IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF NEW YORK

CARMELITE SISTERS FOR THE AGED AND INFIRM, INC.; OZANAM HALL OF QUEENS NURSING HOME, INC.; CABRINI OF WESTCHESTER; MARIAN WOODS, INC.; DOMINICAN SISTERS, CONGREGATION OF ST. ROSE OF LIMA; SERVANTS OF RELIEF FOR INCURABLE CANCER, d/b/a ROSARY HILL HOME; MISSIONARY SISTERS OF ST. BENEDICT, INC.; MISSIONARY SISTERS OF ST. BENEDICT HOME FOR THE AGED, INC., d/b/a ST. JOSEPH'S HOME FOR THE AGED; ROMAN CATHOLIC BISHOP OF ROCKVILLE CENTRE; ROMAN CATHOLIC DIOCESE OF ROCKVILLE CENTRE; CATHOLIC HEALTH SYSTEM OF LONG ISLAND, INC., d/b/a CATHOLIC HEALTH; HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, d/b/a QUEEN OF PEACE RESIDENCE; HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR OF THE CITY OF NEW YORK, d/b/a JEANNE JUGAN RESIDENCE,

Plaintiffs,

v.

LETITIA JAMES, in her official capacity as Attorney General of New York; JAMES V. MCDONALD, in his official capacity as Commissioner of Health of the State of New York; MICHAEL C. IANNUZZI, in his official capacity as the Interim Chair of the New York State Board for Professional Medical Conduct,

Defendants.

Case No. 1:26-cv-01396-AMN-CBF

NOTICE OF PLAINTIFFS' MOTION FOR A TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION

ORAL ARGUMENT REQUESTED

NOTICE OF MOTION

PLEASE TAKE NOTICE that, pursuant to Fed. R. Civ. P. 65(a), (b) and Local Rule 65.1, and upon the verified Complaint, the accompanying Memorandum of Law in Support of Plaintiffs' Motion for a Temporary Restraining Order and Preliminary Injunction, the affirmation of Mark L. Rienzi, and the Proposed Order to Show Cause and Temporary Restraining Order, Plaintiffs, by and through their attorneys, the Becket Fund for Religious Liberty, respectfully request that this Court issue a temporary restraining order or, in the alternative, a preliminary injunction preventing Defendants and all those acting in concert with them from enforcing any substantive provision of the Medical Aid in Dying Act and from enforcing any of the Palliative Care Information Act's requirements to the extent that they involve assisted suicide.

Because the Medical Aid in Dying Act takes effect on **August 5, 2026**, Plaintiffs respectfully request relief beginning on that date, either through the entry of a temporary restraining order taking effect on August 5 followed by the entry of a preliminary injunction or else by the entry of a preliminary injunction in the first instance. Accordingly, Plaintiffs also respectfully request an expedited briefing schedule to allow for the prompt resolution of their motion.

Plaintiffs also respectfully request oral argument in this matter. Oral argument will aid the Court in understanding how the Medical Aid in Dying Act and the Palliative Care Information Act interact and the complex First Amendment and other federal issues in this case—in particular how each issue impacts each Plaintiff. However, if oral argument would delay the prompt resolution of Plaintiffs' request for emergency relief, Plaintiffs are prepared to waive this request.

Respectfully submitted this 22nd day of July, 2026.

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LETITIA JAMES, in her official capacity as Attorney General of New York; JAMES V. MCDONALD, in his official capacity as Commissioner of Health of the State of New York; MICHAEL C. IANNUZZI, in his official capacity as the Interim Chair of the New York State Board for Professional Medical Conduct,

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MEMORANDUM OF LAW IN SUPPORT OF PLAINTIFFS' MOTION FOR A TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION

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INTRODUCTION

Plaintiffs run religious healthcare institutions that are bound by faith to provide loving care to New York's neediest and most vulnerable citizens. Motivated by their Catholic faith, Plaintiffs believe ***all*** of their patients and residents are beloved children of God—and that they are called to walk alongside them every step of the way, including when they face suffering and death.

For well-documented religious reasons, the loving care Plaintiffs provide has never included—and can never include—helping a patient to kill herself. Yet in less than two weeks, the State of New York will insist that Plaintiffs violate those religious beliefs or face civil and even criminal sanctions. New York claims it is pursuing autonomy and choice. But the effect of its law will be to eliminate choices and care—for providers, institutions, and patients. Indeed, New York's law seeks to make it impossible for patients to obtain treatment anywhere in the State without getting the advice at their lowest moment that you could always just kill yourself.

None of this is remotely permissible under the Constitution. The First Amendment's Free Speech Clause forecloses the State's effort to coopt Plaintiffs' speech. And its Speech and Assembly Clauses protect Plaintiffs' right to associate with employees and patients to provide Catholic healthcare without offers of suicide. More broadly, the First Amendment protections for church autonomy and free exercise require that Plaintiffs—not the State—get to decide how to run their religious institutions, including by making religious judgments about what care is provided.

Any of the above Constitutional grounds would be sufficient to give Plaintiffs a temporary restraining order and preliminary injunction to allow them to continue providing much-needed Catholic healthcare, including to their most severely disabled patients as they near death. And a ruling on any of these Constitutional grounds would pose no threat to overall viability of the

Medical Aid in Dying Act—it would simply protect religious objectors, while otherwise allowing the law to take full effect for willing providers.

Alternatively, this Court could also provide relief to the Plaintiffs by finding that the entire MAID Act is invalid under federal law. Plaintiffs have been placed in this illegal position only because the state government wants to do something Plaintiffs can't: discriminate among patients, protecting only some of them from being offered assistance killing themselves. But the same discrimination that is foreclosed by Plaintiffs' religious beliefs is also foreclosed by federal law: the Americans with Disabilities Act squarely forbids governments from discriminating against people based on their disabilities.

Whether through a narrow exemption under the First Amendment or invalidation of the entire law under the ADA, Plaintiffs urgently need and request relief from this Court prior to August 5 so they can continue offering loving Catholic healthcare to the New Yorkers who seek it.

BACKGROUND

A. The Catholic Church's teachings on end-of-life care.

The Catholic Church teaches that all people possess human dignity because they are created in the image and likeness of God. Verified Compl. ¶99. At the end of life, Catholic healthcare professionals are called to uphold that human dignity by ministering to the dying person's every need—physical, emotional, and spiritual. *Id.* ¶¶102-04. Indeed, they minister to every dying patient as though he or she were Jesus Christ himself, providing compassionate care and service until the patient's natural death. *Id.* ¶¶105-07. Consistent with this view of human dignity, the Catholic Church has stated as a matter of "definitive teaching" that "any form of complicity or active or passive collaboration" in assisted suicide is "an intrinsically evil act, in every situation or

circumstance" because it facilitates a rejection of one of God's greatest gifts—life itself. *Id.* ¶¶108-12.

The United States Conference of Catholic Bishops has issued a set of binding Ethical and Religious Directives (Directives) that "reaffirm the ethical standards of behavior in health care that flow from the Church's teaching about the dignity of the human person" and "provide authoritative guidance on certain moral issues that face Catholic health care today." *Id.* ¶¶114-15. Healthcare institutions that fail to follow the Directives risk losing the ability to hold themselves out as Catholic. *Id.* ¶¶245-46. The Directives categorically state that "Catholic health care institutions may never condone or participate in euthanasia or assisted suicide in any way" including by "authorizing" or supporting a patient's efforts to obtain assisted suicide; "giving specific direction about carrying it out"; and "referral" to another provider for the purpose of obtaining assisted suicide. *Id.* ¶¶116-20. Rather than support assisted suicide, Catholic providers are instructed to offer dying patients "loving care, psychological and spiritual support, and appropriate remedies for pain and other symptoms so that they can live with dignity until the time of natural death." *Id.* ¶116.

