

Bachman, Alex Buttram, Abigail Southerland, and Kelsey McGee. Defendant Class Representative Melesa Johnson appeared by Ryan Taylor.

Debate and litigation around the topic of abortion has occurred for several decades. It is a deeply personal, philosophical, and moral issue to many on both sides of the argument. It has also played a significant role in elected politics. “The issue of abortion is one of the most contentious and controversial [issues] in contemporary American Society. It presents extraordinary difficult questions that, as the Court recognizes, involve virtually irreconcilable points of view.” *See Stenberg v. Carhart*, 530 U.S. 914, 947 (2000) (O’Connor, J., concurring). It is clear to this Court that the beliefs surrounding abortion are, and will continue to be, an ongoing conversation and debate in American society.

The Court is cognizant of its limited constitutional role in this much broader discussion of the subject matter. The role of the Court is to apply the law in any given case, and to base its decision solely on its interpretation of the law as applied to the evidence before it. The Court also notes the complexity of this instant case. In past litigation on abortion, the question has oftentimes been whether the enactment of a new statute conflicts with the provisions of the United States and Missouri Constitutions. *See, e.g. Planned Parenthood of Kansas, et al. v. Nixon*, 220 S.W.3d 732 (Mo. banc 2007); *Comprehensive Health Servs. of Planned Parenthood Great Plains, et al., v. Hawley, et al.*, 1716-CV24109 (filed October 10, 2017). In this matter, however, the Court is tasked with determining whether approximately forty (40) statutes and regulations are in conflict with a newly passed amendment to the Missouri Constitution. The Court has given this matter much

thought and has tried to decide this matter as expeditiously as possible so the parties may continue their litigation journey to the Missouri Supreme Court.

During the course of this trial, the Court heard from thirty witnesses, including but not limited to: Plaintiffs' Chief Medical Officers, Plaintiffs' Chief Executive Officers, board-certified obstetrician-gynecologists from both Plaintiffs and State Defendants, other medical professionals, insurance professionals, Defendant Missouri Department of Health and Senior Services ("DHSS") employees, and women who previously underwent abortions (dating as far back as 1976) and now regret their decisions, or who otherwise suffered traumatic abortion experiences. Parties submitted post-trial briefs on April 10, 2026, at the request of State Defendants, and the Court deemed this matter under advisement at that time.

The Court has considered the testimony of each witness and has made judgments regarding the credibility of each witness. The Court has accepted some of the testimony as credible, and rejected other parts of the testimony as not credible. The parties also submitted deposition designations that the Court has considered. The Court has considered the admissible evidence and applied the applicable law. The decisions made by the Court in this Order and Judgment are consistent with the Court's determinations of the credibility of the evidence and of the witnesses.

HISTORY

On June 24, 2022, the United States Supreme Court decided *Dobbs v. Jackson Women's Health Organization*, 597 U.S. 215 (2022) overruling *Roe v. Wade*, 410 U.S. 113

(1973). As a result, Missouri’s statutory ban on abortion, codified in § 188.017 RSMo.,² went into effect.

On November 5, 2024, Missouri voters approved Amendment 3, The Right to Reproductive Freedom Initiative, by majority vote (“Amendment 3”). Election results were certified on December 5, 2024. Amendment 3 is now Article I, Section 36 of the Missouri Constitution. It states as follows:

1. This Section shall be known as “The Right to Reproductive Freedom Initiative.”

2. The Government shall not deny or infringe upon a person’s fundamental right to reproductive freedom, which is the right to make and carry out decisions about all matters relating to reproductive health care, including but not limited to prenatal care, childbirth, postpartum care, birth control, abortion care, miscarriage care, and respectful birthing conditions.

3. The right to reproductive freedom shall not be denied, interfered with, delayed, or otherwise restricted unless the Government demonstrates that such action is justified by a compelling governmental interest achieved by the least restrictive means. Any denial, interference, delay, or restriction of the right to reproductive freedom shall be presumed invalid. For purposes of this Section, a governmental interest is compelling only if it is for the limited purpose and has the limited effect of improving or maintaining the health of a person seeking care, is consistent with widely accepted clinical standards of practice and evidence-based medicine, and does not infringe on that person’s autonomous decision-making.

