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8 ARIZONA SUPERIOR COURT

9 MARICOPA COUNTY

10 ARIZONA SCHOOL BOARDS  
ASSOCIATION, INC., an Arizona nonprofit  
11 corporation; CHILDREN'S ACTION ALLIANCE,  
12 INC., an Arizona nonprofit corporation; ARIZONA  
EDUCATION ASSOCIATION, an Arizona nonprofit  
13 corporation; ARIZONA ADVOCACY NETWORK, an  
Arizona nonprofit corporation; STEVE GALLARDO, an  
14 Arizona resident; LELA ALSTON, an Arizona resident;  
DAVID LUJAN, an Arizona resident; BETH LEWIS, an  
15 Arizona resident; RAQUEL MAMANI, an Arizona  
resident; JUSTIN MONNET, an Arizona resident;  
16 CORINA ONTIVEROS, an Arizona resident; MARY  
17 CATHERINE HARREL, M.D., an Arizona resident;  
RUTH FRANKS SNEDECOR, M.D., an Arizona  
18 resident, SHARON KIRSCH, an Arizona resident;  
19 RICHARD NEWHAUSER, an Arizona resident,

20 Plaintiffs,

21 v.

22 STATE OF ARIZONA,

23 Defendant.  
24

Case No. CV2021-012741

**BRIEF OF AMICI CURIAE  
ARIZONA HOSPITAL AND  
HEALTHCARE ASSOCIATION  
AND ARIZONA MEDICAL  
ASSOCIATION**

**FILED WITH WRITTEN  
CONSENT OF THE PARTIES**

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*Amici curiae* support the plaintiffs’ request for a preliminary injunction to enjoin these provisions from taking effect. Current data shows that, among other things, the number and rate of new COVID-19 cases is rapidly accelerating in Arizona; those increases are most prevalent among the populations most affected by these new provisions—children and young adults; and despite the best efforts by Arizona’s dedicated healthcare workers, Arizona’s hospital and healthcare systems are already incredibly strained by the effects of the COVID-19 pandemic.

**Interests of *Amici Curiae***

The Arizona Hospital and Healthcare Association (“AzHHA”) is a statewide trade association for hospitals, health systems, and affiliated healthcare organizations. AzHHA’s 64 hospital members and 14 healthcare members give Arizona hospital and healthcare partners a voice to collectively build better healthcare and health for all Arizonans. These members are united with the common goals of improving healthcare delivery in Arizona and being powerful advocates for issues that impact the quality, affordability, and accessibility of healthcare for the patients, people, and communities in Arizona.

1 The Arizona Medical Association (“ArMA”) is the largest organization in the state  
2 representing the interests of all physicians. With nearly 4,000 members, its membership includes  
3 physicians, physician assistants, resident physicians, and medical students from all specialties  
4 and practice settings. ArMA’s vision is to make Arizona the best place to practice medicine and  
5 receive care. It has become the foremost advocate and resource in the state for economically  
6 sustainable medical practices, the freedom to deliver care in the best interests of patients, and  
7 health for all Arizonans.

8 Collectively, *amici curiae* (“Healthcare Amici”) speak broadly and authoritatively on  
9 behalf of hospitals, healthcare systems, and Arizona’s physician community. The Healthcare  
10 Amici have witnessed firsthand the profound and troubling impact of the COVID-19 pandemic  
11 on Arizona’s healthcare systems. They know that the Legislature’s decision to prohibit schools,  
12 universities, and other entities within Arizona from taking reasonable and effective preventive  
13 measures to slow the spread of COVID-19 is unsupported by science and the recommendations  
14 of public health officials. They also know that the Legislature’s decision will negatively and  
15 directly impact the health and safety of their own members. They therefore ask this Court to  
16 grant the plaintiffs’ motion for a preliminary injunction to enjoin these provisions from taking  
17 effect. They do so on behalf of their members, the countless patients throughout Arizona their  
18 members serve, and Arizona’s healthcare system as a whole.

### 19 **Argument**

20 At a time when Arizona is suffering from rising COVID-19 cases, hospitalizations, and  
21 deaths, the Legislature should be doing everything in its power to protect the health, safety, and  
22 well-being of Arizonans. But the Legislature has instead elected to do the opposite by prohibiting  
23 schools, universities, and other entities from implementing effective, evidence-based public  
24 health mitigation measures when the circumstances call for them. These prohibitions will no

doubt lead to increased COVID-19 transmission statewide, especially among children and young adults, which will inevitably spill over into Arizona's already strained hospitals and healthcare systems. As these provisions will only exacerbate the problems caused by the COVID-19 pandemic, the Healthcare Amici respectfully urge this Court to prevent them from taking effect.