B. The Medical Aid in Dying Act and Palliative Care Information Act.

Consistent with "centuries of legal doctrine and practice," *Washington v. Glucksberg*, 521 U.S. 702, 723 (1997), New York law has long included an across-the-board prohibition on helping someone kill themselves—a prohibition that was "unqualified in scope" and admitted "no exceptions," *Myers v. Schneiderman*, 85 N.E.3d 57, 62 (N.Y. 2017); *see* N.Y. Penal Law §120.30, §125.15. Until now. In February 2026, New York enacted an elaborate and highly detailed exception to this previously "unqualified" prohibition: the Medical Aid in Dying Act (MAID Act). *See* N.Y. Pub. Health Law §§2899-d *et seq.*

In very particular circumstances, and with detailed prerequisites related to both patient health and provider participation, the MAID Act allows medical providers to prescribe lethal drugs so certain patients can kill themselves. *See id.* The MAID Act builds on requirements in the Palliative Care Information Act (PCIA), which requires certain healthcare providers and facilities to inform some terminally ill patients of their options for end-of-life care, which now include assisted suicide. *See id.* §§2997-c *et seq.*

The MAID Act and PCIA do not apply to every healthcare provider, institution, or patient. For providers, the PCIA applies only to an attending "physician or nurse practitioner who has primary responsibility for the care and treatment" of the terminally ill patient. *Id.* §2997-c(1)(b). The MAID Act applies only to the attending "physician who has primary responsibility" for the patient, thus excluding even nurse practitioners. *Id.* §2899-d(2).

For institutions, the PCIA covers general hospitals, nursing homes, residential healthcare facilities, various homecare agencies, and certain assisted living facilities—but not hospices. *Id.* §2997-d(2). The MAID Act's definition of "health care facilities"—which includes general hospitals, nursing homes, residential healthcare facilities, and hospices—leaves out many other facilities like adult care homes and assisted living homes, which are governed under a separate section of New York law. *Id.* §2899-d(5); *see id.* §4651. Both the PCIA and the MAID Act define "general hospital" to exclude a "public health center, diagnostic center, treatment center," and an "out-patient lodge." *Id.* §2801(10).

The State has left the vast majority of patients protected by its general bans on promoting or assisting suicide. N.Y. Penal Law §120.30, §125.15. However, for the small subset of patients who are so disabled in bodily function that their illness will "produce death within six months," the MAID Act provides new and different rules. N.Y. Pub. Health Law §2899-d(17).

Within these limited classes, the MAID Act and PCIA impose six assisted-suicide mandates on select healthcare providers and institutions treating certain patients in New York. *See* Verified Compl. ¶¶53-92.

1. Suicide Information and Counseling Mandate. When a patient is diagnosed with a terminal illness—meaning an illness or condition likely "to cause death within six months" with or without treatment, N.Y. Pub. Health Law §2997-c(1)(d), §2899-d(17)—the covered provider must offer to provide the patient with "information and counseling regarding" his "end-of-life options," including the "risks and benefits of the various options," *id.* §2997-c(1)(a), (2)(a); *see also id.* §2899-f(1)(d) (incorporating the PCIA counseling mandate into the MAID Act). These "options" now include assisted suicide. *See generally id.* §2899-d(e). Covered healthcare institutions must also "establish policies and procedures to provide patients" with "services with access to information and counseling regarding" end-of-life options and "facilitate access to appropriate palliative care consultations and services … including but not limited to referrals consistent with patient … preferences." *Id.* §2997-d(2), (3).

2. Suicide Qualification Mandate. Once a patient with a terminally ill diagnosis has been informed of his option to obtain lethal drugs to commit suicide, the MAID Act establishes an involved process for the patient to obtain these drugs. This process requires physicians to record oral and written requests for suicide drugs; examine the patient (either in person or "via telehealth") to confirm the terminal illness and decision-making capacity; provide the patient with additional information and counseling about assisted suicide; "refer" the patient to both a second consulting physician and a mental health specialist; and discuss with the patient the logistical steps for obtaining suicide drugs. *Id.* §2899-e(1), §2899-f(1), §2899-g(2). All of these steps—and many more—must be completed before a physician prescribes any suicide drugs to the patient. *See id.*

Facilities are required to allow their physicians to assist patients in accomplishing each of these qualifying steps to receive suicide drugs. *See id.* §2899-l(2). While the MAID Act states that physicians are not "under any duty … to participate in the *provision of medication* to a patient," it contains no exemptions for participating in these "qualifying" procedures. *Id.* §2899-m(1)(a) (emphasis added).

3. Suicide Drug Prescription and Ingestion Mandate. Covered healthcare facilities must allow patients and residents to be prescribed suicide drugs and to self-administer those drugs while at the facility. *Id.* §2899-l(1), (2) (prohibiting disciplinary or professional sanctions against providers taking such actions under the MAID Act). The Act does have a limited opt out for certain healthcare facilities with religious or moral objections: they may forbid the "prescription" or "self-administering" of suicide drugs at their facility. *Id.* §2899-m(2)(a). But only certain kinds of healthcare facilities are allowed to opt out—adult care homes or assisted living homes are excluded from the opt out and must allow assisted suicide in their homes.[1]

4. Suicide Referral Mandate. If the provider refuses to counsel her patients about the benefits of assisted suicide under the PCIA, she "shall" either "arrange for another physician or nurse practitioner to do so," or else "refer or transfer the patient to another physician or nurse practitioner" who is "willing to do so." *Id.* §2997-c(3), §2899-f(1)(d). Similarly, under the MAID Act, if a covered healthcare facility opts out of the prescription or ingestion of lethal suicide drugs, at the patient's request the facility "shall" transfer the patient "promptly to another health care facility that is reasonably accessible under the circumstances and *willing to permit*" the

[1] If an otherwise-excluded facility is "majority-owned, operated, or controlled by the same corporate entity as [a] health care facility," then the opt out *does* apply. N.Y. Pub. Health Law §2899-m. Accordingly, the Carmelites Sisters and the Little Sisters of the Poor, who operate and control healthcare facilities in addition to other homes, may rely on this limited opt out, but the Benedictines, who operate only an assisted living home, may not.

prescription and ingestion of suicide drugs. *Id.* §2899-m(2)(b) (emphasis added). Thus, both the PCIA and the MAID Act require religious healthcare providers and facilities to seek out someone else who "will" offer their patients assisted suicide.

5. False Death Certificate Mandate. "The cause of death listed on a qualified individual's death certificate who dies after self-administering medication … will be the underlying terminal illness or condition," rather than the drugs that actually ended their life. *Id.* §2899-p(2). Any physician filling out a death certificate (such as a hospice doctor who visits the patient's home after they have committed suicide) must comply with this requirement, even if they object, on religious grounds, to making false certifications.

6. Unfaithful Employee Retention Mandate. Even if an institution implements a policy prohibiting all participation in the assisted suicide process, they cannot subject any employee "to employment … or contractual liability or penalty" for violating that policy and helping their patients qualify to obtain suicide drugs. *Id.* §2899-l(2). Thus, a religious employer who objects to all participation in assisted suicide must retain employees who violate its religious doctrine or policies.

C. Plaintiffs' Catholic healthcare ministries.

Plaintiffs' Catholic ministries have faithfully served New York's sick, elderly, and dying for over one hundred years. Verified Compl. ¶2. Each provides loving, compassionate, life-affirming care that reflects the dignity of every human person in accordance with church teaching, including to those who are considered disabled under the Americans with Disabilities Act and those with a "terminal illness or condition" under the MAID Act and PCIA. *Id.* ¶¶2-3.

