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**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA**

**CHRISTIAN MEDICAL & DENTAL
ASSOCIATIONS, et al.,**

Plaintiffs,

v.

ROB BONTA, et al.,

Defendants.

Case No. 5:22-cv-00335-FLA-GJS

**NOTICE OF MOTION; MOTION TO
INTERVENE**

Judge: Hon. Fernando L. Aenlle-Rocha

Date: July 8, 2022

Time: 1:30 p.m.

Courtroom: 6B

TO ALL PARTIES AND THEIR COUNSEL OF RECORD:

PLEASE TAKE NOTICE that on July 8, 2022, at 1:30 p.m., or as soon thereafter as counsel may be heard, before the Honorable Fernando L. Aenlle-Rocha, in the above-titled court, Courtroom 6B, Compassion & Choices Action Network (CCAN), Andrew Flack, Chandana Banerjee, M.D., and Catherine Sonquist Forest, M.D. (“Intervenors”), will, and hereby do, move for leave to intervene as of right as

1 defendants in the above-captioned matter based on their legally protected rights
2 pursuant to Federal Rule of Civil Procedure 24(a), in accordance with Intervenors'
3 Motion to Intervene. Alternatively, Intervenors move for permission to intervene
4 pursuant to Federal Rule of Civil Procedure 24(b).

5 This motion is made following the conference of counsel pursuant to Local Rule
6 7-3, which took place on May 10 & 11, 2022, and through subsequent email
7 communications. Plaintiffs have advised that they oppose; Defendants have advised
8 that they take no position.

9
10 DATED: May 18, 2022

Respectfully submitted,

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TABLE OF CONTENTS

Page

1 MEMORANDUM OF POINTS OF AUTHORITIES 1

2 I. INTRODUCTION 1

3 II. LEGAL STANDARD 3

4 III. ARGUMENT 4

5 A. Intervenors Should Be Allowed to Intervene As a Matter of Right

6 Under Federal Rule of Civil Procedure 24(a) 4

7 1. Intervenors’ Motion for Intervention Is Timely 4

8 2. Intervenors Have a Significant, Protectable Interest in the

9 Litigation 5

10 3. Intervenors’ Interests Will Be Impaired If Intervention Is

11 Denied 6

12 4. Defendants May Not Adequately Represent Intervenors’

13 Interests 6

14 B. In the Alternative, the Court Should Permit Intervention Pursuant

15 to Federal Rule of Civil Procedure 24(b) 9

16 IV. CONCLUSION 11

TABLE OF AUTHORITIES

Page(s)

Cases

1 *Apr. in Paris v. Becerra*,
 2 No. 2:19-cv-02471-KJM-CKD, 2020 WL 2404620 (E.D. Cal. May 12, 2020)5
 3 *Arakaki v. Cayetano*,
 4 324 F.3d 1078 (9th Cir. 2003)6, 7
 5 *Barke v. Banks*,
 6 No. 8:20-cv-00358-JLS-ADS, 2020 WL 2315857 (C.D. Cal. May 7, 2020)7
 7 *California ex rel. Lockyer v. United States*,
 8 450 F.3d 436 (9th Cir. 2006)6
 9 *Californians For Safe & Competitive Dump Truck Transp. v. Mendonca*,
 10 152 F.3d 1184 (9th Cir. 1998)4, 7
 11 *Citizens for Balanced Use v. Montana Wilderness Ass’n*,
 12 647 F.3d 893 (9th Cir. 2003)5, 6
 13 *Freedom from Religion Found., Inc. v. Geithner*,
 14 644 F.3d 836 (9th Cir. 2011)10
 15 *Greene v. United States*,
 16 996 F.2d 973 (9th Cir.1993), *aff’d*, 64 F.3d 1266 (9th Cir.1995)5
 17 *Home Care Ass’n of Am. v. Newsom*,
 18 No. 1:19-CV-0929 AWI EPG, 2019 WL 5960141 (E.D. Cal. Nov. 13, 2019)7
 19 *Idaho Farm Bureau Fed’n v. Babbitt*,
 20 58 F.3d 1392 (9th Cir. 1995)5
 21 *Kalbers v. United States Dep’t of Just.*,
 22 22 F.4th 816 (9th Cir. 2021)5, 6
 23 *Northwest Forest Resource Council v. Glickman*,
 24 82 F.3d 825 (9th Cir. 1996), *as amended on denial of reh’g* (May 30, 1996).....5, 10
 25 *Pac. Gas & Elec. Co. v. Lynch*,
 26 216 F. Supp. 2d 1016 (N.D. Cal. 2002)6
 27 *Sagebrush Rebellion, Inc. v. Watt*,
 28 713 F.2d 525 (9th Cir.1983)5, 6, 9
Trbovich v. United Mine Workers of Am.,
 404 U.S. 528 (1972)6
United States v. City of Los Angeles, Cal.,
 288 F.3d 391 (9th Cir. 2002)7, 10