4. Notwithstanding subsection 3 of this Section, the general assembly may enact laws that regulate the provision of abortion after Fetal Viability provided that under no circumstance shall the Government deny, interfere with, delay, or otherwise restrict an abortion that in the good faith judgment

² Unless otherwise noted, all statutory references are to Missouri Revised Statutes (2016), as updated.

of a treating health care professional is needed to protect the life or physical or mental health of the pregnant person.

5. No person shall be penalized, prosecuted, or otherwise subjected to adverse action based on their actual, potential, perceived, or alleged pregnancy outcomes, including but not limited to miscarriage, stillbirth, or abortion. Nor shall any person assisting a person in exercising their right to reproductive freedom with that person's consent be penalized, prosecuted, or otherwise subjected to adverse action for doing so.

6. The Government shall not discriminate against persons providing or obtaining reproductive health care or assisting another person in doing so.

7. If any provision of this Section or the application thereof to anyone or to any circumstance is held invalid, the remainder of those provisions and the application of such provisions to others or other circumstances shall not be affected thereby.

8. For purposes of this Section, the following terms mean:

(1) "Fetal Viability", the point in pregnancy when, in the good faith judgment of a treating health care professional and based on the particular facts of the case, there is a significant likelihood of the fetus's sustained survival outside the uterus without the application of extraordinary medical measures.

(2) "Government",

a. the state of Missouri; or

b. any municipality, city, town, village, township, district, authority, public subdivision or public corporation having the power to tax or regulate, or any portion of two or more such entities within the state of Missouri.

STANDARD

"A statute's validity is presumed, and a statute will not be declared unconstitutional unless it clearly contravenes some constitutional provision." *Planned Parenthood of Kan. & Mid-Mo., Inc. v. Nixon*, 220 S.W.3d 732, 737 (Mo. banc 2007) (citing *Doe v. Phillips*,

194 S.W.3d 833, 841 (Mo. banc 2006)). However, if a statute conflicts with a constitutional provision, the statute must be declared invalid. *Jackson County v. State*, 207 S.W.3d 608, 611 (Mo. banc 2006). A statute cannot supersede, nor can judicial interpretation thereof, abrogate a constitutional right. *Doe v. Phillips*, 194 S.W.3d 833, 841 (Mo. banc 2006); *United C.O.D. v. State*, 150 S.W.3d 311, 313 (Mo. banc 2004) (“Courts will enforce a statute unless it plainly and palpably affronts fundamental law embodied in the constitution.”) “Words used in constitutional provisions are interpreted to give effect to their plain, ordinary, and natural meaning.” *Faatz v. Ashcroft*, 685 S.W.3d 388, 400 (Mo. banc 2024) (internal citation omitted).

FINDINGS

Plaintiffs filed their First Amended Petition for Declaratory Judgment on May 4, 2025. In their fifteen-count petition, they allege approximately forty (40) statutes and regulations are unconstitutional as a result of the passage of Amendment 3. State Defendants argue that without many of these statutes and regulations in place, abortions will go unregulated. The evidence adduced at trial shows that physicians and other medical professionals are self-regulated and have significant training and safeguards in place to provide medical care in all health care scenarios. Plaintiffs are not challenging the following medical regulations:

- § 191.694, RSMo. (Infection Control Statute) which details requirements and training for health care facilities and professionals such as hand washing and sterilization procedures;

- § 188.043, RSMo. (Medical Malpractice Insurance Statute) which requires abortion providers to maintain medical malpractice insurance with specific coverage requirements;

- § 210.115, RSMo. (Mandatory Reporting Statute) which governs health care professionals who must report abuse and neglect;