The Carmelite Sisters for the Aged and Infirm were founded in New York City in 1929 by Venerable Mother Angeline Teresa after she felt a calling from God to care for elderly New

Yorkers of every socioeconomic status. *Id.* ¶123. Mother Angeline worked to create healthcare facilities that "clasp the hand of an aged person and give meaning to the autumn of life." *Id.* ¶125. Today, the Carmelites operate Ozanam Hall and Cabrini of Westchester (licensed nursing homes), and Marian Woods (a licensed adult care home). *Id.* ¶129. At each home, the Carmelite Sisters serve as though they are "bring[ing] Christ to every old person under [their] care." *Id.* ¶127.

The Dominican Sisters of Hawthorne, founded by Venerable Mother Mary Alphonsa in 1900, have devoted more than a century to providing free care to those suffering from incurable cancer. *Id.* ¶¶149, 155. Through their work at Rosary Hill Home, a licensed nursing home in Hawthorne, New York, they offer palliative and end-of-life care without charge exclusively to terminal patients, relying on charitable support rather than patient payments or government reimbursement. *Id.* ¶¶160, 165. The Dominican Sisters strive to "provide a loving and peaceful home-like environment" and "meet their [resident's] physical, emotional, psychological, and spiritual needs." *Id.* ¶162. In all that they do, the Dominican Sisters "recognize life as a gift of God and endeavor to help those in their care to accept death with peace and hope." *Id.* ¶163.

The Missionary Sisters of St. Benedict established St. Joseph's Home for the Aged, an assisted living residence with enhanced assisted living certification, in Huntington, New York, in 1968. *Id.* ¶189. In all aspects of their care, the Benedictine Sisters seek to "provide a religious and spiritual haven for [their] residents to live their lives on Earth in peace and tranquility, while being treated with the utmost dignity and compassion." *Id.* ¶196.

The Little Sisters of the Poor is an international Roman Catholic Congregation of Sisters that has provided loving care to needy elderly persons for over 185 years. *Id.* ¶212. The Little Sisters serve New Yorkers in two locations: Queen of Peace Residence (a licensed nursing home) and Jeanne Jugan Residence (an independent living community). *Id.* ¶215. At all of their homes, the

Little Sisters strive to "[n]ever forget that the poor are Our Lord; in caring for the poor say to yourself: This is for my Jesus—what a great grace!" *Id.* ¶¶221-22.

The Diocese of Rockville Centre makes up the presence of the Roman Catholic Church in Nassau and Suffolk Counties in Long Island, serving nearly three million people across both counties. *Id.* ¶¶239-40. Bishop John O. Barres is the head of the Diocese. *Id.* ¶242. Among his spiritual responsibilities, Bishop Barres oversees the ministry of Catholic healthcare within the Diocese. *Id.* ¶¶39, 242-43. In this role, and in response to New York's assisted-suicide act, Bishop Barres reminded the Diocese that because Catholic teaching requires respect for life as a gift from God, "Catholic institutions cannot and will not participate in physician-assisted suicide." *Id.* ¶256. He has also issued supplemental directive stating that "Catholic health care institutions may not provide referrals for clinical interventions that constitute intrinsically evil actions" such as "assisted suicide." *Id.* ¶¶250-52.

Catholic Health is a network of Catholic healthcare facilities sponsored by the Diocese that includes, among other facilities, five hospitals, four cancer institute locations, three licensed nursing homes, and Good Shepherd Hospice. *Id.* ¶264. Catholic Health was founded in 1997 through the consolidation of several Catholic institutions to further the religiously motivated work of "humbly join[ing] together to bring Christ's healing mission and the mission of mercy of the Catholic Church expressed in Catholic health care to our communities." *Id.* ¶270. Catholic Health therefore "uphold[s] the dignity of every individual and compassionately attend[s] to the religious and spiritual needs of all those [it] serve[s]." *Id.*

Although their ministries differ slightly, Plaintiffs all sincerely hold the same Catholic beliefs regarding the sanctity of every human life and the care of the sick and dying until natural death. *Id.* ¶¶138-40, 179, 205-06, 223, 256, 285. Accordingly, each Plaintiff provides compassionate care

while rejecting practices that intentionally hasten death, such as assisted suicide.[2] And each Plaintiff follows the Directives and the teachings of the Catholic Church. *Id.* ¶¶141, 176, 207, 250, 281-82. Accordingly, Plaintiffs believe that assisting another person in committing suicide is gravely immoral and that they may not formally or materially cooperate in such conduct. *Id.* ¶¶144, 180, 207, 234, 252, 286. Plaintiffs forbid any employees, volunteers, medical providers, and clinical contractors from counseling patients about assisted suicide; taking any other steps that would facilitate the provision of lethal drugs; certifying or examining a patient's fitness for assisted suicide; prescribing or ordering lethal drugs for a patient for the purpose of voluntarily ending the patient's own life; allowing patients to self-administer lethal drugs at any facilities for the purpose of ending their own lives; being present when patients use lethal drugs to end their own lives; and falsely declaring that a patient's cause of death was the underlying illness if they had in fact taken lethal drugs to end their own life. *See id.* ¶¶144-48, 181-85, 208-11, 235-38, 252-54, 287-96.

LEGAL STANDARD

The same standards govern a temporary restraining order and a preliminary injunction. *See Local 1814 v. N.Y. Shipping*, 965 F.2d 1224, 1228 (2d Cir. 1992). A movant must establish (1) irreparable harm; (2) likelihood of success on the merits; (3) that the balance of equities tips in its favor; and (4) that an injunction serves the public interest. *NIFLA v. James*, 160 F.4th 360, 373 (2d Cir. 2025). Of these factors, irreparable harm is "the single most important prerequisite." *Faiveley Transp. Malmo AB v. Wabtec*, 559 F.3d 110, 118 (2d Cir. 2009). Because the "complaint is verified, the district court can treat its detailed factual allegations as evidence" supporting injunctive relief. *New Hope Fam. Servs. v. Poole*, 966 F.3d 145, 181 (2d Cir. 2020).

[2] If a patient does not want the kind of care Plaintiffs can offer, Plaintiffs will of course allow the patient to transfer to another facility or provider that the patient has independently chosen. *Id.* ¶¶146, 182, 209, 236, 254-55, 288.

ARGUMENT

I. Plaintiffs are likely to succeed on the merits.

The Constitution and federal law forbid the State from forcing Plaintiffs to participate in assisted suicide.

A. The MAID Act and PCIA violate the Speech and Assembly Clauses.

i. The MAID Act and PCIA compel speech (Count IV).

"In this Nation, no official—'high or petty'—may command our tongues or silence our voices." *Chiles v. Salazar*, 146 S.Ct. 1010, 1021 (2026). It makes no difference "whether the government seeks to compel a person to speak its message when he would prefer to remain silent" or "force[s] an individual to include other ideas with his own speech that he would prefer not to include. All that offends the First Amendment just the same." *303 Creative v. Elenis*, 600 U.S. 570, 586-87 (2023). Nor does it matter whether the speaker may "say other things" in tandem with the government's preferred message. *Chiles*, 146 S.Ct. at 1024. These "First Amendment[ ] protections extend to licensed professionals much as they do to everyone else." *Id.* at 1022.

Accordingly, "[g]overnment action that … requires the utterance of a particular message favored by the Government … is subject to 'the most exacting scrutiny.'" *CompassCare v. Hochul*, 125 F.4th 49, 63 (2d Cir. 2025). That's because "[m]andating speech that a speaker would not otherwise make necessarily alters the content of the speech," *Evergreen v. City of New York*, 740 F.3d 233, 244 (2d Cir. 2014), rendering it "presumptively unconstitutional," *NIFLA*, 160 F.4th at 373. And where the prescribed message also discriminates based on viewpoint by commanding which "opinion or perspective" individuals may express on that subject, "the violation of the First Amendment is all the more blatant." *Chiles*, 146 S.Ct. at 1021. Here, too, it "changes nothing" if such prescribed messages are forced upon licensed professionals. *Id.* at 1024.