**Arizona, like the rest of the country and the world, is in the middle of an unparalleled “public health crisis.”** *Xponential Fitness v. Arizona*, No. CV-20-01310-PHX-DJH, 2020 WL 3971908, at \*1 (D. Ariz. July 14, 2020) (citation omitted). “COVID-19 is a novel, potentially deadly, severe acute respiratory illness caused by a virus that is most commonly transmitted person to person.” *Slidewaters LLC v. Wash. State Dep’t of Lab. & Indus.*, 4 F.4th 747, 752 (9th Cir. 2021). It “primarily spreads through airborne particles that accumulate in enclosed spaces with inadequate ventilation, respiratory droplets produced when a person coughs, sneezes, or talks, and occasionally through contact with objects contaminated with the virus.” *Resurrection Sch. v. Hertel*, No. 20-2256, \_\_ F.4th \_\_, 2021 WL 3721475, at \*1 (6th Cir. 2021). “Transmission can occur even when [an] infected person does not have symptoms and does not know of the infection.” *Slidewaters LLC*, 4 F.4th at 752.

Since the pandemic last year began, over 640,000 Americans have died from COVID-19.<sup>1</sup> Arizona has alone recorded about 1 million cases,<sup>2</sup> 73,000 hospitalizations,<sup>3</sup> and 19,000 deaths.<sup>4</sup> The rate of COVID-19 cases, hospitalizations, and deaths fortunately declined from their January 2021 peaks, after vaccines became widely available for people 12 years old and

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<sup>1</sup> See *COVID Data Tracker*, Ctrs. for Disease Control & Prevention, <https://covid.cdc.gov/covid-data-tracker/#datatracker-home> (last visited Sept. 10, 2021).

<sup>2</sup> See *Demographics*, Ariz. Dep’t of Health Servs., <https://www.azdhs.gov/covid19/data/index.php#demographics> (last visited Sept. 10, 2021).

<sup>3</sup> See *Hospitalization*, Ariz. Dep’t of Health Servs., <https://www.azdhs.gov/covid19/data/index.php#hospitalization> (last visited Sept. 10, 2021).

<sup>4</sup> See *COVID-19 Deaths*, Ariz. Dep’t of Health Servs., <https://www.azdhs.gov/covid19/data/index.php#deaths> (last visited Sept. 10, 2021).

1 older.<sup>5</sup> But over the last few months, COVID-19 cases have increased by about 300%  
2 nationwide, with increases in both hospitalizations and deaths in tow.<sup>6</sup>

3 This explosion in cases is mainly because of the “highly transmissible” Delta variant,  
4 which is currently the predominant variant of the virus in the United States.<sup>7</sup> “The Delta variant  
5 is more than two times as transmissible as the original strains circulating at the start of the  
6 pandemic and is causing large, rapid increases in infections.”<sup>8</sup>

7 **Federal and state public health authorities strongly recommend that people take**  
8 **evidence-backed preventive measures to slow the spread of the Delta variant.**<sup>9</sup> Those  
9 measures include obtaining a COVID-19 vaccine for any person 12 years old or older, for whom  
10 it’d be medically appropriate; wearing masks indoors in areas of substantial or high transmission;  
11 testing for COVID-19 when a person has come into close contact with someone who might be  
12 infected; and practicing social distancing.<sup>10</sup>

13 **The Arizona Legislature has decided to actively legislate against these commonsense**  
14 **preventive measures.** The Legislature recently enacted several statutory provisions,  
15 summarized in the below chart, limiting the ability of schools, universities, and other entities to  
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17 <sup>5</sup> See *Guidance for Implementing COVID-19 Prevention Strategies in the Context of*  
18 *Varying Community Transmission Levels and Vaccination Coverage*, Ctrs. for Disease Control  
& Prevention (July 30, 2021), <https://www.cdc.gov/mmwr/volumes/70/wr/mm7030e2.htm>.

19 <sup>6</sup> *Id.*

20 <sup>7</sup> *Id.*

21 <sup>8</sup> *Id.*; see also *Delta Variant: What We Know About the Science*, Ctrs. for Disease Control  
& Prevention, <https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html> (last  
22 updated Aug. 26, 2021) (“The Delta variant causes more infections and spreads faster than early  
23 forms of SARS-CoV-2, the virus that causes COVID-19.”).