TABLE OF AUTHORITIES
(continued)

Page(s)

1 *United States v. Oregon,*
2 913 F.2d 576 (9th Cir. 1990).....4

3 **Statutes**

4 Cal. Health & Safety Code § 443 *et seq*2

5 **Rules**

6 Fed. R. Civ. P. 24(a).....3

7 Fed. R. Civ. P. 24(b)3, 9

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1 **MEMORANDUM OF POINTS OF AUTHORITIES**

2 **I. INTRODUCTION**

3 Knowing you can choose death is a constant reminder to choose life. This is
4 certainly the case for Andrew Flack (“Flack,” as his hockey coaches, teammates, and
5 friends refer to him). Flack is a thirty-three-year-old special education teacher,
6 son/grandson/brother/fun-uncle, hockey player, and dog lover who has spent the past
7 eighteen months living with a terminal prognosis from colorectal cancer. *See*
8 Declaration of Andrew Flack (Ex. A) ¶¶ 2, 8, 13. Flack’s cancer is aggressive and
9 rare, but so is his will to live. In fact, Flack heroically completed his first round of
10 oral chemo, radiation, and removal surgery while teaching high school special
11 education. *Id.* ¶ 7. Since then he has been through two brutal rounds of intravenous
12 chemotherapy, another round of radiation, and another major removal surgery, with
13 plenty of other minor procedures, surgeries, and hospitalizations in between. *Id.* ¶¶ 7-
14 8. The most recent major surgery left him unable to sit for over a year due to a
15 wound-site infection that developed during chemotherapy. *Id.* ¶ 7. That surgery also
16 revealed that the cancer had metastasized throughout his pelvic region, including into
17 his bones. *Id.* It was the moment that Flack’s doctors told him they could not cure
18 his cancer. *Id.*

19 When Flack first requested medical aid in dying in December 2020, he had just
20 received a terminal prognosis after being hospitalized for a painful and debilitating
21 kidney infection. *Id.* ¶¶ 9-10. His doctor explained that these bouts of illness and
22 hospitalizations would continue as the cancer ravaged his body. *Id.* ¶ 8. Flack’s
23 doctor also explained that for a young man with a strong will to live, death could be
24 particularly slow and agonizing. *Id.* Flack could not bear the thought of his family
25 and friends seeing him as a shell of himself, laying helpless in a hospital bed as he
26 suffered excruciating pain. *Id.* ¶ 16. So at that moment, he made his first request for
27 medical aid in dying. *Id.* ¶ 10. But he was determined to make it six more months—
28 to his thirty-third birthday—at which point his doctor would revisit the aid-in-dying

1 conversation. *Id.* That mindset served Flack well. He made it to his thirty-third
2 birthday and has since revisited the aid-in-dying conversation with his physician
3 *twice. Id.*

4 Flack has an unfilled prescription for a medical aid-in-dying drug. *Id.* ¶ 4. He
5 may never fill it. *Id.* ¶ 11. But knowing he has the option to choose how he will die
6 and on his own terms has helped him choose life, and to live each day he has
7 remaining to the fullest. *Id.* ¶ 13. Of course, death will come for Flack one day, as it
8 does for us all. And when it does, Flack would like the option to die the way he has
9 lived: on his own terms. *Id.* ¶¶ 6, 15.

