 1141 (Alaska 2016) [hereinafter “*Planned Parenthood IV*”] (noting that “the superior court found that abortion raises fewer health concerns for minors than does giving birth” and “that abortion is ‘quintessentially’ and ‘extraordinarily’ safe”).

¹⁸ See Rachel K. Jones & Amy Friedrich-Karnik, *Medication Abortion Accounted for 63% of All US Abortions in 2023—An Increase from 53% in 2020*, Guttmacher Inst. (Mar. 2024), <https://www.guttmacher.org/2024/03/medication-abortion-accounted-63-all-us-abortions-2023-increase-53-2020>.

¹⁹ See, e.g., World Health Org., *Abortion Care Guideline* 33, 68 (2022), <https://iris.who.int/server/api/core/bitstreams/59a704cc-4024-412a-97d9-55d86d139602/content> [hereinafter “*WHO Abortion Care Guideline*”]; Nisha Verma et al., *Society of Family Planning Interim Clinical Recommendations: Self-Managed Abortion*, Soc’y Family Planning 1, 6, 7, <https://societyfp.org/wp-content/uploads/2022/06/SFP-Interim-Recommendation-Self-managed-abortion-09.08.22.pdf> (last updated Sept. 8, 2022).

mifepristone and misoprostol.²⁰ Mifepristone temporarily blocks the hormone progesterone, which is necessary to maintain pregnancy. Misoprostol, which a patient takes up to seventy-two hours after mifepristone in this regimen, causes the uterus to contract and expel its contents. Another regimen uses solely misoprostol, which, as when it is used in the mifepristone/misoprostol regimen, causes the uterus to contract and expel the pregnancy.²¹ In either regimen, a patient passes the pregnancy in a manner similar to a miscarriage. Mifepristone and misoprostol are both also commonly used to help patients experiencing a miscarriage pass the pregnancy.

34. Medication abortions are safe and effective, and complications are rare. ACOG, the leading professional association of obstetrician-gynecologists (“OB/GYNs”) in the United States, has explained that medication abortion “is a safe and effective method of providing abortion.”²² The National Academies, a nongovernmental institution established by congressional charter in 1863 that “bring[s] together the nation’s leading experts through rigorous, evidence-based processes to deliver high-quality, independent

²⁰ ACOG, *Practice Bulletin Number 225: Medication Abortion Up to 70 Days of Gestation*, 136 *Obstetrics & Gynecology* e31, e31 (2020) [hereinafter “ACOG, *Practice Bulletin No. 225*”].

²¹ See ACOG, *Practice Bulletin No. 225*, *supra* note 20, at e31; Soc’y Family Planning, *Science Says: Misoprostol Only Is Safe and Effective*, https://societyfp.org/wp-content/uploads/2023/02/SFP_ScienceSays_misoprostol.pdf (last updated Aug. 21, 2023).

²² ACOG, *Practice Bulletin No. 225*, *supra* note 20, at e31, e35.

advice,”²³ conducted a comprehensive review of the safety and efficacy of abortion and found that complications following medication abortions are rare.²⁴

35. Abortions are time-sensitive health care.²⁵ Although abortions are safe throughout pregnancy, the risk of complications from an abortion increases incrementally as pregnancy progresses.²⁶ Patients who have an abortion later in pregnancy due to delays in accessing care thus face a higher risk of abortion-related complications than if they had been able to have an abortion earlier in pregnancy. Patients who are delayed in having an abortion, and who are thus forced to stay pregnant longer, also face an increased risk of pregnancy-related complications than if they had been able to have an abortion earlier in pregnancy.²⁷

36. Because abortion is safer than carrying a pregnancy to term and giving birth, people forced to carry pregnancies to term risk a range of serious adverse health outcomes, including but not limited to exposure to risks of major complications and death.²⁸ Patients who are denied access to an abortion face continued exposure to these

²³ Nat’l Acads. of Scis., Eng’g, Med., *Process*, <https://www.nationalacademies.org/index.php/process> (last visited May 31, 2026).

²⁴ *National Academies Report*, *supra* note 17, at 55.

²⁵ *See Planned Parenthood IV*, 375 P.3d at 1141 (noting that, “because the superior court found that in Alaska an abortion generally is unavailable after about 14 weeks’ gestation, time is of the essence”).

²⁶ *See National Academies Report*, *supra* note 17, at 10 (explaining that, although “[s]erious complications are rare” for legal abortions in the United States, “the risk of a serious complication increases with weeks’ gestation”).

²⁷ *See* Elizabeth G. Raymond & David A. Grimes, *The Comparative Safety of Legal Induced Abortion and Childbirth in the United States*, 119 *Obstetrics & Gynecology* 215, 216–17 (2012).

²⁸ *See, e.g.*, ACOG, *Obstetric Care Consensus: Severe Maternal Morbidity: Screening and Review*, 128 *Obstetricians & Gynecologists* e54 (2016); *National Academies Report*,

risks throughout pregnancy and during childbirth. These risks fall disproportionately on Alaska Native and Black women and rural residents, who have higher pregnancy-related morbidity and mortality rates.²⁹

C. Telehealth Is a Safe, Routine, and Critical Mode of Delivering Health Care

37. Telehealth is a vital part of the health care system in the United States, particularly in Alaska. Under Alaska law, telehealth is defined as “the transfer of health care data through audio, visual, or data communications . . . over two or more locations” for use in “health care delivery, evaluation, diagnosis, consultation, or treatment,” including “between providers who are physically separated from the recipient or from each other or between a provider and a recipient who are physically separated from each other.”³⁰ This definition includes DTP telehealth.