24 <sup>9</sup> See *How to Protect Yourself & Others*, Ctrs. for Disease Control & Prevention,  
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html> (last visited  
Sept. 10, 2021); *Everyone—Current Guidance*, Ariz. Dep’t of Health Servs.,  
<https://www.azdhs.gov/covid19/index.php#everyone-guidance> (last visited Sept. 10, 2021).

<sup>10</sup> See *id.*

take the recommended steps. It specifically prohibited these entities—in various ways and contexts—from requiring that people obtain a vaccine, wear a mask, or even get tested.

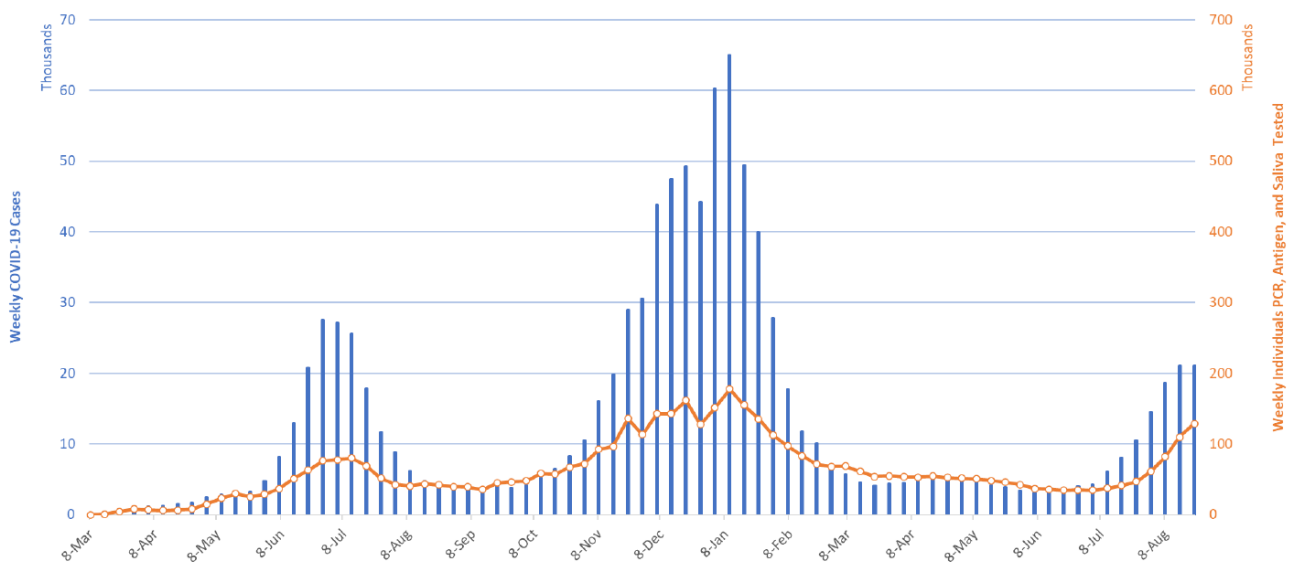
Budget Reconciliation Bill	Summary of the Provisions Relating to COVID-19
House Bill 2898	Prohibits counties, cities, towns, school districts, and charter schools from “requir[ing] the use of <b>face coverings</b> by students or staff” and also prohibits school districts and charter schools from “requir[ing] a student or teacher to receive a <b>vaccine</b> for COVID-19 or to wear a <b>face covering</b> to participate in in-person instruction.”
Senate Bill 1819	Prohibits counties, cities, and towns from adopting ordinances “related to mitigating the COVID-19 pandemic that impacts private businesses, schools, churches or other private entities,” which includes a prohibition on ordinances that “mandate[] using <b>face coverings</b> .”
Senate Bill 1824	Prohibits the State of Arizona and counties, cities, and towns from “establishing a COVID-19 vaccine passport” or requiring that any person “be <b>vaccinated</b> for COVID-19.”
Senate Bill 1825	Prohibits the Arizona Board of Regents, universities, and community colleges from “requir[ing] that a student obtain a COVID-19 <b>vaccination</b> or show proof of receiving a COVID-19 vaccination or place any conditions on attendance or participation in classes or academic activities, including mandatory <b>testing or face covering usage</b> , if the person chooses not to obtain a COVID-19 vaccination or disclose whether the person has been vaccinated” and limits their authority to <b>test</b> for COVID-19 unless there is “a significant COVID-19 outbreak” in the dorms.