- Physician and Physician Assistants Professional Licensing Requirements through the Missouri Board of Healing Arts, which has the authority to investigate and discipline practitioners;

- Advanced Practice Registered Nurse and Registered Nurse Professional Licensing Requirements through the Missouri Board of Nursing, which has the authority to investigate and discipline practitioners;

- Standards of care and medical ethics that apply to all medical providers covering issues of informed consent, patient autonomy, and medically appropriate care; and,

- Generally applicable licensing requirements established by the Centers of Medicare and Medicaid Services' ("CMS") Clinical Laboratory Improvement Amendments ("CLIA") and Missouri Department of Health and Senior Services' Bureau of Narcotics and Dangerous Drugs ("BNDD"), and Ambulatory Surgical Center ("ASC") licensing requirements where 50% of services by procedural volume or review are surgeries.

No timely request for findings of fact and conclusions of law was made pursuant to Missouri Supreme Court Rule 73.01, and thus, the Court's ruling is set out below. The parties have agreed to a common term for each statute or grouping of statutes and regulations.³ The Court adopts those terms and addresses each count as follows:

Count I—Abortion Ban (§ 188.017); Gestational-Age Ban (§§ 188.056, 188.057, 188.058, 188.375); §§ 188.038, 188.052, and 19 CSR § 10-15.010(1)

The Court agrees with Plaintiffs and State Defendants that the language of the Total Ban and the Gestational-Age Ban conflict with the language of Amendment 3 and finds in favor of Plaintiffs. As for §§ 188.038, 188.052, and 19 CSR 10-15.010(1), the Court finds the language of these statutes and regulations are also in direct conflict with the language of Amendment 3 and finds in favor of Plaintiffs.

Count II—Abortion-Facility Licensing Requirements (§§ 197.200-197.235, 334.100.2(27), 19 CSR §§ 30-30.050-.070, 20 CSR § 2150-7.140(2)(V)

Sections 197.200 to 197.235 and 334.100.2(27), 19 CSR § 30-30.050-.070, and 20 CSR § 2150-7.140(2)(V) contain a number of requirements specifically directed at abortion facilities and ambulatory surgical centers, as those terms are defined by § 197.200. The Court finds the language in these statutes conflict with the language of Amendment 3 and finds in favor of Plaintiffs.

Count III—Admitting-Privileges Requirements (§§ 188.080, 188.027.1(1)(e), 197.215.1(2), 19 CSR § 30-30.060(1)(c)(4)

This category of laws requires physicians providing abortions to have admitting privileges at hospitals that offer obstetric or gynecological care within a specific

³ See Joint Proposed Naming Conventions for Challenged Statutes, filed on January 9, 2026.

geographical location and/or travel time to the health center where they provide any abortion. A written transfer agreement with a nearby hospital is one option for complying with some, but not all, of these requirements.⁴ Failure of any physician performing or inducing an abortion to have clinical privileges as set forth in these laws is a Class A misdemeanor, pursuant to Section 188.080.⁵ The Court finds the language in these statutes conflict with the language of Amendment 3 and finds in favor of Plaintiffs.

Count IV—Complication-Plan Requirement (§§ 188.021.2,⁶ 19 CSR § 30-30.061, and 19 CSR § 30-30.062 (emergency regulation))⁷

Pursuant to § 188.021.2, before providing medication abortion, providers must have a DHSS-approved complication plan. This plan requires medication abortion providers to have a written contract with a board-certified or board-eligible Ob-Gyn (or Ob-Gyn group) who has agreed to be “on-call and available twenty-four hours a day, seven days a week” to “[p]ersonally treat all complications” from medication abortion “except in any case where doing so would not be in accordance with the standard of care, or in any case where it would be in the patient’s best interest for a different physician to treat her.” 19 CSR § 30-30.061. Previously, this Court enjoined 19 CSR § 30-30.061, finding that it was the language of the regulations at issue, specifically, that conflicted with the language of Amendment 3. Subsequently thereafter, Defendant DHSS engaged in emergency

⁴ See § 197.215; 19 CSR § 30-30.060.