38. Telehealth significantly expands access to care, especially for patients who otherwise would face difficulty accessing in-person care. This includes patients in rural

supra note 17, at 74; ACOG, *Obstetric Care Consensus: Levels of Maternal Care*, 134 *Obstetrics & Gynecology* e41, e42 (2019); *see also State v. Planned Parenthood of the Great Nw.*, 436 P.3d 984, 997 (Alaska 2019) [hereinafter “*Planned Parenthood V*”] (noting that “all pregnant women face some risk of pregnancy-induced conditions like preeclampsia”).

²⁹ *See* Emily E. Petersen et al., *Racial/Ethnic Disparities in Pregnancy-Related Deaths—United States, 2007–2016*, *Ctrs. Disease Control & Prevention* (Sept. 6, 2019), <https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm>; Eileen Wang et al., *Racial and Ethnic Disparities in Severe Maternal Morbidity: A Qualitative Study of Women’s Experiences of Peripartum Care*, 31 *Women’s Health Issues* 75, 75 (2021); *Ctrs. Disease Control & Prevention, Data from the Pregnancy Mortality Surveillance System* (Dec. 18, 2025), <https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance-data/index.html>; Katy Backes Kozhimannil et al., *Rural-Urban Differences in Severe Maternal Morbidity and Mortality in the US, 2007–15*, 38 *Health Affs.* 2077 (2019).

³⁰ AS 47.05.270(e); AS 08.02.130(j)(4) (noting that “telehealth” for the purpose of this statute “has the meaning given in AS 47.05.270(e)”); *see also* 7 AAC 110.639.

areas and other areas with provider shortages, where physicians (including specialists) or other clinicians are not always readily available or present at all. Telehealth aims to better facilitate the provision of care, improve quality of care, and reduce unnecessary in-person visits, all ultimately in service of ensuring better health outcomes for patients.

39. While patients have long used telehealth to access care, the use of telehealth—including DTP telehealth—has expanded significantly in recent years, particularly since the onset of the COVID-19 pandemic. This is due in part to advancing technology and the elimination of medically unnecessary regulatory requirements.

40. Telehealth plays an important role in the fields of obstetrics and gynecology. According to a 2020 report from the U.S. Department of Health and Human Services, only approximately six percent of OB/GYNs in the United States practice in rural communities, while fifteen percent of the U.S. population lives in rural areas.³¹ For patients in rural communities with limited access to an OB/GYN, telehealth expands access to care. ACOG has recognized that telehealth can improve obstetric and gynecologic health outcomes and thus advocates for the use and expansion of telehealth.³²

³¹ See U.S. Dep't of Health & Hum. Servs., *Healthy Women, Healthy Pregnancies, Healthy Futures: Action Plan to Improve Maternal Health in America* 53, https://aspe.hhs.gov/sites/default/files/migrated_legacy_files/197506/healthy-women-healthy-pregnancies-healthy-future-action-plan.pdf (last visited June 5, 2026).

³² ACOG, *Committee Opinion Number 798: Implementing Telehealth in Practice*, 135 *Obstetrics & Gynecology* e73 (2020).

41. Being able to access services via telehealth—including DTP telehealth—is particularly vital in Alaska, where some Alaskans live far from a provider and/or in communities that are inaccessible by road.³³

42. Telehealth has been used to help Alaskans access care for more than fifty years. Telehealth technologies were implemented in Alaska as early as 1972, when “villages in central Alaska began to communicate with a regional hospital and the Anchorage Native Medical Center (ANMC) using a single channel on the National Aeronautic and Space Administration’s (NASA’s) ATS-1 satellite.”³⁴ When that program “showed that reliable communications could indeed save time and even lives,” the State eventually “authorized an expenditure of \$5 million for the purchase of satellite earth stations for 200 villages, . . . linking the villages with their regional hospital and with ANMC.”³⁵ The

³³ Alaska has the largest geographic size of any state in the United States, with a total land area of more than 570,000 square miles; it is also the least densely populated state. *See* America Counts Staff, *Alaska, Least Densely Populated State, Had Population of 733,391 in 2020*, U.S. Census Bureau (Aug. 25, 2021), <https://www.census.gov/library/stories/state-by-state/alaska.html>. Moreover, as of 2023, 35.1% of Alaska’s population lived in a rural area. *See* Am.’s Health Rankings, *Rural Population in Alaska*, https://www.americashealthrankings.org/explore/measures/pct_rural_b/AK#measure-trend-summary (last visited June 1, 2026). Also as of 2023, the Alaska Department of Transportation and Public Facilities reported that 82% of communities and Federal Aviation Administration-recognized locations in Alaska could not be accessed by road. *See* Alaska Dep’t of Transp. & Pub. Facilities, *Department Fast Facts: Prepared for Legislative Session 2023* 8 (2023). One 2021 study notes that “more than 60,000 people liv[e] in remote communities of fewer than 1000 residents that are located off the road system and are only accessible by plane or boat.” *See* Laura Eichelberger et al., *Implications of Inadequate Water and Sanitation Infrastructure for Community Spread of COVID-19 in Remote Alaskan Communities*, 776 *Sci. Total Env’t.* 1, 3 (2021).

³⁴ Heather E. Hudson, *Perspective: Rural Telemedicine: Lessons from Alaska for Developing Regions*, 11 *Telemedicine & e-Health* 460, 462 (2005).

³⁵ *Id.* at 462–63.