Current data about the COVID-19 pandemic’s impact on Arizonans and Arizona’s hospital and healthcare systems confirms that there would be terrible consequences were these provisions to take effect. That data establishes these facts:

**Arizona has experienced a sharp and accelerating rise in the rate of new COVID-19 cases over the last several weeks.** After the January 2021 peak, the rate of new COVID-19

cases slowed and remained steady for a couple of months. But the recent emergence of the Delta variant has caused the rate of new COVID-19 cases to substantially increase. During the week of August 6, Arizona had a rate of 195 new cases per 100,000 residents. *See Exhibit A* (Declaration of Ann-Marie Alameddin), Ex. 1 at 1. The next week, the rate rose to 255 per 100,000 residents, and to 278 a week later. *See id.*, Ex. 2 at 1, Ex. 3 at 1. The most recent week of data shows that there are 299 new cases per 100,000 residents. *See id.*, Ex. 4 at 1.

Consistent with this data, the following chart shows (in blue blocks) a very noticeable upward trend of new COVID-19 cases in Arizona. It also shows (in orange dotted lines) a similar upward trend of people undergoing COVID-19 diagnostic testing in Arizona, further signaling that the rate of new cases is rising.



**Figure 1. Weekly COVID-19 Cases in Arizona and Number of Individuals Undergoing COVID-19 Diagnostic Testing March 1, 2020 – August 22, 2021.**

*See id.* at 1. This data confirms that “Arizona continues to experience high levels of community transmission.” *Id.* at 8. And this trend will likely continue given that Arizona’s schools and universities just returned to in-person instruction. *See id.*

Dr. Joe Gerald, a professor at the University of Arizona’s Zuckerman College of Public Health, noted in a recent report on COVID-19’s outlook in Arizona: “Even though vaccination remains the most effective and important mitigation strategy, non-pharmacologic interventions like mask mandates, limited gathering sizes, and targeted business mitigations are still needed to slow transmission and ensure this wave does not reignite.” *Id.* at 1. Given that the Legislature prohibited schools, universities, and other governmental entities from requiring precisely these measures, there is a significant risk that Arizona will experience a crushing wave of new cases were these prohibitions to take effect.

**Arizona’s children and young adults are currently contracting COVID-19 more than any other age group.** For the first time in this pandemic, transmission among children and young adults is “poised to surpass rates among all other groups.” *Id.* at 2. As the chart below demonstrates, the rate of new cases among children younger than 15 years old has nearly quadrupled since early July. Likewise, the rate of new cases among adolescents aged 15 to 24 years old has also nearly quadrupled in that period and is now the highest rate of any age group.

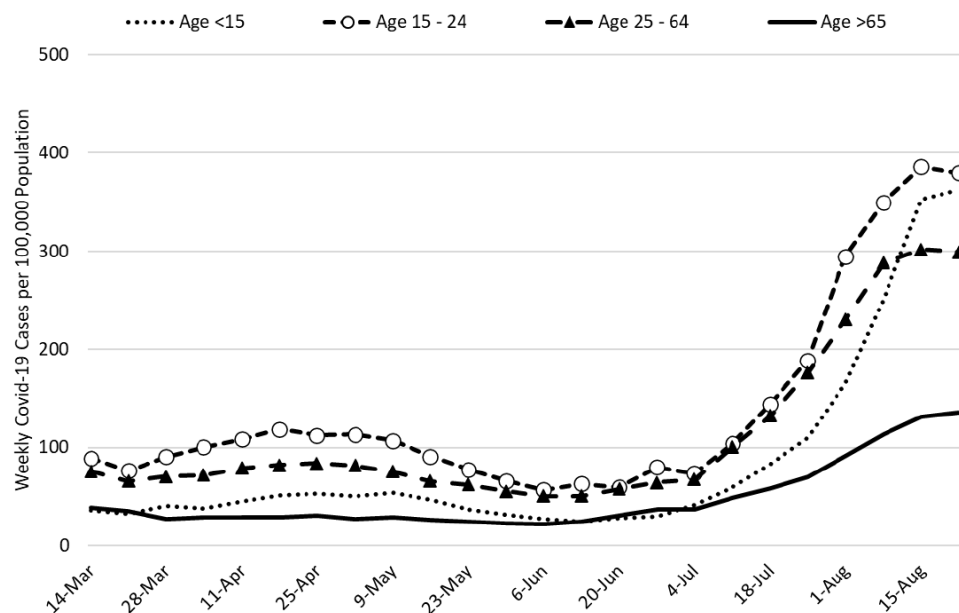


Figure 2a. COVID-19 Cases in Arizona by Age Group March 7, 2020 – August 22, 2021.