10 Plaintiffs want to take this option away from Mr. Flack. They aim to invalidate
11 California Senate Bill 380 (“SB 380”), which amended California’s End of Life
12 Option Act (“EOLOA”). *See* Cal. Health & Safety Code § 443 *et seq.* Plaintiffs
13 claim that SB 380 infringes upon their First Amendment rights of free exercise and
14 free speech, and their Fourteenth Amendment rights of due process and equal
15 protection. *See* Dkt. 1 at 28. Plaintiffs ask the court to declare SB 380
16 unconstitutional, and to enjoin Defendants—the California Attorney General, the
17 Director of the California Department of Public Health, and the members of the
18 Medical Board of California—from enforcing the provisions of SB 380 applicable to
19 objecting providers. *Id.*; *see also* Dkt. 50-1 (motion for a preliminary injunction).

20 Defendants have filed their oppositions to Plaintiffs’ injunctive motion, which
21 demonstrate Plaintiffs’ misunderstanding of the statutory framework, and that the
22 minimal, affirmative requirements SB 380 imposes on non-participating providers
23 like Plaintiffs are, at most, incidental infringements that are constitutionally permitted
24 in regulating the practice of medicine. *See* Dkt. 53; Dkt. 55. But what’s missing
25 from this dispute are the perspectives of those most invested in SB 380—the bill’s
26 sponsor; the patients whose interests are literally a matter of life and death; and the
27 physicians who provide end-of-life care and consider the ability to offer medical aid
28 in dying instrumental to how they practice medicine and treat terminally ill patients.

1 Accordingly, pursuant to Rule 24 of the Federal Rules of Civil Procedure,
2 Compassion & Choices Action Network (CCAN), Andrew Flack, Chandana
3 Banerjee, M.D., and Catherine Sonquist Forest, M.D. (“Intervenors”) seek leave to
4 intervene as defendants, by right, in the above-captioned proceeding. CCAN
5 advocates and lobbies for laws that protect and expand end-of-life options. CCAN is
6 entitled to intervene in this action as a matter of right because it sponsored SB 380,
7 the measure being challenged in this litigation. Request for Judicial Notice, Ex. 1 at
8 18 ¶ 3. Andrew Flack is a thirty-three-year-old California resident and cancer patient
9 with a terminal prognosis and an unfilled prescription for a medical aid-in-dying
10 drug. Ex. A ¶¶ 2, 4, 8. Dr. Chandana Banerjee treats terminally ill patients and
11 serves as an assistant clinical professor of supportive care medicine—a role through
12 which she developed and leads a hospice and palliative medicine fellowship.
13 Declaration of Chandana Banerjee, M.D., (Ex. B) ¶¶ 3-4. Dr. Banerjee is also First
14 Vice Chair of the Board of Directors at Compassion & Choices. *Id.* ¶ 3. Dr.
15 Catherine Sonquist Forest treats terminally ill patients and serves as a clinical
16 associate professor of family medicine. Declaration of Catherine Forest, M.D. (Ex.
17 C) ¶¶ 3-4. Dr. Forest also has personal experience with medical aid in dying because
18 her husband, Will, utilized the End of Life Option Act when his rapidly progressing
19 unclassified motor neuron disease became unbearable. *Id.* ¶ 7.

20 Intervenors are directly affected by Plaintiffs’ case, which seeks to enjoin SB
21 380. Because Defendants may not adequately represent Intervenors’ narrower and
22 more parochial interests, Intervenors’ timely motion to intervene as a matter of right
23 should be granted under Rule 24(a) of the Federal Rules of Civil Procedure.
24 Alternatively, the Court should exercise its discretion to grant Intervenors permission
25 to intervene pursuant to Rule 24(b).