⁵ The analysis in this section only pertains to the language of § 188.080 requiring a physician’s clinical privileges within 30 miles from the location of the abortion facility. The analysis of the statutory requirement permitting only physicians to perform abortions is discussed in the analysis of Count XII, below.

⁶ Plaintiffs only seek relief as to §188.021.2 in Count IV, but §188,021.3 is listed in the Joint Naming Convention Chart submitted by the Parties. The Court is relying only what is alleged in the Amended Petition.

⁷ Plaintiffs do not address 19 CSR 10-15.050 in Count IV, but it is discussed on page 28 of Plaintiffs’ Amended Petition when they discuss TRAP laws, generally. This regulation is also not included the Joint Naming Convention Chart submitted by the Parties. As such, the Court is not including it in its analysis and decision.

rulemaking and promulgated 19 CSR § 30-30.062. The Court now finds the language of § 188.021.2 and 19 CSR §§ 30-30.061-62 conflicts with the language of Amendment 3 and finds in favor of Plaintiffs.

Counts V and VI—Tail-Insurance Statute (§188.044)

Missouri law uniquely requires medication abortion providers to carry tail insurance. § 188.044, RSMo. Typically, tail insurance is purchased by a medical professional when he or she leaves an employer and is no longer covered by that employer's malpractice insurance. As discussed previously, Plaintiffs are only challenging this tail-insurance statute and not § 188.043 which requires abortion providers to maintain medical malpractice insurance with specific coverage requirements.

The Court heard hours of testimony on this subject matter, including an explanation of the difference between claims-based malpractice insurance, which covers claims made during the period in which the malpractice insurance policy is in place, and occurrence-based malpractice insurance, which covers claims for events that occurred while the malpractice insurance policy was in place, even if the claim itself is filed after that policy is no longer in effect. The testimony also discussed the availability, or lack thereof, of the type of insurance required by § 188.044 in today's insurance market. The evidence adduced indicates no other healthcare provider is statutorily mandated to have this type of insurance. The Court also heard testimony that no insurance provider offers the insurance that is described in the language of the statute.

The Court finds the language in § 188.044 conflicts with the language of Amendment 3 and is constitutionally vague, in violation of Article I, Section 10 of the Missouri Constitution, and finds in favor of Plaintiffs.

Count VII—Pathology Requirement (§§ 188.047, 19 CSR § 10-15.030, 19 CSR § 30-30.060(5)(B))

Missouri law requires that “[a]ll tissue . . . removed at the time of abortion shall be submitted within five days to a board-eligible or certified pathologist for gross and histopathological examination.” § 188.047.1, RSMo. The pathologist is then required to file a “tissue report” with DHSS and provide a copy of the report to the health center that provided the abortion. *Id.*; see also 19 CSR § 10-15.030, 19 CSR § 30-30.060(5)(B). The Court finds the language of this statute and regulations conflicts with the language of Amendment 3 and finds in favor of Plaintiffs.

Count VIII—Abortion-Report Requirements (§§ 188.052, 19 CSR §§ 10-15.010-020)

The Court previously found the language in § 188.052 and 19 CSR § 10-15.010(1) to be in violation of Amendment 3 under Count I, and finds the entirety of the Abortion-Report Requirements at issue in Count VIII to be in conflict with Amendment 3, and thus finds in favor of Plaintiffs.