See *id.* The steep rise in COVID-19 cases over the last several weeks among children and young adults is all the more startling when compared to the circumstances here at the same time last year. As the following chart shows, a year ago, when instruction was mostly virtual, there were about 25 cases per 100,000 children aged 10 through 14. This year, when instruction was moved in-person, the rate among children in the same age group rose to about 500.<sup>11</sup>

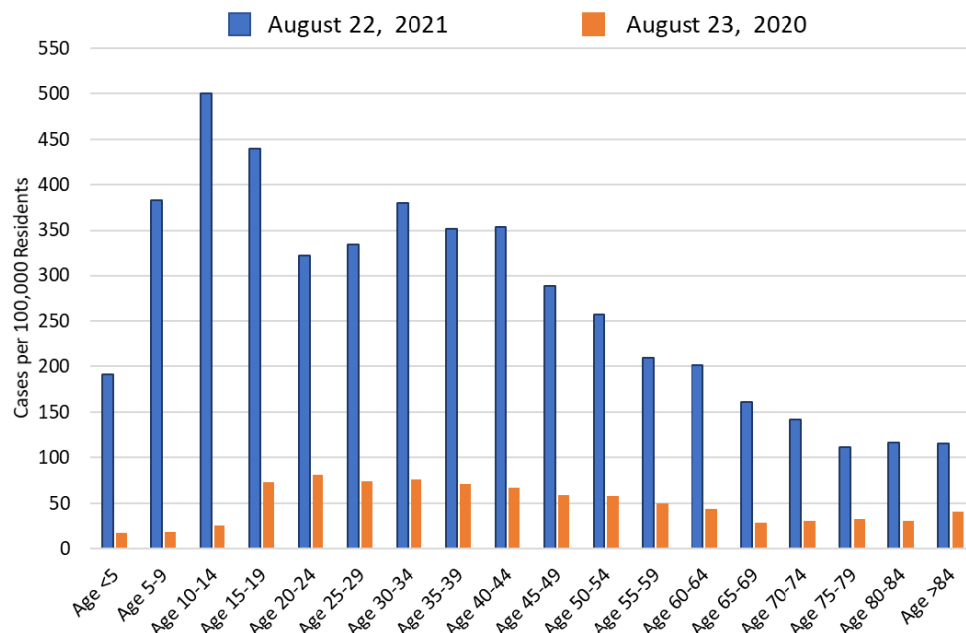


Figure 2c. COVID-19 Cases in Arizona by Age Group August 23, 2020 versus August 22, 2021.

<sup>11</sup> The chart, of course, shows an increase in cases across all age groups from one year ago. That increase is no doubt largely attributable to the “highly transmissible” Delta variant. *Guidance for Implementing COVID-19 Prevention Strategies in the Context of Varying Community Transmission Levels and Vaccination Coverage*, Ctrs. for Disease Control & Prevention (July 30, 2021), <https://www.cdc.gov/mmwr/volumes/70/wr/mm7030e2.htm>. But the increases in cases disproportionately affect Arizona’s children and young adults.

1        *See id.* at 3. Dr. Gerald reports that these exponential increases among children and young  
2 adults are driven by the resumption of “in-person instruction in the face of high community  
3 transmission, inadequate vaccination, prohibited masking, and inadequate surveillance testing.”  
4 *Id.* But these increases don’t affect only children and young adults. To the contrary, data shows  
5 that COVID-19 related outcomes (like experiencing the loss of taste or smell or the reporting of  
6 a positive COVID-19 test) increase among entire families when a child in the family attends  
7 school in-person.<sup>12</sup> Put another way, the more that a community allows in-person instruction,  
8 the more that children and young adults will contract COVID-19, and the more that the  
9 community will see new COVID-19 cases across other age groups.