26 **II. LEGAL STANDARD**

27 Intervenors are entitled to intervene in this proceeding as a matter of right,
28 pursuant to Fed. Rule Civ. P. 24(a), which provides, in pertinent part:

1 On timely motion, the court must permit anyone to intervene who . . . (2)
2 claims an interest relating to the property or transaction that is the subject
3 of the action, and is so situated that disposing of the action may as a
4 practical matter impair or impede the movant's ability to protect its
5 interest, unless existing parties adequately represent that interest.

6 The Ninth Circuit has held that, pursuant to Rule 24, the qualification for intervention
7 as a matter of right depends on four factors: (1) whether the motion is timely; (2)
8 whether the applicant has a significant, protectable interest relating to the subject of
9 the litigation; (3) whether that interest will be practically impaired if intervention is
10 not granted; and (4) whether the applicant's interest is adequately represented by the
11 parties to the action. *Californians For Safe & Competitive Dump Truck Transp. v.*
12 *Mendonca*, 152 F.3d 1184, 1189 (9th Cir. 1998). The Ninth Circuit construes this
13 test broadly in favor of intervention. *See United States v. Oregon*, 913 F.2d 576, 588
14 (9th Cir. 1990). Each of these four factors weighs in favor of Intervenors' request to
15 intervene as a matter of right in this proceeding.

16 **III. ARGUMENT**

17 **A. Intervenors Should Be Allowed to Intervene As a Matter of Right** 18 **Under Federal Rule of Civil Procedure 24(a)**

19 **1. Intervenors' Motion for Intervention Is Timely**

20 To determine whether a motion to intervene is timely, the Ninth Circuit
21 considers three factors: (1) the stage of the proceedings at which an applicant seeks to
22 intervene; (2) the prejudice to other parties; and (3) the reason for and length of delay.
23 *Oregon*, 913 F.2d at 588-89. Intervenors meet the requirements for timely
24 intervention. This motion is filed at an early stage in this litigation—less than three
25 months after Plaintiffs filed their complaint, before responsive pleadings are due, and
26 before any substantive rulings have been made. Thus, there is no delay or prejudice
27 caused by the timing of Intervenors' motion. *See, e.g., Northwest Forest Resource*
28 *Council v. Glickman*, 82 F.3d 825, 837 (9th Cir. 1996), *as amended on denial of*

1 *reh'g* (May 30, 1996) (motion to intervene deemed timely and “does not appear to
2 have prejudiced either party in the lawsuit, since the motion was filed before the
3 district court had made any substantive rulings”).

4 **2. Intervenors Have a Significant, Protectable Interest in the**
5 **Litigation**

6 As to the second factor, a significant protectable interest, a proposed intervenor
7 “must establish that the interest is protectable under some law and that there is a
8 relationship between the legally protected interest and the claims at issue.” *Citizens*
9 *for Balanced Use v. Montana Wilderness Ass’n*, 647 F.3d 893, 897 (9th Cir. 2003)
10 (quoting *Nw. Forest Res. Council*, 82 F.3d at 837). “Whether an applicant for
11 intervention as of right demonstrates sufficient interest in an action is a ‘practical,
12 threshold inquiry,’ and ‘no specific legal or equitable interest need be established.’”
13 *Nw. Forest Res. Council*, 82 F.3d at 837 (quoting *Greene v. United States*, 996 F.2d
14 973, 976 (9th Cir.1993), *aff’d*, 64 F.3d 1266 (9th Cir.1995)).

15 As to Flack, “there is a direct, antagonistic relationship” between his interest in
16 obtaining medical aid-in-dying drugs and Plaintiffs’ request to enjoin SB 380.
17 *Kalbers v. United States Dep’t of Just.*, 22 F.4th 816, 827 (9th Cir. 2021) (permitting
18 intervention where VW sought to keep confidential the documents that were the
19 subject of plaintiff’s FOIA request). Moreover, patients like Flack usually have
20 numerous medical providers and their care is dependent on the timely transfer of
21 records between those providers. *See, e.g.*, Ex. A ¶ 5. Similarly, Drs. Banerjee and
22 Forest’s interests in offering the option of aid in dying as part of their medical
23 practices are threatened by Plaintiffs’ requested relief. As for CCAN, a “public
24 interest group is entitled as a matter of right to intervene in an action challenging the
25 legality of a measure it has supported.” *Idaho Farm Bureau Fed’n v. Babbitt*, 58
26 F.3d 1392, 1397 (9th Cir. 1995) (citing *Sagebrush Rebellion, Inc. v. Watt*, 713 F.2d
27 525, 527 (9th Cir.1983)). *See also, e.g.*, *Apr. in Paris v. Becerra*, No. 2:19-cv-02471-
28 KJM-CKD, 2020 WL 2404620, at *3 (E.D. Cal. May 12, 2020) (applicants had a