New York's suicide mandates violate these bedrock principles all the way down. Defendants cannot dispute that the Plaintiffs' sincere religious beliefs compel them to approach the sensitive area of delivering a terminal diagnosis by affirming their patients' innate dignity, encouraging them to embrace life as a precious gift until natural death, and offering them the full suite of services that will enable them to greet natural death surrounded by love, comfort, and peace. *Supra* pp. 7-10. Yet, Defendants now command that they "must say" the precise opposite, requiring them to provide "information and counselling" about the "benefits" of a procedure that the Plaintiffs believe "would [not] ever be" a benefit to their patients, and then to qualify them for and refer them to a "willing" provider who will finish the act, culminating with the forced requirement to lie about the cause of death on the death certificate. *New Hope*, 966 F.3d at 170-71; *compare* N.Y. Pub. Health Law §2899-p(2) (death certificate), *with Vacco v. Quill*, 521 U.S. 793, 801 (1997) ("[I]f a patient ingests lethal medication prescribed by a physician, he is killed by that medication."). This unquestionably "alters" the Plaintiffs' "speech by mandating the manner in which the discussion of these issues begins." *Evergreen*, 740 F.3d at 249; *see also NIFLA v. Becerra*, 585 U.S. 755, 766 (2018) (law that "requir[ed] petitioners to inform women how they can obtain state-subsidized abortions—at the same time petitioners try to dissuade women from choosing that option … alters the content of petitioners' speech" (cleaned up)). Each mandate separately, and all collectively, "compel[s] [Plaintiffs] to participate in the Act … despite their objections to assisted suicide." *Christian Med. & Dental Ass'n v. Bonta*, 625 F.Supp.3d 1018, 1036 (C.D. Cal. 2022) (holding California's assisted suicide law likely violated Free Speech Clause).

But this attempt to "manipulat[e] the content of doctor-patient discourse" goes further still, *NIFLA*, 585 U.S. at 771 (collecting examples), because it "disseminate[s] an ideology" that assisted suicide is a legitimate treatment option with benefits, *Wooley v. Maynard*, 430 U.S. 705,

717 (1977), at the expense of the Plaintiffs' "opinion or perspective" that it is not, *Chiles*, 146 S.Ct. at 1021.

It is no answer that the Plaintiffs can escape conscription into counseling, qualifying, or lying on a death certificate by availing themselves of the mandate to refer to a "willing" provider. N.Y. Pub. Health Law §2997-c(3), §2899-f(1)(d), §2899-m(2)(b). This mandate only doubles the constitutional injury by forcing the Plaintiffs to violate their religious beliefs by cooperating with acts they sincerely believe to be gravely evil. *Supra* pp. 2-3, 9-10; *see infra* Part I.C.

Nor can Defendants claim these mandates are subject to less exacting scrutiny because they are "purely factual and uncontroversial information about the terms under which services will be available." *NIFLA*, 585 U.S. at 768 (cleaned up). Even if this were commercial speech, this exception would not apply, since the information, counseling, qualifying, and referring required by the mandate is not "an advertisement," does not "reference[ ] a specific product," and has no "economic motive." *NIFLA*, 160 F.4th at 374. And even if it did, far from being a "brief, bland, and non-pejorative disclosure," *Evergreen*, 740 F.3d at 250, the MAID Act and PCIA's "counseling" and qualification mandates require physicians and nurse practitioners to tell their patients about the "benefits" of an action whose ethics continues to divide the medical community—"anything but an 'uncontroversial' topic." *NIFLA*, 585 U.S. at 769, 772; Verified Compl. ¶83 & n.8 (statement on assisted suicide from American Medical Association); *see also Glucksberg*, 521 U.S. at 735 (describing "earnest and profound debate about the morality, legality, and practicality of physician-assisted suicide").

At bottom, Defendants have forced Plaintiffs to an impossible choice: "either speak as the State demands or face sanctions for expressing [their] own beliefs." *303 Creative*, 600 U.S. at 589. But on such weighty matters as life and death, and in an area where "candor is crucial," *NIFLA*,

585 U.S. at 771, the Plaintiffs "must be free to formulate their own address." *Evergreen*, 740 F.3d at 250. Defendants must therefore satisfy strict scrutiny, which they cannot do. *See infra* Part I.D.

ii. The MAID Act and PCIA violate Plaintiffs' assembly and expressive association rights (Counts V and VII).

The Supreme Court has "long understood" that "[t]he First Amendment guarantees all Americans" a "right to associate with others," and that these "rights carry special significance for … religious … minorities." *First Choice Women's Res. Ctrs. v. Davenport*, 146 S.Ct. 1114, 1122 (2026). As the Second Circuit has recognized, "[t]here can be no clearer example of an intrusion into the internal structure or affairs of an association than a regulation that forces the group to accept members it does not desire." *Slattery v. Hochul*, 61 F.4th 278, 286-87 (2d Cir. 2023). These rights extend to employment, since "[c]ompelled hiring, like compelled membership, may be a way in which a government mandate can affect in a significant way a group's ability to advocate public or private viewpoints." *Id.* at 288. Thus, a requirement that a religious entity retain members or employees whose conduct "threatens 'the very mission of [the institution's] organization,'" must satisfy strict scrutiny. *CompassCare*, 125 F.4th at 61.

The MAID Act violates that principle. Each Plaintiff "engage[s] in expressive activity that could be impaired." *Slattery*, 61 F.4th at 287. Indeed, "the very mission" of each includes providing healthcare and a community to the elderly and dying that is fully consistent with the Catholic Church's teachings on the sanctity of life. *CompassCare*, 125 F.4th at 61; *see also Hosanna-Tabor v. EEOC*, 565 U.S. 171, 200 (2012) (Alito, J., concurring) ("[r]eligious groups" whose "very existence is dedicated to the collective expression and propagation of shared religious ideals" are "the archetype of associations formed for expressive purposes"); *Slattery*, 61 F.4th at 287 (considering the "context" in which healthcare is provided). Critical to this expression is the belief that every life is sacred and that actions taken to hasten death through suicide—either taken directly

or through material cooperation—are gravely sinful. *See* Verified Compl. ¶¶108-12. And each Plaintiff makes this expression abundantly clear, informing employees, patients, and the public through a variety of means. *See id.* ¶¶141-48, 175-85, 203-11, 232-38, 250-55, 281-96.

The MAID Act now "forces [Plaintiffs] to employ individuals who act or have acted against [their] very mission." *Slattery*, 61 F.4th at 288. The Unfaithful Employee Retention Mandate states that no Plaintiff may subject any employee "to employment … or contractual liability or penalty" for taking any action authorized by the MAID Act, N.Y. Pub. Health Law §2899-l(2), including discussing the "benefits" of suicide under the Counseling Mandate, complying with the Qualification Mandate, or even redirecting a patient to an off-premises practice to obtain the suicide drugs. It's hard to imagine a more "severe[ ] burden" to this expressive activity, since "[i]t would be difficult, to say the least, for [Plaintiffs] to sincerely and effectively convey a message of disapproval of [assisted suicide] if, at the same time, it must accept members who engage in that conduct." *Slattery*, 61 F.4th at 288, 290 (cleaned up); *accord Apilado v. N. Am. Gay Amateur Athletic All.*, 792 F.Supp.2d 1151, 1162 (W.D. Wash. 2011) (gay softball league could not maintain "a gay identity" if it could not exclude heterosexual men). Indeed, forcing each Plaintiff to associate with these employees would not only "cause the group as it currently identifies itself to cease to exist" because it would no longer be acting in accordance with Catholic teaching, *Christian Legal Soc'y v. Walker*, 453 F.3d 853, 863 (7th Cir. 2006), it could quite literally mean that it could lose the ability to hold itself out as Catholic at all, Verified Compl. ¶246.

Therefore, this abridgment on free association can be justified only if it surpasses strict scrutiny, *Slattery*, 61 F.4th at 289, which it cannot do, *see infra* Part I.D.