10        To be sure, the Healthcare Amici do not oppose in-person educational instruction; in fact,  
11 students benefit from in-person learning. But in the middle of an ongoing pandemic, it is  
12 imperative that Arizona’s schools and universities have the discretion to implement the safety  
13 recommendations urged by the country’s top healthcare authorities. And here, the CDC  
14 recommends that eligible students obtain a COVID-19 vaccine; schools require indoor masking  
15 of students, teachers, staff, and visitors regardless of vaccination status; and everyone undergo  
16 testing when exposed to someone who might be infected.<sup>13</sup> The masking recommendation is  
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19        <sup>12</sup> *See Household COVID-19 Risk and In-Person Schooling*, Science (June 4, 2021),  
20 <https://www.science.org/doi/full/10.1126/science.abh2939> (noting that there is a “statistically  
21 significant” association between COVID-19 related outcomes and in-person instruction for  
22 children); *see also Association of Age and Pediatric Household Transmission of SARS-CoV-2*  
23 *Infection*, JAMA Pediatrics (Aug. 16, 2021), [https://jamanetwork.com/journals/jamapediatrics/](https://jamanetwork.com/journals/jamapediatrics/fullarticle/2783022)  
24 [fullarticle/2783022](https://jamanetwork.com/journals/jamapediatrics/fullarticle/2783022) (providing that younger children have a greater risk of transmitting COVID-  
19 to “caregivers and siblings in the household than older children”).

23        <sup>13</sup> *See Guidance for COVID-19 Prevention in K-12 Schools*, Ctrs. for Disease Control &  
24 Prevention, [https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html)  
[guidance.html](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html) (last updated Aug. 5, 2021).

1 especially important in K-12 schools because the vast majority of school-aged children are not  
2 eligible for a vaccine, and so masking is critical to protect them from exposure.<sup>14</sup>

3 Not only did the Legislature refuse to adopt or even encourage these “layered prevention  
4 strategies,” it completely divested Arizona’s schools and universities of the ability to implement  
5 them.<sup>15</sup> Given the current trajectory of COVID-19 cases, it is not difficult to imagine the harm  
6 that would arise were these provisions to take effect.

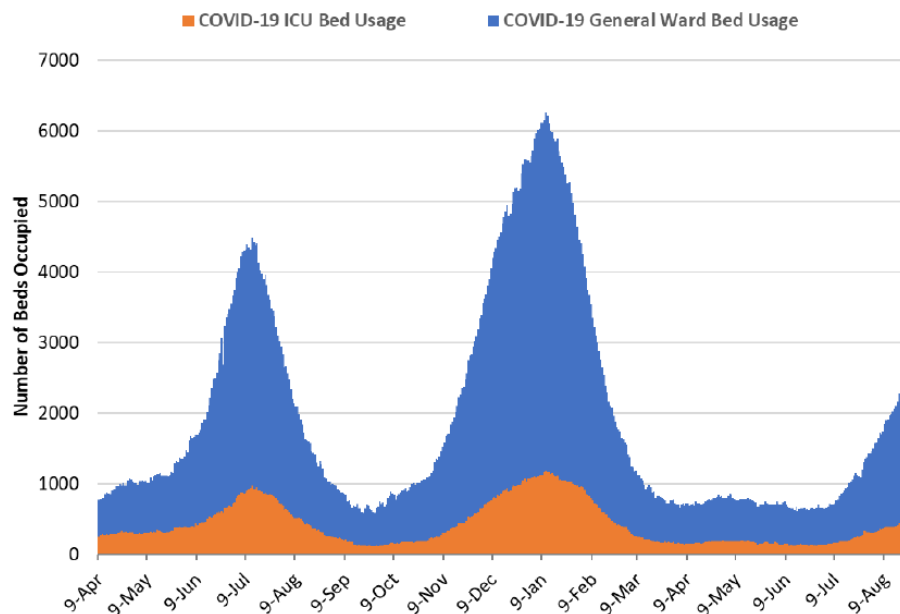
7 **Arizona is experiencing a surge in hospitalizations because of new COVID-19 cases,**  
8 **which has already seriously threatened the stability of Arizona’s healthcare systems.** When  
9 the rate of new COVID-19 cases declined following the January 2021 peak, the number of  
10 hospitalizations for COVID-19 patients also declined and moderated for several months. But in  
11 July, COVID-19 related medical-surgical and ICU hospitalizations began to steadily rise. As the  
12 chart below reveals, as of August 25, almost 2,000 (or 23%) of Arizona’s general ward hospital  
13 beds were occupied by COVID-19 patients—a level not seen since February. *See id.* at 4. Only  
14 8% of general ward hospital beds were available as of that date.<sup>16</sup> *See id.* ICU hospitalizations  
15 have similarly risen. As of August 25, 487 (or 28%) of Arizona’s ICU beds were occupied by  
16 COVID-19 patients. *See id.* Only 8% of ICU beds remained available. *See id.*

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20 <sup>14</sup> *See id.*

21 <sup>15</sup> *Id.*

22 <sup>16</sup> The picture on the ground is even worse than these statistics suggest. The reason is that  
23 the 8% available capacity exists in specialty care and at other hospitals that treat targeted  
24 populations or conditions (like orthopedics). As a result, the hospitals that actually treat COVID-  
19 patients are at capacity levels much greater than 92%. Beyond that, COVID-19 patients that  
are held in overflow units because there are no hospital beds available are not counted against  
the available capacity figures. Accounting for these overflow patients, the Healthcare Amici  
members report that many of their facilities are over capacity on any single day.