Counts IX—Pre-Abortion Requirements (§§ 188.027, 188.033, 188.039)

The statutes in this count overlap with statutes at issue in Count X. The Court will discuss them separately to remain consistent with the relief requested in Plaintiffs’ Amended Petition. In this Count, these statutes address informed consent laws and set out the specific state-mandated information and materials abortion patients must receive prior

to receiving an abortion. Section 188.027.1(2) requires individuals to be presented with “...printed materials provided by [DHHS], which describe the probable anatomical and physiological characteristics of the unborn child at two-week gestational increments from conception to full term, including color photographs or images of the developing unborn child at two-week gestational increments.” §188.027.1(2) RSMo. That section also requires the printed material “shall prominently display” the statement, “[t]he life of each human being begins at conception....[and a]bortion will terminate the life of a separate, unique, living human being.” §188.027.1(2). Several board-certified medical professionals testified to the accuracy of these statements, indicating considerable disagreement among themselves. This difference in schools of thought among physicians add to the complexity of how American society views abortion, in general, and even more so when discussing what doctors are statutorily required to tell patients before an abortion procedure. Section 188.033 requires the same printed materials to be provided to individuals who are considering obtaining an abortion outside the state of Missouri. The Court finds that the generally applicable laws requiring healthcare professionals to provide informed consent for any medical treatment and procedure sufficiently cover any separate purposes that may be served by §§ 188.027 and 188.033. Therefore, the Court finds §§ 188.027 and 188.033 to be in conflict with the language of Amendment 3 and finds in favor of Plaintiffs.

Section 188.039 primarily addresses the 72-hour waiting period that the Court will address in Count X below. However, the language in § 188.039.4 pertains to informed consent, specifically, that a person must sign and give their “informed consent freely and without coercion” after discussing “...the indicators and contraindicators, and risk factors,

including any physical, psychological or situational factors.” § 188.039.4. RSMo. Again, the Court finds that the generally applicable laws requiring informed consent for any medical treatment and procedure sufficiently cover any separate purposes that may be served by § 188.039.4. Thus, the Court finds the language of this statute conflicts with the language of Amendment 3 and finds in favor of Plaintiffs.

Count X—Pre-Abortion Requirements (§§ 188.027, 188.039)

Count X of Plaintiffs’ Amended Petition also address §§ 188.027 and 188.039, but in regards to the required 72-hour waiting period, the in-person visit requirement, and same physician requirement. These statutes require abortion patients to make two in-person visits to see the same physician, at least 72-hours apart. Sections 188.027.12 and 188.039.7 also specify that if the 72-hour waiting period is enjoined, temporarily or permanently, a 24-hour waiting period is to take its place. At the patient’s first appointment, the physician is required to provide the patient with the information described in Count IX. The Court finds the language regarding the waiting periods (both the 72-hour and 24-hour) are in direct conflict with the language of Amendment 3 and finds in favor of Plaintiffs.

Evidence adduced at trial proved that in-person appointments were needed to confirm gestational age for purposes of determining whether medication abortion would be safe and appropriate, as mifepristone and misoprostol, the drugs used in medication abortion, are FDA-approved for use in early pregnancy only. Additionally, an in-person appointment would allow medical professionals to better rule out an ectopic pregnancy. Therefore, the Court finds the language regarding the in-person requirements does not conflict with the language of Amendment 3 and finds in favor of State Defendants.

State Defendants argue the Same Physician requirement is necessary to establish continuity of care. Plaintiffs argue that this creates scheduling issues and is otherwise impractical. The Court notes these alleged scheduling issues occur in conjunction with the 72-hour waiting period. Therefore, absent the 72-hour waiting period, the conflict resolves itself. Therefore, the Court finds the language regarding the same physician requirements does not conflict with the language of Amendment 3 and finds in favor of State Defendants.

Count XI—Telemedicine Ban (§ 188.021)

Plaintiffs challenge § 188.021, which states, in part,

[w]hen RU-486 (mifepristone) or any drug or chemical is used for the purpose of inducing an abortion, the initial dose of the drug or chemical shall be administered in the same room and in the physical presence of the physician who prescribed, dispensed, or otherwise provided the drug or chemical to the patient. § 188.021.1 RSMo.

Plaintiffs refer to this as the “Telemedicine Ban.” This language prohibits telehealth appointments and requires a physician to be physically present in the room while a patient is taking the medication. The Court in its previous preliminary injunction order noted that this would seemingly prohibit a physician from prescribing the medication after an in-person appointment and having the patient subsequently take the medication at home, or even in a medical facility in the presence of a nurse or other medical professional. The Court finds the language of this statute conflicts with the language of Amendment 3 and finds in favor of Plaintiffs.

