

Exhibit 2

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEBRASKA

PLANNED PARENTHOOD OF THE)
HEARTLAND,)

Plaintiff,)

v.)

DAVE HEINEMAN, Governor of Nebraska,)
in his official capacity;)

Case No. 4:10-cv-3122

JON BRUNING, Attorney General of Nebraska;)
in his official capacity;)

KERRY WINTERER, Chief Executive Officer,)
and DR. JOANN SCHAEFER, Director of the)
Division of Public Health, Nebraska Department)
of Health and Human Services, in their official)
capacities; and)

CRYSTAL HIGGINS, President, Nebraska Board)
of Nursing, and BRENDA BERGMAN-EVANS,)
President, Nebraska Board of Advanced Practice)
Registered Nurses, in their official capacities;)

Defendants.)

AFFIDAVIT OF PENELOPE A. DICKEY

STATE OF IOWA)
) ss.
COUNTY OF POLK)

I, PENELOPE A. DICKEY, being first duly sworn upon oath, depose and state as follows:

1. I am over 18 years of age and competent to provide this affidavit.
2. I am a registered nurse. I am presently the Chief Operating Office (“COO”) of

Planned Parenthood of the Heartland, Inc. (“Planned Parenthood”). I submit this affidavit in

support of Plaintiffs' Motion for Preliminary Injunction and Temporary Restraining Order preventing LB 594 from taking effect.

3. Planned Parenthood fears that, absent immediate injunctive relief from this Court, Planned Parenthood and its staff will be subject to severe penalties, including potentially endless and highly burdensome civil lawsuits, suspension or revocation of our health care facility license, suspension or revocation of our medical staff's professional licenses, and financial harm.

4. Planned Parenthood is a not-for-profit corporation registered as a foreign corporation doing business in Nebraska. Planned Parenthood operates a health center in Lincoln, Nebraska, which is licensed by the Nebraska Department of Health and Human Services. Our Lincoln health center provides a broad range of reproductive health services, including, but not limited to, physical exams, pregnancy testing and planning services, contraception and contraceptive education, HIV testing, sexually transmitted infections testing and treatment, screening for breast, cervical, colon, prostate, and testicular cancer, and abortion.

5. Planned Parenthood's Lincoln health center is the only generally available provider of abortion services in Lincoln, and one of only two generally available abortion providers in the state. Our patients seeking abortion services come from all across the state.

6. Currently, Planned Parenthood's Lincoln health center provides surgical abortion services through 16 weeks of pregnancy dated from the first day of the woman's last menstrual period ("LMP") and medication abortion services through 9 weeks LMP.

7. Before an abortion, as with any medical procedure, Planned Parenthood ensures that informed consent is obtained, including meeting all common law and statutory law requirements. Prior to an abortion procedure, we take a full medical history from the patient and obtain ultrasound and laboratory results. We ensure that every patient understands what the

procedure entails, as well as the risks, side-effects, benefits, and alternatives to the procedure. In addition, Planned Parenthood reviews every patient's decision with her to ensure that she has considered her options, is confident in her decision, and was not coerced or pressured into the decision. Every patient is given multiple opportunities to ask questions of and discuss concerns (if any) with our medical staff prior to the abortion procedure.

8. Registered nurses and nurse practitioners often assist the physician with abortion procedures, including monitoring the patient's vital signs, working with and supporting the patient in the procedure room, and administering IV medications as ordered by the physician.

9. Planned Parenthood also provides abortion services in Iowa and advertises those services in Nebraska through, among other things, the phone book, the Internet, signage, and brochures.

10. As COO of Planned Parenthood, I oversee, among other things, our health services department. In that capacity, I am responsible for medical operations as they relate to implementing policy and procedures at all Planned Parenthood health centers. Part of that responsibility includes working with legal and health services staff to determine what needs to be done at the clinical level to ensure compliance with all applicable federal and state laws, rules, and regulations.

11. I have reviewed the new so-called "informed consent" requirements at issue in this lawsuit. I do not understand what they require. Read literally, LB 594 appears to require that, as a condition to providing abortion services, we search for every article ever published in any of thousands of journals that mentions "risk factors" associated with abortion, review each of those articles, evaluate every patient to identify the presence of any risk factors mentioned in any of those articles, and disclose to her a list of complications associated with those risk factors. If

this is what the statute requires, we could never comply with it because, to start, the volume of material that we would have to track down and review would be unmanageable. Even if we could isolate and analyze every relevant article, it would take countless hours, and therefore be impossible, to evaluate every patient for the potentially hundreds of risk factors that would result from such a process.

12. If there are certain implicit limitations on LB 594's requirements, it is completely unclear what those are. For example, we do not know whether there are any limits on the materials that must be searched, including date or language restrictions, or restrictions on the types of journals and articles that must be included.

13. In addition, it is unclear whether our practitioners can use their medical judgment to assess what information must be included in the patient evaluation and subsequent discussion. Do we have to discuss everything in the literature regardless of the validity or strength of the findings of a particular article? What if a study has been refuted? Or is out-of-date? Or conflicts with other studies? What if the medical community disagrees with the findings of a study? What if our practitioners determine that the information would not be applicable or material to the particular patient?

14. Further, to what extent, if any, can we group risk factors that are similar, or fall within the same category, but are not identical? For example, there may be a number of risk factors that would fall under the general heading "ambivalence" but that vary in some way. Do we have to evaluate for each particular risk factor, or can we generally evaluate for ambivalence? Relatedly, what if risk factors are assessed in different articles using different tools or methods? Do we have to mimic those precise methods? To the extent there are any limits on the

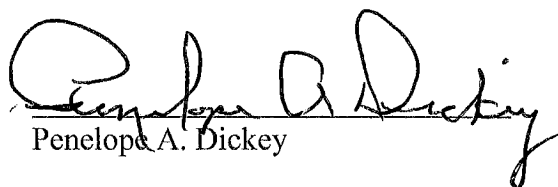
requirements imposed by LB 594, these are just some of the questions for which the answers are completely unclear.

15. If taken literally, we fear that no amount of diligence or good faith on the part of abortion providers could insulate us from the severe penalties imposed by the statute, including countless civil lawsuits and suspension or loss of our health care facility license and the professional licenses of our staff. If the statute is subject to certain boundaries, it is totally unclear what those limits are and what abortion providers must do to comply, and thus, under this reading, providers would also be at risk every time they perform an abortion. Further, undertaking efforts—however futile—to comply with this statute will be expensive and require significant time and resources. To avoid the threat of these serious penalties and financial harm, providers' only choice is to stop performing abortion procedures, therefore denying our patients medical care and their constitutional right to abortion in this state altogether.

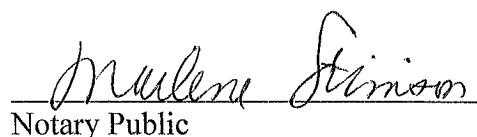
16. The new law leaves abortion providers no choice but to face severe penalties or cease to provide medical care to our patients. This choice is untenable.

Further affiant sayeth not.

Dated this 30th day of June, 2010.


Penelope A. Dickey

Subscribed and sworn to before me this 30th day of June, 2010.


Notary Public