**Figure 4. Arizona Daily COVID-19 General Ward and ICU Census April 9, 2020 – August 25, 2021.**

*See id.* Valleywise Health Medical Center’s (“Valleywise”) experience confirms that this rush of COVID-19 hospitalizations is real. Valleywise’s Chief Medical Officer warned just two weeks ago that Valleywise is experiencing both a “continued surge of COVID-19 patients who are mostly younger than 60” as well as “diminishing hospital bed capacity.”<sup>17</sup>

But the most alarming development is the sudden increase in hospitalizations of children. Last week, an average of 369 pediatric COVID-19 patients were “admitted to hospitals every day.”<sup>18</sup> And as of Tuesday of this week, the United States Department of Health and Human Services reported that almost 2,400 children were hospitalized with COVID-19—a “record-

<sup>17</sup> *Hospitals Urge Arizonans to Get Vaccinated Amid Staff Shortages and a COVID-19 Surge*, AZCentral (Aug. 25, 2021), <https://www.azcentral.com/story/news/local/arizona-health/2021/08/25/hospital-leaders-calling-unvaccinated-arizonans-take-action/5592424001/>.

<sup>18</sup> *Child Covid-19 Hospitalizations Reach a New High as Schools Reopen. That’s Not The Only Reason to Protect Kids from Delta, Doctors Say*, CNN (Sept. 8, 2021), <https://www.cnn.com/2021/09/08/health/delta-variant-in-kids/index.html>.

high” figure.<sup>19</sup> The CDC similarly reported that “hospitalization for COVID-19 for children and adolescents increased four-fold in August in states with low levels of vaccination, compared with states with high levels.”<sup>20</sup> Maricopa County is seeing similar trends. The Medical Director of Maricopa County’s Department of Public Health recently said that “more than one in four COVID-19 cases in the county are now among children”—a rate “never seen before.”<sup>21</sup>

**The stress, severity, and longevity of the COVID-19 pandemic have had a detrimental effect on Arizona’s healthcare professionals.** Several studies and surveys have recently reported on the experiences of a diverse range of members of the nation’s healthcare workforce. The results all have one thing in common: the COVID-19 pandemic has acutely and negatively affected the professionals who have dedicated the last 18 months to fighting it.

In one survey of 400 frontline nurses, 22% of the respondents said that “they may leave their current position providing direct patient care within the next year.”<sup>22</sup> The top three reasons were insufficient staffing, a demanding workload, and the emotional toll of the job—all factors exacerbated by the pandemic.<sup>23</sup> In another survey of over 1,000 nurses, 46% of the respondents

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<sup>19</sup> *Id.*

<sup>20</sup> *In Low-Vaccination States, Quadrupling Rates of Child COVID-19 Hospitalizations Observed During August*, Am. Hosp. Ass’n (Sept. 7, 2021), <https://m.ahapac.org/news/headline/2021-09-07-low-vaccination-states-quadrupling-rates-child-covid-19-hospitalizations>. In Arizona, a mere 58% of the population has received at least one dose of the COVID-19 vaccine. *See Tracking Coronavirus in Arizona: Latest Map and Case Count*, <https://www.nytimes.com/interactive/2021/us/arizona-covid-cases.html> (last visited Sept. 10, 2021). Only 49% of people are fully vaccinated. *See id.*

<sup>21</sup> *School COVID-19 Outbreaks up Dramatically in Maricopa County*, AP News (Aug. 30, 2021), <https://apnews.com/article/health-arizona-coronavirus-pandemic-c02144ff2d653e4fce9d52db6f4953ee>.

<sup>22</sup> *Nursing in 2021: Retaining the Healthcare Workforce When We Need it Most*, McKinsey & Co. (May 11, 2021), <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/nursing-in-2021-retaining-the-healthcare-workforce-when-we-need-it-most>.