Alaska Federal Health Care Access Network has now used telehealth for decades to improve access to care for Alaskans, allowing providers to “connect[] . . . to a vast network of providers and specialists” outside of their communities, including for obstetric and gynecological care.³⁶ As the Alaska Native Tribal Health Consortium recognizes, “[t]elehealth has changed the face of medicine” in Alaska, allowing providers to care for their patients “when they need to be seen, not only when the weather cooperates.”³⁷

43. The federal and Alaska state governments have both recognized the importance of telehealth in ensuring access to care. The federal government has taken steps to expand Medicare coverage of telehealth services, including at Federally Qualified Health Centers and Rural Health Clinics.³⁸ In 2021, the U.S. Department of Health and Human Services awarded the Alaska Native Tribal Health Consortium \$6.5 million to expand broadband access to facilitate telehealth access.³⁹ The Alaska Medical Board has expressed its support for “the expansion of Telemedical practice in all of its forms.”⁴⁰

³⁶ Alaska Native Tribal Health Consortium, *Telehealth—for Providers*, <https://anths.org/education-training/provider-telehealth/> (last visited June 1, 2026).

³⁷ *Id.*

³⁸ U.S. Dep’t of Health & Human Servs., *Medicare Payment Policies*, <https://telehealth.hhs.gov/providers/billing-and-reimbursement/medicare-payment-policies> (last visited June 1, 2026).

³⁹ Rural Telehealth Evaluation Ctr. et al., *An Evaluation of the Telehealth Broadband Pilot Program (2021–2024)* 5–6 (2024).

⁴⁰ Alaska State Med. Bd., *Statement Regarding Telehealth Legislation 2* (Mar. 3, 2022), <https://www.commerce.alaska.gov/web/Portals/5/pub/Archive26/BoardMeetings/MEDStatementRegardingTelehealthLegislation.pdf>.

44. Studies confirm that telehealth has facilitated access to health care in Alaska. For example, the use of telehealth in Alaska has increased access to care and reduced patient wait times, health care costs, and the need to travel.⁴¹

D. Providing Medication Abortions Via Direct-to-Patient Telehealth Is Safe, Effective, and Common

45. Providing medication abortions via DTP telehealth is safe, effective, and common.

46. As noted above, DTP telehealth is a widely used health care model that allows providers to evaluate and treat a patient via telehealth from the patient’s home or another location of their choosing. Using telehealth technologies, a provider assesses the patient’s eligibility for a medication abortion and obtains the patient’s informed consent; if eligible, the patient is then sent the medications via mail or common carrier.

47. Planned Parenthood already provides medication abortions via DTP telehealth to its eligible patients in Hawai‘i and Washington.

48. When providing a medication abortion via DTP telehealth, clinicians use evidence-based screening protocols to ensure that patients are eligible for the care. To determine whether a patient is eligible for a medication abortion via DTP telehealth, providers evaluate detailed information about the patient’s medical history and any symptoms they may be having. This includes the use of screening protocols to calculate

⁴¹ See, e.g., Susan D. Emmett, *Mobile Health School Screening and Telemedicine Referral to Improve Access to Specialty Care in Rural Alaska: A Cluster-Randomised Controlled Trial*, 10 *Lancet Glob. Health* e1023, e1030–31 (2022); Philip J. Hofstetter et al., *The Impact of Telehealth on Wait Time for ENT Specialty Care*, 16 *Telemedicine & E-Health* 551, 552–53 (2010); Mouhcine Guettabi et al., *On Telemedicine and Healthcare Spending*, 84 *Int’l J. Circumpolar Health* 1, 9 (2025); John Kokesh et al., *Traveling an Audiologist to Provide Otolaryngology Care Using Store-and-Forward Telemedicine*, 15 *Telemedicine & E-Health* 758, 761–62 (2009).

the duration of the pregnancy and to assess whether the patient has risk factors for or symptoms of an ectopic pregnancy, two key factors in determining whether a patient is eligible for a medication abortion.⁴²

49. Although some patients have an ultrasound before their abortion, it is typically not medically necessary for a patient to have an ultrasound or other physical testing before a medication abortion, including for patients who visit a health center in person for their abortion care. The above-mentioned screening protocols can be safely used to determine eligibility for a medication abortion.⁴³ If a provider determines that a patient should have

⁴² An ectopic pregnancy is a condition in which “a fertilized egg implants and grows in a location that cannot support the pregnancy,” usually outside the uterus. *See ACOG, Facts Are Important: Understanding Ectopic Pregnancy*, <https://www.acog.org/advocacy/facts-are-important/understanding-ectopic-pregnancy> (last visited June 1, 2026). While the above-referenced protocols sufficiently screen patients for the potential of an ectopic pregnancy, in the rare event that a patient with an ectopic pregnancy takes abortion medication, early access to medication abortion can actually facilitate timely detection of that ectopic pregnancy because patients with an ectopic pregnancy will not experience the expected effects of the medications and will be instructed to seek follow-up care. However, because it is important to detect and treat ectopic pregnancies as early as possible and because a medication abortion using a mifepristone/misoprostol or misoprostol-only regimen does not terminate an ectopic pregnancy, providers screen for the possibility of this condition at the outset regardless of whether the patient seeks their abortion care in person or via DTP telehealth. *See Elizabeth G. Raymond et al., Commentary: No-Test Medication Abortion: A Sample Protocol for Increasing Access During a Pandemic and Beyond*, 101 *Contraception* 361, 361 (2020); *see also, e.g., id.* at 362 (sample protocol).