Count XII—Physician-Only Law (§§ 188.020, 188.080, 334.245, 334.735.3)

Plaintiffs allege these statutes conflict with Amendment 3 because they only permit physicians to perform abortions. They further allege that if these statutes were held to be

unconstitutional, it would increase Plaintiffs’ ability to provide care because it would mean physician’s assistants (“PAs”) and Advanced Practice Registered Nurses (“APRNs”), collectively Advanced Practice Clinicians (“APCs”), would also be able to perform abortions. The Court declined to enjoin these statutes at the preliminary injunction stage noting the difficulties of a facial challenge due to the many forms of abortion care. At trial, it was made even more clear that there are significant differences between a medication abortion and a procedural abortion; so much so, that for some abortion circumstances, a physician with more training than APCs would be necessary. The Court is not minimizing the important work of APCs or their training and qualifications. However, for purposes of this constitutional analysis, the Court finds the language of these statutes do not conflict with the language of Amendment 3 and finds in favor of State Defendants.

Count XIII—Interference-with-Medical Assistance Law (§ 574.200)

Section 574.200.1 states:

A person commits the offense of interference with medical assistance if he or she, while serving in his or her capacity as an employee of an abortion facility:

- (1) Knowingly orders or requests medical personnel to deviate from any applicable standard of care or ordinary practice while providing medical assistance to a patient for reasons unrelated to the patient's health or welfare; or
- (2) Knowingly attempts to prevent medical personnel from providing medical assistance to a patient in accordance with all applicable standards of care or ordinary practice for reasons unrelated to the patient's health or welfare.

Plaintiffs allege this statute was enacted when Plaintiff Great Rivers asked emergency medical services to refrain from using sirens for non-emergency hospital

transfers to avoid drawing attention from protestors, which in the past led to false claims about patient medical care. Violation of this statute is a class A misdemeanor. This Court finds the language of this statute does not conflict with the language of Amendment 3 and finds in favor of State Defendants.

Count XIV—Post-Viability Restriction (§§ 188.030, 188.030.2(4)(c))

Section 36.4 of Missouri Constitution Article 1 addresses post-viability by stating:

Notwithstanding subsection 3 of this Section, the general assembly may enact laws that regulate the provision of abortion after Fetal Viability provided that under no circumstance shall the Government deny, interfere with, delay, or otherwise restrict an abortion that in the good faith judgment of a treating health care professional is needed to protect the life or physical or mental health of the pregnant person.

Mo. Const. Art. I, §36.4.

Additionally, Section 36 defines fetal viability as:

the point in pregnancy when, in the good faith judgment of a treating health care professional and based on the particular facts of the case, there is a significant likelihood of the fetus's sustained survival outside of the uterus without the application of extraordinary medical measures.

Mo. Const. Art. I § 36.8(1).

Plaintiffs allege § 188.030 conflicts with the language of Amendment 3 because the statute does not authorize an exception if an abortion is needed to protect the mental health of a pregnant person. They also argue that the statutory requirement for a treating physician to “obtain the agreement of a second physician with knowledge of accepted obstetrical and neonatal practices and standards who shall concur that the abortion is necessary” conflicts with Amendment 3’s language deferring to the good faith judgment of a treating health

care professional. § 188.030.2(4)(c), RSMo. Further, Plaintiffs argue that the definition of “fetal viability” in Amendment 3 conflicts with the statutory definition of “viability” located in § 188.015(12). However, Plaintiffs do not ask for this Court to declare §188.015(12) unconstitutional.