B. The MAID Act and PCIA violate the church autonomy doctrine (Count I).

The MAID Act and PCIA violate Plaintiffs' church autonomy rights by forcing them to assist and accommodate patient suicide according to the State's moral views rather than their own. But

the First Amendment guarantees religious institutions "power to decide for themselves, free from state interference, matters of church government as well as those of faith and doctrine." *Kedroff v. St. Nicholas Cathedral*, 344 U.S. 94, 116 (1952). This principle of church autonomy protects religious institutions' "internal management decisions that are essential to the institution's central mission." *Our Lady of Guadalupe Sch. v. Morrissey-Berru*, 591 U.S. 732, 746 (2020). Such protected matters include, among other things, the relationship between a church and its ministers, *see Fratello v. Archdiocese of N.Y.*, 863 F.3d 190, 198-99 (2d Cir. 2017); "church discipline, ecclesiastical government," and "the conformity of the members of the church to the standard of morals required of them," *Serbian E. Orthodox Diocese v. Milivojevich*, 426 U.S. 696, 714 (1976); and any "personnel decision based on religious doctrine," *Bryce v. Episcopal Church*, 289 F.3d 648, 660 (10th Cir. 2002); *see also Butler v. St. Stanislaus Kostka Catholic Acad.*, 609 F.Supp.3d 184, 204 (E.D.N.Y. 2022). "Where the church autonomy doctrine applies, its protection is total," meaning that there is no strict scrutiny defense available. *McRaney v. N. Am. Mission Bd.*, 157 F.4th 627, 641 (5th Cir. 2025); *accord Hosanna-Tabor*, 565 U.S. at 196 (no balancing test because "the First Amendment has struck the balance for us").

The church autonomy doctrine applies not only to churches, but also to many other "religious groups" and "religiously affiliated entities, whose missions are marked by clear or obvious religious characteristics." *Penn v. N.Y. Methodist Hosp.*, 884 F.3d 416, 424-25 (2d Cir. 2018) (cleaned up). This includes religious nursing homes, religious healthcare ministries, and church-affiliated hospitals, like Plaintiffs. *See, e.g.*, *id.* (discussing religious hospitals); *Shaliehsabou v. Hebrew Home of Greater Wash.*, 363 F.3d 299, 310 (4th Cir. 2004) (Jewish nursing home).

Plaintiffs easily qualify. Each of the plaintiff nursing homes and assisted-living facilities is controlled or operated by an order of Catholic religious sisters. *See* Verified Compl. ¶¶128-29,

156-57, 188-90, 212-19. Each has a particular religious mission to minister to the elderly, the sick, and the poor according to the healing ministry of Christ, and their Catholic identity is infused into everything they do. *Id.* ¶¶123-32, 157-64, 195-96, 220-27. For its part, Catholic Health was founded by the Diocese; is governed by a board of corporate members comprised primarily of Catholic clergy, including the Bishop; and pursues its religious mission to "humbly join together to bring Christ's healing mission and the mission of mercy of the Catholic Church" to its Long Island community. *Id.* ¶¶258-80. "It cannot seriously be claimed" that any Plaintiff is "not an institution with substantial religious character" that is entitled to church autonomy protections. *Scharon v. St. Luke's Episcopal Presbyterian Hosps.*, 929 F.2d 360, 362 (8th Cir. 1991) (cleaned up).

The MAID Act and PCIA interfere with Plaintiffs' ability to set and maintain doctrinal standards and policies that are central to their religious mission. Plaintiffs believe the Catholic Church's teachings that aiding someone in the act of suicide, even in a small way, is "a grave sin against human life" and directly contrary to their healing ministry. Verified Compl. ¶111 (cleaned up). Accordingly, Plaintiffs follow the Directives as a matter of religious policy and require all staff to follow them. *Id.* ¶¶141-44, 176-80, 203-07, 232-34, 250-54, 281-85. The Directives state that "Catholic health care institutions may never condone or participate in … assisted suicide in any way." *Id.* ¶116. They further forbid Catholic healthcare institutions from cooperating with "assisted suicide," including "authorizing" it, "giving specific direction about carrying it out," and "refer[ring]" patients to other professionals for help obtaining assisted suicide. *Id.* ¶¶117-20.

Plaintiffs' policies are rooted in Catholic doctrine and concern both internal "matters of church government," *Kedroff*, 344 U.S. at 116—i.e., how Plaintiffs fulfill their Catholic missions and maintain a Catholic identity—and "the conformity of the members" of these communities "to the

standard of morals required of them," *Milivojevich*, 426 U.S. at 714. Thus, "any attempt by government to dictate or even to influence such matters" is forbidden. *Our Lady*, 591 U.S. at 746.

But the MAID Act and PCIA require Plaintiffs to ignore their religious policies and instead adopt new ones that would make Plaintiffs complicit in their patients' suicide. These laws require Plaintiffs to "establish policies and procedures to provide" terminally ill patients "services with access to information and counseling regarding" assisted suicide and to "facilitate access to … consultations" regarding assisted suicide. N.Y. Pub. Health Law §2997-d(2), (3). They require Plaintiffs to allow every step of qualifying a patient to receive lethal drugs to commit suicide within their facilities. *See id.* §2899-e–i. Because the MAID Act's limited religious exemption does not cover facilities like St. Joseph's, St. Joseph's and the Benedictine Sisters are required to permit all this and more—including the prescription and ingestion of lethal suicide drugs at their facility. *See id.* §2899-d(5), §2899-m. All other Plaintiffs are required to transfer patients "promptly to another health care facility that is reasonably accessible under the circumstances and *willing to permit* the prescribing, dispensing, ordering and self-administering" of lethal suicide drugs. *Id.* §2899-m(2)(b) (emphasis added). Each of these actions directly contradicts Plaintiffs' religious policies and beliefs that prohibit them from knowingly aiding a patient in obtaining assisted suicide.

This issue is particularly acute for Bishop Barres. In addition to leading Catholic Health's corporate members, Bishop Barres has the ultimate spiritual responsibility for interpreting and applying the Directives within the Diocese and for ensuring that Catholic healthcare institutions within the Diocese follow the Directives. *See* Verified Compl. ¶¶243-45. Accordingly, Bishop Barres has adopted the Directives as particular law for his Diocese, making them spiritually binding for those within the Diocese. *See id.* ¶¶250-53, 250 n.81. Indeed, no entity within the

Diocese can "claim the name Catholic" without Bishop Barres' consent. *Id.* ¶246. By requiring broad policy changes for all of the healthcare institutions within the Diocese, the MAID Act and PCIA directly interfere with the Bishop's spiritual oversight of the institutions under his stewardship.

All Plaintiffs require their staff to follow the Directives. *See supra* pp. 9-10. But in addition to dictating religious policy, the MAID Act and PCIA also force Plaintiffs to retain employees who violate the Directives and aid patients in obtaining suicide drugs. N.Y. Pub. Health Law §2899-l(2). This violates Plaintiffs' "broader church autonomy" right to "make[ ] a personnel decision based on religious doctrine" without state interference. *Bryce*, 289 F.3d at 658 n.2, 660. The State cannot use a "legislative fiat" to force Plaintiffs to retain employees whose actions directly contradict their religious mission or to require Plaintiffs to change their internal religious policies. *Kedroff*, 344 U.S. at 108. Plaintiffs are therefore likely to succeed on their church autonomy claim.

C. The MAID Act and PCIA violate the Free Exercise Clause (Count II).

Because they so severely restrict Plaintiffs' religious exercise, the MAID Act and the PCIA must "meet the requirement of being neutral" toward religion "and generally applicable" or survive strict scrutiny. *Fulton v. City of Philadelphia*, 593 U.S. 522, 533 (2021). They can do neither.