⁴³ *See, e.g., Erica Chong, Expansion of a Direct-to-Patient Telemedicine Abortion Service in the United States and Experience During the COVID-19 Pandemic*, 104 *Contraception* 43, 46 (2021); Soc’y Fam. Planning, *Science Says: Telehealth Medication Abortion Care Is Safe and Effective* 1, 2 (Sept. 6, 2023), https://societyfp.org/wp-content/uploads/2023/09/SFP_ScienceSays_Template-TelehealthMedicationAbortion-f.pdf [hereinafter “Soc’y Fam. Planning, *Telehealth Medication Abortion Care*”] (“Studies have found low rates of ectopic pregnancy among patients who obtain no-test telehealth abortion care, suggesting that telehealth abortion care

an ultrasound before their abortion—including because there is insufficient information to assess the duration of the pregnancy otherwise or because there are risk factors for or symptoms of an ectopic pregnancy—Planned Parenthood requires the patient to have an ultrasound. Under those circumstances, a patient could proceed by having an ultrasound at another facility (if that facility is closer than the nearest abortion provider) or decide to proceed with a medication abortion through site-to-site telehealth or in-person care at a Planned Parenthood health center.

50. As with all abortion patients, patients who have a medication abortion via DTP telehealth give informed consent prior to receiving the care. As part of this informed consent process, patients receive detailed information on when and how to take the medication, what to expect and what to do if they have questions or concerns, and potential side effects and complications, including what symptoms are within the normal expected range and what symptoms could raise concerns.

51. In states where Planned Parenthood already provides medication abortions via DTP telehealth, its protocols account for any delays inherent in the process of mailing medications. Although medication abortions are safe and effective through at least 12 weeks LMP, when Planned Parenthood provides medication abortions via DTP telehealth to patients in Hawai‘i and Washington, the medications are currently sent only to patients whose pregnancy duration is up to 11 weeks and 3 days LMP to account for the time it

screening using patient history is effective at identifying patients at risk of ectopic pregnancy.”).

takes the medications to arrive. The medications are typically shipped via FedEx two-day shipping.

52. All of Planned Parenthood's abortion patients are also given access to a 24/7 triage line staffed by health care providers. If a patient experiences any symptoms that raise concerns, the patient can call the triage line to speak with a health care provider, regardless of whether their initial visit was conducted in person or through DTP telehealth. If a patient needs to seek additional care following a medication abortion, such care can often be provided through DTP telehealth, including by prescribing additional doses of misoprostol to help fully empty the uterus and resolve any ongoing bleeding. If a patient needs to seek in-person care, they could visit a local provider or a Planned Parenthood health center, even if the patient did not originally visit a health center for their abortion.

53. Even if a patient travels to a health center for their abortion care, any complications from a medication abortion occur after a patient has left the health center. Patients are thus unlikely to be at a health center at the time they experience any rare complication, regardless of whether they initially traveled to a health center for their abortion care. Thus, even in these rare situations, there is no medical benefit to forcing patients to travel to a health center to have a medication abortion.

54. Peer-reviewed research demonstrates that providing medication abortions via DTP telehealth is safe and effective. In fact, research demonstrates that providing medication abortions via DTP telehealth is as safe and effective as providing medication abortions in

person. A 2024 study of medication abortions provided using DTP telehealth found that the effectiveness of the model was very high, with 97.7% having a complete abortion, and that 99.8% did not result in a serious adverse event.⁴⁴ Another 2024 study found that “medication abortion following no-test telehealth screening and mail-order pharmacy dispensing of medications was associated with similar rates of complete abortion as in-person care with ultrasonography.”⁴⁵

55. Relying on peer-reviewed research, major medical organizations have endorsed the safety and efficacy of providing medication abortions via DTP telehealth. ACOG explains that “[m]edication abortion can be provided safely and effectively by telemedicine with a high level of patient satisfaction,” and that “[m]edication abortion through telemedicine has been evaluated in observational studies and found to be equally effective as an in-person visit.”⁴⁶ ACOG notes that an analysis of nearly 20,000 medication abortions found that “adverse events were rare (0.3% overall) and did not differ between those who choose telemedicine or in-person services.”⁴⁷ The Society of Family Planning notes that providing medication abortions via DTP telehealth has become “the prevailing telehealth abortion care model,” and that “[r]esearch has demonstrated that the safety and effectiveness of telehealth medication abortion care is

⁴⁴ Ushma D Upadhyay et al., *Effectiveness and Safety of Telehealth Medication Abortion in the USA*, 30 *Nature Med.* 1191 (2024).

⁴⁵ Lauren J. Ralph et al., *Comparison of No-Test Telehealth and In-Person Medication Abortion*, 332 *JAMA* 898, 903 (2024).

⁴⁶ ACOG, *Practice Bulletin No. 225*, *supra* note 20, at e31, e35 (citing study on DTP telehealth).

⁴⁷ *Id.*

comparable to in-clinic medication abortion care models.”⁴⁸ The Society for Maternal-Fetal Medicine notes that “[a]bortion care is commonly and increasingly occurring outside of traditional clinical settings,” including through DTP telehealth, and states that it “supports access to abortion without unnecessary barriers, including via telemedicine abortion care.”⁴⁹ The World Health Organization similarly recommends DTP telehealth as an option for delivering abortion care based on a systematic review of studies.⁵⁰ The National Abortion Federation, which develops clinical guidelines for independent abortion providers, also explains that “[t]elemedicine can be safely used to provide abortion care, including medication abortion provision, informed consent, and follow-up,” and that “[f]or most patients, testing before a medication abortion, including ultrasound, is not required.”⁵¹

E. The State Broadly Authorizes DTP Telehealth for Other Forms of Care

56. Recognizing that telehealth significantly expands access to essential health care, especially for people in rural and remote areas, the State of Alaska broadly allows, and even encourages, the use of telehealth, including DTP telehealth. Apart from abortion, the State generally allows providers to make their own determinations as to whether care can be safely and effectively provided via telehealth, including for other pregnancy-related care.