The Court finds that while some language in the statute is different than that contained in Amendment 3, the entirety of § 188.030 does not conflict with Amendment 3. The only portion of this statute that is in conflict with Amendment 3 is § 188.030.2(4)(c), which shall be severed from the remainder of this section. As to the inclusion of the “mental health of the pregnant person” in the list of circumstances authorizing abortion post-viability, Amendment 3 does just that—expand the statutory exceptions, not conflict with it. The Court recognizes the extra caution that must be utilized in any abortion procedure that occurs post-viability. Therefore, the Court finds in favor of Plaintiffs as to § 188.030.2(4)(c) only, and for State Defendants as to the remainder of §188.030.

Count XV—Criminal Penalties (§§ 188.017.2, 188.030.3, 188.056.1, 188.057.1, 188.058.1, 188.075, 188.080, 188.375.3, 197.235, 334.245, 574.200.2)

All of these statutes cited above govern potential criminal penalties for abortion providers. As previously discussed at the outset of this Judgment, healthcare providers are regulated by the Board of Healing Arts and the Board of Nursing for their respective professional licenses. Amendment 3 states:

No person shall be *penalized*, prosecuted, or otherwise subjected to adverse action based on their actual, potential, perceived, or alleged pregnancy outcomes, including but not limited to miscarriage, stillbirth, or abortion. Nor shall any person assisting a person in exercising their right to reproductive freedom with that person’s consent be *penalized*, prosecuted, or otherwise subjected to adverse action for doing so. Mo. Const. Art. I, § 36.5 (emphasis added).

Therefore, the Court finds the foregoing statutes are in conflict with Amendment 3 and finds in favor of Plaintiffs.

CONCLUSION

For all of the foregoing, it is, therefore

ORDERED, ADJUDGED, AND DECREED that Counts I, II, III, IV, V, VII, VIII, IX, XI, XV are GRANTED and the laws addressed therein violate the Missouri Constitution, Article I, Section 36, and may therefore not be enforced.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that Count VI is GRANTED and that § 188.044 violates the Missouri Constitution, Article I, Section 10, and may therefore not be enforced.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that Count X is GRANTED in part as to the portion of the statutes addressed therein governing the 72-hour and 24-hour waiting periods and that those portions violate the Missouri Constitution, Article I, Section 36, and therefore may not be enforced. Count X is DENIED in part as to the portion of the statutes addressed therein governing the in-person requirement and same physician requirement and that those portions do not violate the Missouri Constitution, Article I, Section 36.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that Counts XII and XIII are DENIED and the laws addressed therein do not violate the Missouri Constitution, Article I, Section 36.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that Count XIV is GRANTED in part as to § 188.030.2(4)(c) as that section violates the Missouri Constitution, Article 1, Section 36, and may therefore not be enforced. Count XIV is DENIED in part as to the remainder of § 188.030 and does not violate the Missouri Constitution, Article 1, Section 36.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that State Defendants' filed their Motion for Judicial Notice on January 21, 2026, in the middle of this bench trial. The Court has reviewed the motion and briefing thereon and finds the Motion should be and is hereby DENIED.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that Plaintiffs' Renewed and Second Motions for Preliminary Injunction or Temporary Restraining Order, filed on March 28, 2025, is GRANTED consistent with the Court's rulings on Plaintiff's First Amended Petition for Declaratory Judgment contained herein.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that any specific request for fees and costs shall be made pursuant to Missouri Supreme Court Rule 74.16.⁸

IT IS FURTHER ORDERED, ADJUDGED and DECREED that Plaintiffs posted a bond in the amount of \$100.00 on December 30, 2024 pursuant to the Court's preliminary injunction order. That bond shall remain in place pending the appeal of this matter.

⁸ Plaintiffs request costs and fees as this Court deems reasonable, equitable, and just, including but not limited to pursuant to §§ 527.100, 536.025.10, 536.050.3, and 536.085(4), RSMo.

IT IS FURTHER ORDERED, ADJUDGED, AND DECREED that all relief not specifically granted herein is hereby DENIED.

IT IS SO ORDERED.

June 18, 2026

Date


HON. JERRI J. ZHANG

Judge, Division 3

CC: All counsel via e-Notification