The MAID Act is not generally applicable. It is a complex exception to New York's broader criminal bans on assisting suicide. N.Y. Penal Law §120.30, §125.15. This general ban is "unqualified in scope," and prior to the MAID Act, there were "no exceptions." *Myers*, 85 N.E.3d 57, 62. The MAID Act creates a new exception for a small subset of cases: doctors in certain roles ("attending physicians"), treating patients with certain conditions ("terminal illness"), and following certain specific protocols ("attending physician responsibilities"). That narrow exception is not itself a generally applicable law.

The MAID Act and the PCIA are also not generally applicable because, within the exception, there are many secular exclusions, which are "at least as harmful to the … government interests purportedly justifying" the laws as the religious exemption that Plaintiffs seek. *Cent. Rabbinical Cong. v. N.Y.C. Dep't of Health & Mental Hygiene*, 763 F.3d 183, 197 (2d Cir. 2014); *accord Tandon v. Newsom*, 593 U.S. 61, 62 (2021). New York claims only broadly formulated interests in this case: the MAID Act was passed to guarantee "the desire of patients with a terminal illness to determine for themselves how and when they die."[3] The PCIA was passed to ensure that dying patients receive counseling that includes "a full range of information about end of life care options."[4]

Each of these interests is undermined by the laws' exemptions for both providers and facilities. With respect to providers, the PCIA applies only to the "physician or nurse practitioner who has primary responsibility for the care and treatment of the patient," and not to any other provider who treats the patient. N.Y. Pub. Health Law §2997-c(1)(b). The MAID Act applies only to doctors, even when nurse practitioners otherwise meet the statutory definition of the provider who has "primary responsibility for the care of the patient and treatment of the patient's terminal illness or condition." *Id.* §2899-d(2). Thus, many providers who would be in a position to further the PCIA's and MAID Act's interests are exempted from their mandates.

With respect to facilities, neither law applies to "public health center[s], diagnostic center[s], treatment center[s]," or "out-patient lodge[s]." *Id.* §2801(10). This means that facilities like an outpatient oncology center are not covered by, for example, the Suicide Counseling Mandate—

[3] Brad Holyman-Sigal, Sponsor's Mem. in Supp. of Bill No. S138, N.Y. State S., 2025-S138, 2025-2026 Legis. Sess. (2025). The Act undermines its own interest because it prevents Plaintiffs' patients from being able to choose an assisted-suicide-free environment for their final days.

[4] N.Y. State Assemb., Mem. in Supp. of Legis., A. 7617, 233d Sess. at 10 (2010).

even though such facilities will often be in the position of diagnosing and caring for patients with terminal illnesses. The PCIA also does not cover hospices—even though their patients are, by definition, overwhelmingly terminally ill. *Id.* §2997-d(2). And the MAID Act treats the same kinds of facilities differently depending on who owns them. For example, many kinds of care homes are not considered covered "health care facility[ies]" eligible for the MAID Act opt out. *Id.* §2899-d(5). But if they are majority-owned, operated, or controlled by the same entity as a covered facility, then the opt out is available. *Id.* §2899-m(2)(a). As a result, the Benedictine Sisters must allow residents to end their lives through assisted suicide in their home—while the Carmelite Sisters and the Little Sisters of the Poor, who operate both covered and non-covered homes, may opt out.

Finally, the MAID Act and PCIA do not apply to all terminal patients—just those for whom death is expected "within six months." *Id.* §2997-c(1)(d), §2899-d(17). This categorially exempts all other seriously ill individuals, including many with terminal diagnoses.

To be clear, New York may be wise to draw careful lines when regulating a sensitive area, even if that makes its laws not generally applicable. But having done so, the state must now explain why it cannot also draw lines that respect Plaintiffs' fundamental rights. Because the MAID Act and the PCIA are not generally applicable, they must pass strict scrutiny, which they cannot do.

D. The MAID Act and the PCIA fail strict scrutiny (Counts II, IV, V, VII).

This court need not even conduct a strict scrutiny analysis, since no strict scrutiny defense is available when a law violates the church autonomy doctrine. *See supra* p.16. To satisfy strict scrutiny where it applies, New York must show that its laws "advance[ ] 'interests of the highest order' and [are] narrowly tailored to achieve those interests." *Fulton*, 593 U.S. at 541. "So long as the government can achieve its interests in a manner that does not burden" First Amendment activity, "it must do so." *Id.*

Compelling interest. New York offers no interest justifying its six suicide mandates besides the desire to offer the option of assisted suicide to certain patients. *Supra* p.20. But there is no fundamental liberty interest in pursuing assisted suicide. *Myers*, 85 N.E.3d at 63. And New York outlawed assisting a suicide for its entire history until now—and still outlaws it for the vast majority of citizens—including assisting the suicide of anyone with a terminal diagnosis who will suffer more than six months before death. That the laws "leave[ ] appreciable damage to [their] supposedly vital interest[s]" untouched means they "cannot be regarded as protecting an interest 'of the highest order.'" *Church of the Lukumi Babalu Aye v. City of Hialeah*, 508 U.S. 520, 547 (1993).

The extensive "system of exceptions" in New York's laws also fatally undermines any argument that its current policies can "brook no departures." *Fulton*, 593 U.S. at 542. New York exempts hospices from the PCIA, although many terminally ill patients who would be eligible for assisted suicide are likely to be in hospice care. *Supra* Part I.C. It exempts some assisted living homes from permitting assisted suicide under the MAID Act, but not others—a distinction that the Act makes based entirely on the homes' ownership, not their residents. *Id.* It imposes the MAID Act's numerous requirements on doctors, but not on nurse practitioners. *Id.* These exemptions are inconsistent with any claim of compelling interest.

Narrow tailoring. Even if New York's interest were compelling, the MAID Act does not use the least restrictive means of accomplishing its objective. Real-world experience demonstrates this. Other jurisdictions, including California, Oregon, and Washington, allow much more complete opt-outs from assisted suicide for those with religious objections. Verified Compl. ¶80. New York, who bears the burden on this defense, "must, at a minimum, offer persuasive reasons why it

believes that it must take a different course." *Holt v. Hobbs*, 574 U.S. 352, 369 (2015); *see also Mahmoud v. Taylor*, 606 U.S. 522, 568 (2025) (similar).

Moreover, as the Supreme Court found in *NIFLA*, New York "could inform" patients itself "with a public-information campaign" or "even post the information on public property near" religious facilities. 585 U.S. at 775. New York cannot explain why these methods—combined with offering the full suite of assisted-suicide-related options through its own state-run hospitals—are insufficient. Indeed, if New York believes it has a compelling interest in making MAID more available, it could extend its law to cover its own public health centers, which are currently exempt. *See supra* p.4.

E. The MAID Act violates the Americans with Disabilities Act (Count VIII).

Although the Court could resolve this motion by granting Plaintiffs' request for an exemption under the First Amendment, it could also resolve this motion (and this case) by addressing the larger root problem: the entire MAID Act is invalid because it discriminates based on disability in violation of the ADA.

Title II of the ADA protects the disabled from being "subjected to discrimination" by any "public entity." 42 U.S.C. §§12131-2. A disability includes physical impairments that "substantially limit[ ] one or more major life activities." *Id*. §12102(1)(A), (2)(B). Clearly, those whose disabilities are so severe that they are "terminal" easily qualify. *See, e.g.*, *Warmsley v. N.Y.C. Transit Auth.*, 308 F.Supp.2d 114, 116 (E.D.N.Y. 2004) ("terminal renal failure"); *see also Oehmke v. Medtronic*, 844 F.3d 748, 756 (8th Cir. 2016) ("cancer, even while in remission, is clearly a covered disability under the ADA"); *Bragdon v. Abbott*, 524 U.S. 624, 655 (1998) ("HIV infection [i]s a disability under the ADA"); 29 C.F.R. §1630.2 (EEOC: diagnoses of cancer and HIV "virtually always" substantially limiting).