⁴⁸ Soc’y Fam. Planning, *Telehealth Medication Abortion Care*, *supra* note 43, at 1, 2.

⁴⁹ Soc’y Maternal-Fetal Med. et al., *Society for Maternal-Fetal Medicine Statement: RhD Immune Globulin After Spontaneous or Induced Abortion at Less Than 12 Weeks of Gestation*, 230 Am. J. Obstetrics & Gynecology B2 (2024).

⁵⁰ WHO *Abortion Care Guideline*, *supra* note 19, at 95.

⁵¹ Nat’l Abortion Fed., *Clinical Policy Guidelines for Abortion Care 2026* 1, 21 (2026).

57. The State has adopted a number of statutory and policy changes in recent years to expand access to telehealth. In 2022, the State authorized Alaska-licensed providers to use telehealth—including DTP telehealth—to offer care within their scope of practice without requiring the provider to have first seen the patient in person.⁵² The law also specifies that providers do not need to document that there was a barrier to in-person visits before providing a service via telehealth and prohibits the Department of Health and licensing boards from limiting the physical setting in which a provider can be located while providing care via telehealth.⁵³

58. Alaska law ensures that patients accessing care via telehealth can expect similar coverage from their health insurance as if they were receiving care in person. It requires private insurers to cover care provided via telehealth⁵⁴ and mandates that the Department of Health cover services provided via telehealth under the Medicaid program “in the same manner as if the services had been provided in person.”⁵⁵

59. The State also broadly allows providers to prescribe and dispense medications via telehealth, including controlled substances under certain circumstances. For instance, Alaska law allows providers to use DTP telehealth to prescribe Schedule IA substances, which “have the highest degree of danger or probable danger to a person or the public,”

⁵² AS 08.02.130(a); *see also Rep. Ivy Spohnholz’s Bill Creating Permanent Telehealth Expansion and Flexibilities Signed Into Law*, Alaska House Majority Coalition (July 13, 2022),

<https://alaskahousemajority.com/2022/07/13/rep-ivy-spohnholzs-bill-creating-permanent-telehealth-expansion-and-flexibilities-signed-into-law/>.

⁵³ AS 08.02.130(h).

⁵⁴ AS 21.42.422(a).

⁵⁵ AS 47.07.069(a).

such as codeine, morphine, and gamma-hydroxybutyric acid (“GHB”), and Schedule IIA substances such as amphetamines, pentobarbital, psilocybin, and peyote.⁵⁶

F. The State Prohibits Providing Medication Abortions via DTP Telehealth

60. Although the State broadly authorizes and encourages the use of DTP telehealth, including to provide other pregnancy-related care, the State criminalizes the use of DTP telehealth to provide medication abortions. By requiring all abortions to be provided in a hospital or other health care facility under AS 18.16.010(a)(2), the State singles out abortion for more restrictive treatment, preventing Alaskans from accessing abortion care via a safe, effective, and common telehealth model.

61. Under AS 18.16.010(a)(2), “[a]n abortion may not be performed in this state unless . . . the abortion is performed in a hospital or other facility approved for the purpose by the Department of Health or a hospital operated by the federal government or an agency of the federal government.”

62. In a 2023 press release that remains publicly available on the Alaska Department of Law’s official website, Alaska’s then-Attorney General appears to have taken the position that AS 18.16.010(a)(2) bans providing medication abortions via DTP telehealth.

Without explicitly citing AS 18.16.010(a)(2), he stated that “[u]nder Alaska law, a

⁵⁶ See AS 08.02.130(e)–(f) (noting that physicians, physician assistants, and advanced practice registered nurses can “prescribe, dispense, or administer through telehealth . . . a prescription for a controlled substance listed in AS 11.71.140–11.71.190” if the provider “complies with state and federal law governing the prescription, dispensing, or administering of a controlled substance”); AS 08.64.364(a)–(b) (explaining conditions under which a physician or physician assistant can prescribe, dispense, or administer a controlled substance without conducting a physical examination); AS 11.71.140 (listing Schedule IA controlled substances); AS 11.71.150 (listing Schedule IIA controlled substances).

woman in Alaska who receives a dose of mifepristone does so in a clinical setting” and that “no matter what, the pill is still administered in a clinic,” with the prescribing provider either physically present or present via site-to-site telehealth.⁵⁷

63. As noted above, anyone “who knowingly violates” AS 18.16.010(a)(2) commits a felony, punishable by “a fine of not more than \$1,000, or by imprisonment for not more than five years, or by both.”⁵⁸

64. Alaska law does not similarly prohibit providers from using DTP telehealth to provide other pregnancy-related care or indeed any other specific forms of health care for which there is no medical need for an in-person visit.

⁵⁷ *Press Release: Clarity on Alaska Law and Mifepristone*, Alaska Dep’t of Law (Mar. 17, 2023), <https://law.alaska.gov/press/releases/2023/031723-Mifepristone.html> [hereinafter “AG Press Release”].

The same press release further addressed the then-Attorney General’s view that pharmacies could not dispense mifepristone based on a different statutory provision, AS 18.16.010(a)(1), which states that “[a]n abortion may not be performed in this state unless . . . the abortion is performed by a physician licensed by the State Medical Board under AS 08.64.200.” *See id.* On this point, the AG Press Release states that “AS 18.16.010(a)(1) has always operated to prohibit the *sale* of mifepristone directly to patients, whether by mail or in person.” *Id.* (emphasis added). Planned Parenthood does not understand AS 18.16.010(a)(1) to independently prohibit clinicians from providing medication abortions via DTP telehealth. Putting aside that this aspect of the AG Press Release has no application to the provision of abortion by licensed medical practitioners (as opposed to pharmacists who sell mifepristone), the plain language of AS 18.16.010(a)(1) clearly does not prohibit how or where a medication abortion can be provided; rather, it only purports to limit who can provide them. However, to the extent the State interprets AS 18.16.010(a)(1) to somehow also prohibit licensed clinicians from providing medication abortions via DTP telehealth, Planned Parenthood also challenges any such interpretation of AS 18.16.010(a)(1) as unlawful, and in the alternative, challenges AS 18.16.010(a)(1) as violating its patients’ right to privacy and its patients’ and providers’ right to equal protection if it is so interpreted.