1 significantly protectable interest where they “fought for the bill that ultimately
2 passed”); *Pac. Gas & Elec. Co. v. Lynch*, 216 F. Supp. 2d 1016, 1025 (N.D. Cal.
3 2002) (applicant had an interest where it “was the acknowledged author and leading
4 proponent” of one of the central actions challenged by plaintiffs). Here, CCAN was
5 not just a supporter, but the *sponsor* of SB 380, the measure being challenged in this
6 action. See Request for Judicial Notice, Ex. 1 at 18 ¶ 3. Accordingly, Intervenor
7 have significantly protectable interests that are threatened by Plaintiffs’ claims and
8 requested relief.

9 **3. Intervenor’s Interests Will Be Impaired If Intervention Is**
10 **Denied**

11 Once a court has found that a prospective intervenor has a significant
12 protectable interest, it should have “little difficulty concluding that the disposition of
13 the case may, as a practical matter, affect it.” *Citizens for Balanced Use*, 647 F.3d at
14 898 (quoting *California ex rel. Lockyer v. United States*, 450 F.3d 436, 442 (9th Cir.
15 2006)). Here, Intervenor’s interests would “obviously” be impaired by an injunction,
16 or by a judgment declaring the EOLOA unconstitutional. *Kalbers*, 22 F.4th at 828.

17 **4. Defendants May Not Adequately Represent Intervenor’s**
18 **Interests**

19 The burden of demonstrating inadequate representation is minimal. Intervenor
20 need only show that their interests are sufficiently different from the existing parties
21 such that their representation “may be” inadequate. *Trbovich v. United Mine Workers*
22 *of Am.*, 404 U.S. 528, 538 n.10 (1972); see *Sagebrush Rebellion*, 713 F.2d at 528 (citing
23 *Trbovich*). Specifically, the Ninth Circuit weighs three factors: “(1) whether the
24 interest of a present party is such that it will undoubtedly make all of a proposed
25 intervenor’s arguments; (2) whether the present party is capable and willing to make
26 such arguments; and (3) whether a proposed intervenor would offer any necessary
27 elements to the proceeding that other parties would neglect.” *Arakaki v. Cayetano*, 324
28 F.3d 1078, 1086 (9th Cir. 2003) (citation omitted).

1 There is a presumption of adequate representation when the applicant and an
2 existing party “have the same ultimate objective,” or “when the government is acting
3 on behalf of a constituency that it represents.” *Id.* (citing *United States v. City of Los*
4 *Angeles, Cal.*, 288 F.3d 391, 401 (9th Cir. 2002)). However, where an applicant’s
5 interests are “potentially more narrow and parochial than the interests of the public at
6 large,” representation may be inadequate. *Mendonca*, 152 F.3d at 1190 (union could
7 intervene of right in action alleging federal preemption of California’s Prevailing Wage
8 Law because its members had a substantial interest in receiving the prevailing wage
9 for their services and the government-defendants’ representation “may have been
10 inadequate”). “The Ninth Circuit has found that the latter interest is potentially
11 narrower than the former in a way that meets the fourth prong of the Rule 24(a)(2)
12 intervention test.” *Home Care Ass’n of Am. v. Newsom*, No. 1:19-CV-0929 AWI EPG,
13 2019 WL 5960141, at *3 (E.D. Cal. Nov. 13, 2019) (finding no presumption of
14 adequate representation where an intervenor “is trying to obtain the benefits of the law
15 for itself or its members”).