The State has selected a class of disabled citizens and deprived them of the protections against suicide that apply to everyone else. The State generally provides very strong protection against offers of help to commit suicide, at least for its able-bodied citizens. In fact, State law deems it "manslaughter in the second degree" (a class C felony) if one "intentionally causes or aids another person to commit suicide." N.Y. Penal Law §125.15. That's the rule for most New Yorkers.

But the MAID Act removes that protection from a small class of its citizens based on their disability. For only these disabled citizens, the MAID Act says their suicides "shall not be construed for any purpose to constitute … homicide under the law." N.Y. Pub. Health Law §2899-n(1)(b). The MAID Act thus selectively denies the benefit of its prohibitions on aiding suicide to a vulnerable class of its citizens in violation of federal law, 42 U.S.C. §12132, and cannot be lawfully applied. While the Court need not reach this root-cause problem with the Act to rule for the Plaintiffs, doing so is another way to provide necessary relief.

II. Plaintiffs have met the other injunctive factors.

"In a First Amendment challenge[,] the likelihood of success on the merits is the dominant, if not the dispositive, factor.'" *Volokh v. James*, 148 F.4th 71, 82 (2d Cir. 2025). That makes sense: "Loss of First Amendment freedoms, for even minimal periods of time, unquestionably constitutes irreparable injury." *NIFLA*, 160 F.4th at 379; *see also Evergreen*, 740 F.3d at 246 ("the irreparable nature of the harm may be presumed" in compelled speech cases). Additionally, forcing Plaintiffs to facilitate suicide would impose the irreversible, "tremendous 'spiritual' price man must pay for his willingness to destroy human life." *United States v. Seeger*, 380 U.S. 163, 187 (1965).

The balance of the equities and the public interest, which merge "when the Government is the opposing party," *Nken v. Holder*, 556 U.S. 418, 435 (2009), also favor Plaintiffs. "[I]f the statute is likely unconstitutional, the public" as well as Plaintiffs, "is irreparably harmed by the

legislature's infringement on First Amendment freedoms." *Volokh*, 148 F.4th at 82. That's why an injunction protecting First Amendment rights is always "in the public interest." *NIFLA*, 160 F.4th at 380. And it is not in the public interest to interrupt, penalize, or extinguish Plaintiffs' loving service to so many New Yorkers in need.

CONCLUSION

The Court should issue a temporary restraining order and grant Plaintiffs' motion for a preliminary injunction.

Respectfully submitted this 22nd day of July, 2026.

/s/ Mark L. Rienzi
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IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF NEW YORK

CARMELITE SISTERS FOR THE AGED AND INFIRM, INC.; OZANAM HALL OF QUEENS NURSING HOME, INC.; CABRINI OF WESTCHESTER; MARIAN WOODS, INC.; DOMINICAN SISTERS, CONGREGATION OF ST. ROSE OF LIMA; SERVANTS OF RELIEF FOR INCURABLE CANCER, d/b/a ROSARY HILL HOME; MISSIONARY SISTERS OF ST. BENEDICT, INC.; MISSIONARY SISTERS OF ST. BENEDICT HOME FOR THE AGED, INC., d/b/a ST. JOSEPH'S HOME FOR THE AGED; ROMAN CATHOLIC BISHOP OF ROCKVILLE CENTRE; ROMAN CATHOLIC DIOCESE OF ROCKVILLE CENTRE; CATHOLIC HEALTH SYSTEM OF LONG ISLAND, INC., d/b/a CATHOLIC HEALTH; HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, d/b/a QUEEN OF PEACE RESIDENCE; HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR OF THE CITY OF NEW YORK, d/b/a JEANNE JUGAN RESIDENCE,

Plaintiffs,

v.

LETITIA JAMES, in her official capacity as Attorney General of New York; JAMES V. MCDONALD, in his official capacity as Commissioner of Health of the State of New York; MICHAEL C. IANNUZZI, in his official capacity as the Interim Chair of the New York State Board for Professional Medical Conduct,

Defendants.

Case No. 1:26-cv-01396-AMN-CBF

AFFIRMATION OF MARK L. RIENZI

Mark L. Rienzi, an attorney duly admitted to practice law in this Court, affirms the following under penalty of perjury.

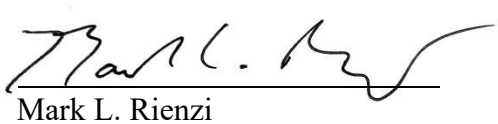
1. I am an attorney admitted to practice law in the United States District Court for the Northern District of New York. I am counsel of record for Plaintiffs in this case.
2. Plaintiffs are seeking relief by Order to Show Cause because the standard motion procedure cannot provide the expedited relief that is urgently needed.
3. One of the challenged laws, the Medical Aid in Dying Act (MAID Act), takes effect on August 5, 2026. Under this Court's standard briefing schedule, briefing would not be complete until August 24, 2026. The standard schedule thus leaves insufficient time for briefing and adjudication before Plaintiffs' constitutional rights are impaired.
4. On August 5, Plaintiffs will be put to the choice of following their sincere religious belief that they cannot participate in assisted suicide as required by the MAID Act and the companion Palliative Care Information Act (PCIA) or facing professional discipline, civil liability, and even criminal liability.
5. Absent this Court's immediate intervention with a temporary restraining order, Plaintiffs will suffer irreparable harm.
6. Plaintiffs urgently need relief from this Court beginning on August 5 so they can continue offering loving Catholic healthcare to New Yorkers in need.
7. No attorney for Defendants has yet to enter an appearance, and the summonses necessary to effectuate service have yet to be returned. Thus, Plaintiffs are not able to provide notice through standard means through no fault of their own.
8. Even so, Plaintiffs have given advanced notice by requesting a temporary restraining order in their verified complaint's Prayer for Relief, which was filed electronically through the

Court's CM/ECF system on Friday July 17. Plaintiffs also provided electronic notice of the requested emergency relief by indicating that they intended to file an emergency motion for a preliminary injunction or temporary restraining order within 7 days in the docket text accompanying the filing of their complaint.

9. Given the effective date of August 5, Plaintiffs would face substantial prejudice if required to provide additional advanced notice.

10. Plaintiffs have not previously sought this and/or other relief against Defendants in this Court or any other court.

Respectfully submitted this 22 day of July, 2026.



Mark L. Rienzi

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF NEW YORK

CARMELITE SISTERS FOR THE AGED AND INFIRM, INC.; OZANAM HALL OF QUEENS NURSING HOME, INC.; CABRINI OF WESTCHESTER; MARIAN WOODS, INC.; DOMINICAN SISTERS, CONGREGATION OF ST. ROSE OF LIMA; SERVANTS OF RELIEF FOR INCURABLE CANCER, d/b/a ROSARY HILL HOME; MISSIONARY SISTERS OF ST. BENEDICT, INC.; MISSIONARY SISTERS OF ST. BENEDICT HOME FOR THE AGED, INC., d/b/a ST. JOSEPH'S HOME FOR THE AGED; ROMAN CATHOLIC BISHOP OF ROCKVILLE CENTRE; ROMAN CATHOLIC DIOCESE OF ROCKVILLE CENTRE; CATHOLIC HEALTH SYSTEM OF LONG ISLAND, INC., d/b/a CATHOLIC HEALTH; HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, d/b/a QUEEN OF PEACE RESIDENCE; HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR OF THE CITY OF NEW YORK, d/b/a JEANNE JUGAN RESIDENCE,

Plaintiffs,

v.

LETITIA JAMES, in her official capacity as Attorney General of New York; JAMES V. MCDONALD, in his official capacity as Commissioner of Health of the State of New York; MICHAEL C. IANNUZZI, in his official capacity as the Interim Chair of the New York State Board for Professional Medical Conduct,

Defendants.