⁵⁸ AS 18.16.010(c).

65. Another statute that cross-references AS 18.16.010(a)(2) sheds light on the degree to which the State singularly excludes abortion care from its broad authorization of DTP telehealth. AS.08.64.364 outlines the circumstances under which physicians and physician assistants are authorized to diagnose and treat patients and prescribe medications—including controlled substances—without conducting a physical examination.⁵⁹ But AS 08.64.364 provides that, notwithstanding that authorization, clinicians cannot provide medication abortions unless they comply with AS 18.16.010.⁶⁰

G. The Telehealth Ban Burdens Alaskans' Abortion Access

66. The Telehealth Ban burdens Alaskans' abortion access, delaying Alaskans in obtaining an abortion and in some cases preventing them from having one altogether.

67. People face barriers to traveling to a health center to seek abortions for a variety of reasons. Most abortion patients have already previously given birth,⁶¹ and those who are

⁵⁹ By contrast, a Medical Board regulation states that an abortion “patient shall be examined by a physician licensed in this state, and a written record of the patient’s physical and emotional health shall be prepared before performing an abortion.” 12 AAC 40.080. Notably, this provision does not require an in-person examination and thus Planned Parenthood does not understand this regulation to independently prohibit medication abortions via DTP telehealth, but rather to allow for examinations using telehealth technologies to evaluate a patient’s eligibility for medication abortion based in part on reported medical history, symptoms, and/or other data. However, to the extent that the State may disagree with this interpretation, Planned Parenthood also challenges 12 AAC 40.080 as violating its patients’ right to privacy and its patients’ and abortion providers’ right to equal protection under the Alaska Constitution.

⁶⁰ AS 08.64.364(c)(1).

⁶¹ See Stephanie Ramer et al., *Abortion Surveillance—United States, 2022*, Ctrs. Disease Control & Prevention (Nov. 28, 2024), <https://www.cdc.gov/mmwr/volumes/73/ss/ss7307a1.htm> (finding that “[f]or 2022, among the 41 areas that reported the number of previous live births, 40.6%, 24.1%, 19.5%, 9.4%, and 6.5% of abortions reported were among women who had zero, one, two, three, or four or more previous live births, respectively”); Alaska Dep’t of Health, *Alaska Induced Terminations 2025 Annual Report* 12 tbl. 5,

parents often have to arrange and pay for childcare coverage in order to travel. Some patients have mobility limitations or other disabilities that make travel difficult.⁶² Most patients seeking abortions are below 200% of the federal poverty line;⁶³ if the patient does not live close to a health center, travel to a center can be prohibitively expensive. Some patients work low-wage jobs with limited or no paid sick leave and limited scheduling flexibility.⁶⁴ And in Alaska, weather often delays travel, especially for patients who need to travel by plane.⁶⁵ Patients with low incomes also often face transportation limitations such as lacking a car.⁶⁶ For many patients, traveling to a health center requires missing work and thus lost wages. Other patients are unable to take time away from their education. Having to pay for and arrange travel and childcare or take time off from work

<https://health.alaska.gov/media/sohdqwnb/2025-alaska-induced-terminations-annual-report.pdf> (last updated Feb. 10, 2026).

⁶² See, e.g., Jordan Fletcher et al., *Centering Disability Visibility in Reproductive Health Care: Dismantling Barriers to Achieve Reproductive Equity*, 19 *Women's Health* 1, 8 (2023); Jamie Ducharme, *For People with Disabilities, Losing Abortion Access Can Be a Matter of Life or Death*, *Time* (Jan. 25, 2023), <https://time.com/6248104/abortion-access-people-with-disabilities/>; cf. M. Antonia Biggs et al., *Access to Reproductive Health Services Among People with Disabilities*, 6 *JAMA Network Open* 1 (2023).

⁶³ See Rachel K. Jones et al., *Characteristics of Abortion Patients in Protected and Restricted States Accessing Clinic-Based Care 12 Months Prior to the Elimination of the Federal Constitutional Right to Abortion in the United States*, 55 *Persps. on Sexual & Reprod. Health* 80 (2023).

⁶⁴ See U.S. Bureau of Lab. Stats., *Table 6. Selected Paid Leave Benefits: Access, March 2025*, <https://www.bls.gov/news.release/ebs2.t06.htm> (last visited June 1, 2026).

⁶⁵ See Alaska Dep't of Transp. & Pub. Facilities, *Flying in Alaska: Special Considerations*, <https://dot.alaska.gov/stwdav/akfly.shtml> (last visited June 1, 2026).

⁶⁶ See Samina T. Syed et al., *Traveling Towards Disease: Transportation Barriers to Health Care Access*, 38 *J. Cmty. Health* 976 (2013); Elaine Murakami & Jennifer Young, *Daily Travel by Persons with Low Income* 1, 6 (1997), <https://rosap.nhtl.bts.gov/view/dot/13239>.

or school also risks exposing the confidentiality of a patient's decision to other people in their life and community. The Telehealth Ban makes it difficult, and sometimes impossible, for these patients to access abortion care.