16 Here, each intervenor’s interest in medical aid in dying is narrower than
17 Defendants’ interest in defending the enforceability of the EOLOA. *Id.* “[I]t is no
18 novel legal conclusion to determine that a neutral governmental body’s interests
19 sufficiently diverge from those of an organization representing a specific sub-set of the
20 public to satisfy the inadequate representation prong.” *Barke v. Banks*, No. 8:20-cv-
21 00358-JLS-ADS, 2020 WL 2315857, at *3 (C.D. Cal. May 7, 2020) (finding various
22 teachers’ unions had a right to intervene in action challenging the constitutionality of
23 California Government Code Section 3550). Defendants’ oppositions show that they
24 are concerned about “statewide medical practices at large” and the possibility that an
25 “injunction would significantly undercut the existing statutory framework authorizing
26 enforcement actions to protect the public from unprofessional providers.” Dkt. 53 at
27 23; Dkt. 55 at 23. These interests are much more expansive than an individual patient’s
28 interest in obtaining, or an individual physician’s interest in offering, medical aid in

1 dying. Indeed, Defendants’ oppositions devote only one paragraph to terminally ill
2 Californians’ interest in this dispute, and offer no patient declarations in support of
3 those interests. *See* Dkt. 53 at 23-24 (discussing, without explaining why, the EOLOA
4 is “critical to thousands of the State’s citizens’ end-of-life care”); Dkt. 55 at 24 (same).
5 Moreover, despite offering two physician declarations, Defendants do not offer the
6 perspective of physicians who treat terminally ill patients and who consider medical
7 aid in dying integral to how they practice medicine and provide end-of-life care.

8 More importantly, while Defendants acknowledge that an injunction would be
9 “allowing providers to unreasonably obstruct and delay a patient’s individual choice to
10 obtain aid-in-dying medication” (Dkt. 53 at 24; Dkt. 55 at 24), they fail to articulate
11 what the fallout of such an injunction would look like for the patients and providers
12 involved. Defendants cannot offer the perspective of Dr. Catherine Forest and her late
13 husband, Will. When a rapidly progressing unclassified motor neuron disease caused
14 his bodily function to deteriorate, threatening to leave him paralyzed and wasting away
15 while fully mentally aware, Will utilized the End of Life Option Act. Ex. C ¶¶ 7-9.
16 Defendants cannot tell the court that the alternative for Will was not just death, but a
17 terrifying death where he would have choked on his own saliva and spent his final
18 moments suffocating and unable to focus on his family, who would have endured their
19 own agony watching him suffer. *Id.* Defendants cannot tell the court that Will almost
20 ran out of time to utilize the EOLOA because his non-participating primary care
21 provider did not document his first medical aid-in-dying request. *Id.* ¶ 9. And
22 Defendants cannot tell the court about the anxiety that Will endured as he fought
23 against the unnecessary delays caused by his non-participating provider and medical
24 group—anxiety that ate into the precious little time he had remaining with his family.
25 *Id.* SB 380 was designed to eliminate these delays and the very real, very sad human
26 consequences that accompany them. These are interests that the court needs to consider
27 and the viewpoint that only Intervenors can provide.

28 ///

1 Defendants also fail to articulate that the alternative to medical aid in dying is
2 more than just a painful and terrifying death. The alternative for many patients is that
3 they spend what little time they have left agonizing about what awaits them instead of
4 focusing on enjoying the people and things they love. *See* Ex. A ¶ 12; Ex. C ¶ 9. And
5 the alternative for physicians who treat terminally ill patients—physicians like Drs.
6 Banerjee and Forest—is to be deprived of one of the most important tools in their
7 practice of medicine: the ability to offer options. Physicians like Drs. Banerjee and
8 Forest consider medical aid in dying an important part of end-of-life care even for
9 patients who never consider the option for themselves. Oftentimes, simply talking
10 about the option enables patients to regain a lost sense of autonomy and better
11 participate in determining what their end-of-life care plan should be, regardless of
12 whether that plan includes medical aid in dying. Ex. B ¶ 6; Ex. C ¶ 5.