Case No. 1:26-cv-01396-AMN-CBF

[PROPOSED] ORDER TO SHOW CAUSE FOR AN EXPEDITED BRIEFING SCHEDULE AND A PROPOSED ORDER ENTERING A TEMPORARY RESTRAINING ORDER

Anne M. Nardacci, District Judge:

Upon consideration of Plaintiffs' Verified Complaint in the above-captioned matter, Plaintiffs' Notice of Emergency Motion for a Temporary Restraining Order and Preliminary Injunction, Plaintiffs' Memorandum of Law in Support of Plaintiffs' Motion for a Temporary Restraining Order and Preliminary Injunction, and the affidavit of Mark L. Rienzi:

IT IS HEREBY ORDERED that Defendants Letitia James, James V. McDonald, and Michael C. Iannuzzi (collectively, "Defendants"), shall show cause before this Court why an order should not be issued, pursuant to Federal Rule of Civil Procedure 65, (1) preliminarily enjoining Defendants from enforcing the Medical Aid in Dying Act and the Palliative Care Information Act during the pendency of this action; and (2) awarding to Plaintiffs such other relief as the Court may deem equitable, just, and proper.

IT IS FURTHER ORDERED that, good and sufficient reason having been shown therefor, pending the hearing of Plaintiffs' motion for a preliminary injunction, pursuant to Federal Rule of Civil Procedure 65, Defendants are temporarily restrained and enjoined from enforcing the Medical Aid in Dying Act and the Palliative Care Information Act against Plaintiffs beginning August 5, 2026.

IT IS FURTHER ORDERED that this order is binding on all Defendants and their officers, agents, servants, employees, and attorneys, as well as all persons who are in active concert or participation with any of the foregoing.

IT IS FURTHER ORDERED that, in accordance with Federal Rule of Civil Procedure 65(c), this temporary restraining order shall be effective August 5, 2026, without security from Plaintiff.

IT IS FURTHER ORDERED that this temporary restraining order shall expire fourteen days after August 5, 2026, unless extended by further order of this Court.

IT IS FURTHER ORDERED that, because Plaintiffs have provided sufficient reasons that the standard briefing schedule under Local rule 7.1 cannot be followed for Plaintiffs' motion for a preliminary injunction, the Court will employ an expedited procedure under Local Rule 7.1(e) given the immediacy of Plaintiffs' application.

IT IS FURTHER ORDERED that Defendants shall submit a brief in opposition on this issue that complies with Local Rule 7.1 on or before _____.

IT IS FURTHER ORDERED that Plaintiffs shall submit a brief in reply on this issue that complies with Local Rule 7.1 on or before _____.

IT IS FURTHER ORDERED that the Court shall hold a preliminary injunction order hearing on _____. The hearing shall be held at _____.

IT IS FURTHER ORDERED that Plaintiffs must serve a copy of this Order and the papers on which it is based on Defendants on or before _____ via _____ _____.

Dated _____

_____
The Hon. Anne M. Nardacci
United States District Judge

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF NEW YORK

CARMELITE SISTERS FOR THE AGED AND INFIRM, INC.; OZANAM HALL OF QUEENS NURSING HOME, INC.; CABRINI OF WESTCHESTER; MARIAN WOODS, INC.; DOMINICAN SISTERS, CONGREGATION OF ST. ROSE OF LIMA; SERVANTS OF RELIEF FOR INCURABLE CANCER, d/b/a ROSARY HILL HOME; MISSIONARY SISTERS OF ST. BENEDICT, INC.; MISSIONARY SISTERS OF ST. BENEDICT HOME FOR THE AGED, INC., d/b/a ST. JOSEPH'S HOME FOR THE AGED; ROMAN CATHOLIC BISHOP OF ROCKVILLE CENTRE; ROMAN CATHOLIC DIOCESE OF ROCKVILLE CENTRE; CATHOLIC HEALTH SYSTEM OF LONG ISLAND, INC., d/b/a CATHOLIC HEALTH; HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR, d/b/a QUEEN OF PEACE RESIDENCE; HOME FOR THE AGED OF THE LITTLE SISTERS OF THE POOR OF THE CITY OF NEW YORK, d/b/a JEANNE JUGAN RESIDENCE,

Plaintiffs,

v.

LETITIA JAMES, in her official capacity as Attorney General of New York; JAMES V. MCDONALD, in his official capacity as Commissioner of Health of the State of New York; MICHAEL C. IANNUZZI, in his official capacity as the Interim Chair of the New York State Board for Professional Medical Conduct,

Defendants.

Case No. 1:26-cv-01396-AMN-CBF

[PROPOSED] ORDER FOR ENTERING A PRELIMINARY INJUNCTION

THIS MATTER comes before the Court on Plaintiffs' motion for a temporary restraining order and preliminary injunction. Upon consideration of Plaintiffs' Verified Complaint and the papers

filed in support of and in opposition to this motion, the Court hereby GRANTS Plaintiffs' motion for a preliminary injunction.

Plaintiffs have demonstrated a likelihood of success on the merits of their claims under the Free Speech Clause of the First Amendment to the United States Constitution (Counts IV, V), the church autonomy doctrine of the United States Constitution (Count I), the Free Exercise Clause of the First Amendment to the United States Constitution (Count II), and the Americans with Disabilities Act (Count VIII). Additionally, Plaintiffs have shown that without relief they would suffer irreparable harm, and that the harms to their rights outweigh any harm to the Defendants' interests. Further, the public interest favors the protection of Plaintiffs' and their patients' constitutional rights. It is hereby ORDERED:

Defendants, their agents and employees, and all those acting in concert with them, are ENJOINED from interpreting or enforcing the Palliative Care Information Act (PCIA) and the Medical Aid in Dying Act (MAID Act) to require Plaintiffs, their medical providers, employees, clinical contractors, and any others acting in concert with them, to provide information and counseling about assisted suicide.

Defendants, their agents and employees, and all those acting in concert with them, are ENJOINED from interpreting or enforcing the PCIA and MAID Act to require Plaintiffs, their medical providers, employees, clinical contractors, and any others acting in concert with them, to establish policies and procedures governing how information and counselling about assisted suicide will be provided.

Defendants, their agents and employees, and all those acting in concert with them, are ENJOINED from interpreting or enforcing the PCIA and the MAID Act in such a way that it requires Plaintiffs, their medical providers, employees, clinical contractors, and any others acting

in concert with them, to arrange for another physician or nurse practitioner to provide information and counselling about assisted suicide or to refer or transfer the patient to another physician or nurse practitioner willing to do so.

Defendants, their agents and employees, and all those acting in concert with them, are ENJOINED from requiring Plaintiffs, their medical providers, employees, clinical contractors, and any others acting in concert with them, to document requests for assisted suicide or to assess, evaluate, or otherwise assist a patient in qualifying for assisted suicide in any way.

Defendants, their agents and employees, and all those acting in concert with them, are ENJOINED from requiring Plaintiffs, their medical providers, employees, clinical contractors, and any others acting in concert with them to note the cause of death as the underlying terminal illness or condition in cases of assisted suicide.

Defendants, their agents and employees, and all those acting in concert with them, are ENJOINED from requiring Plaintiffs, their medical providers, employees, clinical contractors, and any others acting in concert with them, to permit the prescribing of assisted suicide drugs and the self-administration of suicide drugs in their facilities.

Defendants, their agents and employees, and all those acting in concert with them, are ENJOINED from requiring Plaintiffs, their medical providers, employees, clinical contractors, and any others acting in concert with them to refer patients to "willing" providers for the purposes of assisted suicide.

Defendants, their agents and employees, and all those acting in concert with them, are ENJOINED from prohibiting Plaintiffs from subjecting employees to employment consequences or contractual liability for taking any action authorized by the MAID Act and PCIA that is inconsistent with Plaintiffs' sincere religious beliefs about assisted suicide.

Dated _____

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The Hon. Anne M. Nardacci
United States District Judge