68. Many abortion patients are also at risk of or experience intimate partner violence. Alaska has some of the highest rates in the nation of women's lifetime prevalence of intimate partner violence.⁶⁷ According to the 2020 Alaska Victimization Survey, 69.6% of Alaskan women had experienced intimate partner abuse (including psychological aggression, coercive control and entrapment, and/or physical violence) during their lifetime, and 19.9% had during the prior year.⁶⁸ As of 2024, the reported rate of rape in Alaska was more than three times as high as the national average.⁶⁹ In general, rates of intimate partner violence are higher during pregnancy and among people seeking an abortion.⁷⁰ Some abusive partners try to coerce their victims into becoming or staying

⁶⁷ See Hui Zhang Kudon et al., *The National Intimate Partner and Sexual Violence Survey: 2023/2024 Intimate Partner Violence Data Brief*, Ctrs. Disease Control & Prevention (2026) (noting that Alaska has a weighted 47.1% rate of women's lifetime prevalence of any contact sexual violence, physical violence, and/or stalking by an intimate partner (the third highest in the nation) and a weighted 50.2% rate of women's lifetime prevalence of psychological aggression by an intimate partner (the highest in the nation)).

⁶⁸ See Univ. of Alaska Anchorage, *Detailed Intimate Partner Abuse Results*, <https://www.uaa.alaska.edu/academics/college-of-health/departments/school-of-justice-and-human-services/justice-center/avs/avs-results/intimate-partner-abuse-results.cshtml> (last visited June 1, 2026).

⁶⁹ See Univ. of Alaska Anchorage, *Sexual Assault in Alaska: Fact Sheet and Resources*, https://www.uaa.alaska.edu/about/university-advancement/umac//media-room/uaa-media-releases/2016/_documents/20160322-UAA-Stalking-Bogeyman-FS.pdf (last visited June, 1, 2026).

⁷⁰ See, e.g., Lauren Sobel et al., *The Impact of Lifetime Intimate Partner Violence on Abortion Method Choice*, 143 *Contraception* 1, 1 (2025); Audrey F. Saftlas et al.,

pregnant as a means of control,⁷¹ and some survivors seek to end their pregnancy so that they and/or their family can escape an abusive partner.⁷² Patients who are at risk of or experiencing intimate partner violence often urgently need to keep their pregnancy and/or decision to have an abortion confidential to avoid increasing the risk of violence. By forcing patients to travel to a health center—sometimes over long distances and at great difficulty and expense—for care that they could otherwise have safely had in a location of their choosing, the Telehealth Ban jeopardizes the confidentiality of these patients’ care, exposing them to a risk of violence and sometimes depriving them of care altogether.

69. The Telehealth Ban is particularly harmful because of Alaska’s abortion provider shortage. As noted above, Planned Parenthood operates the only two publicly identified health centers that provide abortions in the state, in Anchorage and Fairbanks. Based on July 2025 population estimates published by the Alaska Department of Labor and Workforce Development, 93.3% of Alaska’s boroughs and census areas lack a health center that provides abortions, and 44.7% of women aged 15–44 in Alaska live in one of those boroughs or census areas.⁷³

Prevalence of Intimate Partner Violence Among an Abortion Clinic Population, 100 Am. J. Pub. Health 1412, 1414 (2010).

⁷¹ Elizabeth Miller et al., *Pregnancy Coercion, Intimate Partner Violence, and Unintended Pregnancy*, 81 *Contraception* 316, 319–20 (2010).

⁷² See Karuna S. Chibber et al., *The Role of Intimate Partners in Women’s Reasons for Seeking Abortion*, 24 *Women’s Health Issues* e131, e134.

⁷³ See Alaska Dep’t Lab. & Workforce Dev., *Alaska Population Estimates: Economic Regions and Borough/Census Areas: Age and Sex, 2020 to 2025*, <https://live.laborstats.alaska.gov/pop/estimates/data/AgeBySexBCA.xlsx> (last visited June 1, 2026).

70. Planned Parenthood’s patients often must travel significant distances to have an abortion in Anchorage or Fairbanks, sometimes at great expense and difficulty, including due to weather conditions. In 2025, Planned Parenthood provided medication abortions to patients who reported residences in Alaska as far as hundreds of miles away from the health center at which they sought care—including more than 700 miles away. From some communities in Alaska where Planned Parenthood’s patients reside, it is not possible to travel by car to Anchorage or Fairbanks, and patients must instead travel by plane. The State now widely authorizes DTP telehealth for non-abortion services; there is no reason to single out abortion for differential treatment, burdening Alaskans.

71. For some Alaskans, the barriers to traveling to a health center are insurmountable. These Alaskans are forced to remain pregnant against their will, with all the added medical risks that entails.

72. Even for those who are physically able to travel to a health center, the Telehealth Ban nonetheless often causes significant delays in accessing care. Some patients are close to 12 weeks LMP by the time they are able to make an appointment. For these patients, being able to access timely care can mean the difference between being able to choose to have a medication abortion and only having the option of a procedural abortion.

73. Because medication abortions are currently available in Alaska only through 12 weeks LMP, delays in access mean that some patients lose the ability to have a medication abortion even though that may be the best abortion care option for them. Although Planned Parenthood also offers procedural abortions through 17 weeks and 6

days LMP in Anchorage and through 13 weeks and 6 days LMP in Fairbanks, procedural abortions are not the preferred option for all patients.