13 Defendants are not at fault for not presenting these interests to the court—they
14 simply are not Defendants’ concern. But they are important interests that should be
15 represented in this litigation. *See Sagebrush Rebellion*, 713 F.2d at 528 (permitting
16 intervention of right where national wildlife organization offered “a perspective which
17 differs materially from that of the present parties to this litigation”). Thus, Intervenors
18 meet the “minimal” burden of showing that their interests may not be adequately
19 represented by Defendants.

20 **B. In the Alternative, the Court Should Permit Intervention Pursuant**
21 **to Federal Rule of Civil Procedure 24(b)**

22 In the event this Court finds that Intervenors are not entitled to intervene as a
23 matter of right, Intervenors should still be entitled to permissive intervention under
24 Fed. R. Civ. P. 24(b), which provides, in pertinent part: “On timely motion, the court
25 may permit anyone to intervene who...(B) has a claim or defense that shares with the
26 main action a common question of law or fact.” “Thus, ‘a court may grant
27 permissive intervention where the applicant for intervention shows (1) independent
28 grounds for jurisdiction; (2) the motion is timely; and (3) the applicant’s claim or

1 defense, and the main action, have a question of law or a question of fact in
2 common.” *City of Los Angeles*, 288 F.3d at 403 (quoting *Nw. Forest Res. Council*,
3 82 F.3d at 839).

4 *First*, the Ninth Circuit has clarified that “the independent jurisdictional grounds
5 requirement does not apply to proposed intervenors in federal-question cases when the
6 proposed intervenor is not raising new claims.” *Freedom from Religion Found., Inc.*
7 *v. Geithner*, 644 F.3d 836, 844 (9th Cir. 2011). This is a federal-question case because
8 each of Plaintiffs’ claims arises under the US Constitution. Dkt. 1 ¶5. Intervenors are
9 not raising any new claims. Thus, the first factor of independent jurisdictional grounds
10 does not apply.

11 *Second*, Intervenors’ motion is timely. As explained above, Intervenors’
12 motion is filed less than three months after Plaintiffs filed their Complaint, and no
13 substantive ruling has been issued. Given the early stages of the litigation,
14 intervention will not unduly delay or prejudice the adjudication of the rights of the
15 original parties. Given Intervenors’ interests in the outcome of the dispute, their
16 alternative motion for permissive intervention at this early stage in the case is
17 particularly justified. *See, e.g., City of Los Angeles*, 288 F.3d at 403–04 (“In
18 exercising its discretion the court shall consider whether the intervention will unduly
19 delay or prejudice the adjudication of the rights of the original parties.”) (remanding
20 to district court to reconsider request for permissive intervention by police league and
21 community intervenors who “have some of the strongest interests in the outcome”).

22 *Finally*, common questions of law and fact exist because the rights of the
23 parties all arise from the question of whether certain provisions of SB 380 are
24 constitutional. Thus, Intervenors’ defenses turn on the same legal and factual issues
25 raised by Plaintiffs’ claims, including whether the minimal requirements imposed on
26 Plaintiffs by SB 380 are unconstitutional infringements of their speech or permissible
27 government regulation of their profession as medical providers. Accordingly, if

28 ///

1 intervention by matter of right is denied, it would nevertheless be appropriate for this
2 court to grant Intervenors’ request for permissive intervention.

3 **IV. CONCLUSION**

4 Intervenors are entitled to intervene in the above-captioned litigation as a
5 matter of right. Intervenors have timely filed their motion. They each possess a
6 cognizable interest in this lawsuit. Their interests will invariably be impaired as a
7 result of this litigation. Further, their interests may not be adequately protected by
8 Defendants, who are more concerned with preserving their ability to regulate the
9 statewide practice of medicine. In the alternative, Intervenors should be permitted to
10 intervene because their defenses share common questions of law and fact with
11 Defendants, and because this motion is timely and will not delay resolution of this
12 case.

13 DATED: May 18, 2022

Respectfully submitted,

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