<sup>23</sup> *See id.*

1 said that the pandemic has weakened their commitment to the profession; of those, nearly 1 in 4  
2 are looking for work outside of nursing or are retiring from nursing altogether.<sup>24</sup>

3 The most recent data from yet another study shows that staffing shortages are a significant  
4 concern among nursing leadership—and that the concern is only escalating as the pandemic  
5 wears on. In July 2020, 24% of nurse leaders (including managers, Chief Nursing Officers  
6 (“CNOs”), and directors) identified staff retention as a challenge.<sup>25</sup> The August 2021 dataset  
7 revealed that the figure has almost doubled—now, 47% of nurse leaders view it as a challenge.<sup>26</sup>  
8 These concerns are corroborated by growing unrest among the participants themselves: last  
9 month, 20% of the surveyed nurse leaders responded that they intended to leave the nursing  
10 profession or were thinking of leaving, compared with just 10% six months before.<sup>27</sup>

11 Surveys and studies on the mental health of healthcare professionals show similarly  
12 worrying patterns. In a survey of 1,000 nurses, 66% reported feeling depression relating to the  
13 COVID-19 pandemic, and over half have experienced trauma, extreme stress, or PTSD.<sup>28</sup> On  
14 average, respondents reported a 28% decline in their mental health.<sup>29</sup> And a study of nurse  
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17 <sup>24</sup> See *2021 Frontline Nurse Mental Health & Well-Being Survey*,  
18 Trusted Health (May 2021), [https://uploads-ssl.webflow.com/5c5b66e10b42f155662a8e9e/608304f3b9897b1589b14bee\\_mental-health-survey-2021.pdf](https://uploads-ssl.webflow.com/5c5b66e10b42f155662a8e9e/608304f3b9897b1589b14bee_mental-health-survey-2021.pdf).

19 <sup>25</sup> See *AONL COVID-19 Longitudinal Study August 2021 Report: Nurse Leaders’ Top*  
20 *Challenges, Emotional Health, and Areas of Needed Support, July 2020 to August 2021*, Am.  
21 Org. for Nursing Leadership (Sept. 8, 2021), <https://www.aonl.org/system/files/media/file/2021/09/AONL%20COVID-19%20Longitudinal%203%20Written%20Report.pdf>.

22 <sup>26</sup> See *id.*

23 <sup>27</sup> See *id.*

24 <sup>28</sup> See *2021 Frontline Nurse Mental Health & Well-Being Survey*,  
Trusted Health (May 2021), [https://uploads-ssl.webflow.com/5c5b66e10b42f155662a8e9e/608304f3b9897b1589b14bee\\_mental-health-survey-2021.pdf](https://uploads-ssl.webflow.com/5c5b66e10b42f155662a8e9e/608304f3b9897b1589b14bee_mental-health-survey-2021.pdf).

<sup>29</sup> See *id.*

1 leaders only highlights that no group has been spared: as of last month, 36% of nurse managers,  
2 17% of CNOs, and 26% of directors reported being “not or not at all emotionally healthy.”<sup>30</sup>

3 \* \* \*

4 Although the above data paints a grim picture, there is still time to reverse course. But to  
5 do so, schools, universities, and others need authority to implement evidence-based public health  
6 guidance. The Arizona Legislature has made it very hard (or impossible) for them to take those  
7 steps. Should these statutory provisions take effect, these troubling trends would only worsen.

### 8 **Conclusion**

9 The Healthcare Amici respectfully request that this Court enjoin the statutory provisions  
10 relating to COVID-19 from taking effect. As the above data confirms, there would be massively  
11 negative consequences were those provisions to take effect and prohibit schools, universities,  
12 and other entities within Arizona from implementing public health guidance that is reasonable,  
13 evidence-based, and effective to slow the spread of the COVID-19 pandemic. For all of these  
14 reasons, the plaintiffs, the Healthcare Amici, and others would suffer irreparable harm were the  
15 requested injunction denied and the balance of equities weighs heavily in favor of the plaintiffs.

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23 <sup>30</sup> See *AONL COVID-19 Longitudinal Study August 2021 Report: Nurse Leaders’ Top*  
24 *Challenges, Emotional Health, and Areas of Needed Support, July 2020 to August 2021*, Am.  
Org. for Nursing Leadership (Sept. 8, 2021), <https://www.aonl.org/system/files/media/file/2021/09/AONL%20COVID-19%20Longitudinal%203%20Written%20Report.pdf>.

1 Dated: September 10, 2021

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11 Original of the foregoing efiled with the Maricopa  
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14 this 10th day of September, 2021:

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