74. Some patients have medical conditions or other indications that, when considering all of the relevant factors, make a medication abortion the preferred approach.⁷⁴ And although abortion is safe throughout pregnancy, as noted above, the risk of complications increases incrementally as pregnancy progresses.⁷⁵

75. Many patients also strongly prefer to have a medication abortion rather than a procedural abortion.⁷⁶ Such a preference often arises because patients feel safer and more comfortable having an abortion in the privacy of their own homes or because they want to avoid gynecological procedures in which instruments are inserted into their vagina and uterus, including because of past sexual, medical, or other physical traumas. For some patients at risk of or experiencing intimate partner violence, having a medication abortion instead of a procedural abortion helps them keep their decision confidential, reducing their risk of being subjected to violence.

76. Procedural abortions after 12 weeks LMP are also more costly than medication abortions, which prevents Alaskans who cannot afford the extra cost from accessing care if they are forced to delay until after the time when a medication abortion is available.

⁷⁴ See ACOG, *Practice Bulletin No. 225*, *supra* note 20, at e32.

⁷⁵ See *National Academies Report*, *supra* note 17, at 10.

⁷⁶ See, e.g., Jane W. Seymour et al., *What Attributes of Abortion Care Affect People's Decision-Making? Results from a Discrete Choice Experiment*, 131 *Contraception* 1, 4 (2024).

According to the State’s most recent annual report on abortion statistics, more than a third of abortions in 2025 in Alaska were paid for out of pocket.⁷⁷

77. The burdens of having to travel to receive a medication abortion fall disproportionately on Alaska Native and Black women and people living in rural areas because, as noted above, these groups have higher pregnancy-related morbidity and mortality rates.⁷⁸ Alaska Native and Black women and people living in rural areas who are delayed in having abortions or forced to forgo an abortion altogether thus face additional health risks in having to continue their pregnancies.

78. For all of these reasons, the Telehealth Ban burdens Alaskans’ access to abortions. By forcing Alaskans to travel to a health center in Anchorage or Fairbanks to access care—even though doing so is typically not medically necessary—the Telehealth Ban delays and, for some patients, outright denies Alaskans’ access to essential health care.

V. CLAIMS FOR RELIEF

COUNT I

(Fundamental Right to Privacy—Patients)

79. The allegations of paragraphs 1–78 are incorporated as though fully set forth herein.

80. Article I, Section 22 of the Alaska Constitution protects the right to privacy, which includes a fundamental right to abortion.⁷⁹

⁷⁷ Alaska Dep’t of Health, *Alaska Induced Terminations 2025 Annual Report*, *supra* note 61, at 16 tbl. 11.

⁷⁸ *See supra* note 29.

⁷⁹ Alaska Const. art. I, § 22; *Valley Hosp. Ass’n, Inc. v. Mat-Su Coal. for Choice*, 948 P.2d 963, 968 (Alaska 1997).

81. The Telehealth Ban violates Planned Parenthood’s patients’ fundamental right to privacy by prohibiting them from having a medication abortion via DTP telehealth without a compelling interest.

COUNT II

(Equal Protection—Patients and Abortion Providers)

82. The allegations of paragraphs 1–78 are incorporated as though fully set forth herein.

83. Article I, Section 1 of the Alaska Constitution guarantees all Alaskans “equal rights, opportunities, and protection under the law.”⁸⁰

84. The Telehealth Ban denies Planned Parenthood’s patients who seek to terminate their pregnancies the equal protection of the law by prohibiting them from using DTP telehealth to have a medication abortion, where the law allows pregnant Alaskans who seek to carry their pregnancies to term to use DTP telehealth to access other pregnancy-related health care. The Telehealth Ban also denies Planned Parenthood’s patients who seek to terminate their pregnancies the equal protection of the law by prohibiting them from using DTP telehealth to have a medication abortion, while allowing all other Alaskans seeking care for which there is similarly no medical need for an in-person visit to do so via DTP telehealth.

85. The Telehealth Ban also denies Planned Parenthood’s abortion providers the equal protection of the law by prohibiting them from using DTP telehealth to provide that care,

⁸⁰ Alaska Const. art. I, § 1.

where the law broadly authorizes other health care providers to use DTP telehealth to offer other forms of care.

WHEREFORE, Planned Parenthood respectfully requests that the Court:

1. Declare that AS 18.16.010(a)(2) is unconstitutional;
2. Preliminarily and permanently enjoin Defendants and their employees, agents, appointees, and successors in office from enforcing AS 18.16.010(a)(2) and from enforcing any other statutes or regulations that require all abortions to be provided in a hospital or other health care facility and/or that otherwise prohibit providing medication abortions via DTP telehealth, with respect to abortions provided while this order is in effect, and enter these injunctions without bond;
3. Enjoin Defendants and their employees, agents, appointees, and successors in office from disciplining abortion providers for providing medication abortions via DTP telehealth;
4. Award Planned Parenthood its costs and attorneys' fees pursuant to AS 09.60.010;
and
5. Grant Planned Parenthood such other, further, and different relief as the Court may deem just and proper.

DATED: June 11th, 2026

By: _____



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**Registered to engage in pro bono practice as
out-of-state attorney supervised by a qualified
legal services provider, pursuant to Alaska Bar
Rule 43.6*

VERIFICATION

I, Colleen P. McNicholas, DO, MSCI, FACOG, say on oath or affirm that I have read the foregoing Complaint and believe the factual allegations therein are true.



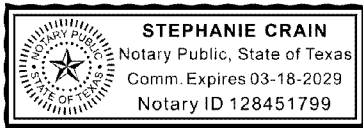
06/10/2026

Colleen P. McNicholas, DO, MSCI, FACOG

State of Texas, County of Hidalgo
Subscribed and sworn to or affirmed before me on this 10th day of June, 2026.



Stephanie Crain, Remote Online Notary



Colleen P. McNicholas appeared and signed electronically and presented her MO driver's license as identification. This notarial act was an online notarization via audio and video recording.