
IN THE
Indiana Supreme Court

No. 25A-PL-00782

CAITLIN BERNARD, M.D., and
CAROLINE ROUSE, M.D.,

Plaintiffs-Appellees,

v.

INDIANA STATE HEALTH
COMMISSIONER, in the officer's
official capacity, and VOICES FOR
LIFE, INC.,

Defendants-Appellants.

Interlocutory Appeal from the
Marion Superior Court,

Trial Court Case No.
49D13-2502-PL-006359,

The Honorable
James A. Joven,
Judge.

PETITION TO TRANSFER

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QUESTIONS PRESENTED ON TRANSFER

1. Whether a state agency's disclosure of terminated pregnancy reports inflicts a direct, imminent injury on abortion providers.

2. Whether private plaintiffs can obtain a preliminary injunction preventing disclosure of terminated pregnancy reports under Indiana's Access to Public Records Act absent a private right of action.

3. Whether terminated pregnancy reports, including redacted reports, are "patient medical records" that cannot be disclosed under Indiana's Access to Public Records Act.

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INTRODUCTION

This case raises critical separation-of-powers issues. This Court has repeatedly emphasized that standing requires a personal, direct, and imminent injury. The Court of Appeals’ decision, however, dilutes this indispensable requirement. It holds that private parties can prevent the State from disclosing records they believe should not be released, even if the records do not implicate privacy interests. Indeed, the court deemed the fact that the State had allegedly taken “inconsistent” legal positions “itself constitutes injury,” converting a generalized grievance into a cognizable injury.

This Court also has stressed that the legislature may make policy decisions regarding how statutes are to be enforced—through private lawsuits or alternative mechanisms. Without even mentioning this Court’s decisions, however, the Court of Appeals held plaintiffs could bring claims for alleged violations of a statute that confers no private right of action. That holding conflicts with several decisions of this Court and subverts the legislature’s prerogative to make policy.

In construing Indiana’s Access to Public Records Act (APRA), the Court of Appeals erred again. APRA’s command to keep “*patient* medical records” confidential bars disclosing individually identifiable health information—not the anonymized data about maternal health factors in terminated pregnancy reports. Construing APRA to forbid disclosure of anonymized records jeopardizes access to data vital to ensuring legal compliance and improving public health. Transfer is warranted.

BACKGROUND AND PRIOR TREATMENT OF THE ISSUES

Since the 1970s, Indiana has required abortion providers to submit reports about abortions to the Indiana Department of Health. *See* Pub. L. No. 322, § 2, 1973 Ind. Acts 1740, 1744–45. Today, terminated pregnancy reports must include 31 data points, including information about how the abortion was accomplished, compliance with legal requirements, and “relevant maternal life and health factors.” Ind. Code § 16-34-2-5(a). This requirement is designed to facilitate “the improvement of maternal health and life” and to “monitor all abortions” “to assure the abortions are done only” as authorized by law. *Id.*

For decades, reporters and others could obtain individual reports under Indiana’s Access to Public Records Act (APRA). Tr. II 142:17–18; Appellants’ App. (“App.”) II 27. APRA generally allows any “person” to “inspect and copy” agency records. Ind. Code §§ 5-14-3-1, 5-14-3-3(a). It prohibits disclosure of “[p]atient medical records and charts created by a provider.” § 5-14-3-4(a)(9). Even when a record “contains . . . nondisclosable information,” however, agencies must “separate” disclosable information and “make it available.” § 5-14-3-6(a).

Historically, the Department complied with APRA by disclosing terminated pregnancy reports while making any redactions deemed necessary to protect patient privacy. Tr. II 142:25–143:9. Access to reports enabled the public to monitor abortion providers and report potential legal violations to the Attorney General for investigation. Tr. II 131:17–21. All complaints about violations came from the public. Tr. II 132:18–24.

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In 2024, the Public Access Counselor issued a three-page informal opinion concluding that terminated pregnancy reports cannot be disclosed. App. II 82–84. The Department denied nonprofit Voices for Life’s APRA request for reports. Tr. II 148:2–7. Voices sued to compel disclosure. App. II 13. Abortion providers Caitlin Bernard and Caroline Rouse intervened. *Id.* The trial court declined to compel disclosure. *Id.* While the case was on appeal, however, Voices and the Department’s Commissioner reached a settlement providing for the release of redacted reports. *Id.*; Tr. II 145:16–146:4.

Bernard and Rouse filed this action under the Declaratory Judgment Act, alleging that APRA prohibits disclosure of terminated pregnancy reports because they are nondisclosable “patient medical records.” App. II 41. The trial court agreed and preliminarily enjoined the Commissioner from disclosing any terminated pregnancy report under APRA. App. II 12, 22, 31. The court rejected arguments that plaintiffs lacked standing and a private right of action. App. II 14–15.

The Court of Appeals affirmed. It held that Bernard and Rouse had standing, stating disclosure “could have a chilling effect on the patient/physician relationship” and create “legal uncertainty.” Op. 15–17. The court also held the absence of a “private right of action” was no barrier, Op. 19 n.9, and that APRA’s prohibition on disclosing “patient medical records” prevents disclosure of any reports, including with redactions, Op. 20–23. Finally, it upheld a universal injunction. Op. 32–33.

ARGUMENT

The decision below warrants transfer. It distorts this Court’s standing requirements. It defies this Court’s holdings that private parties cannot enforce statutory duties absent a private right of action. And it misconstrues APRA, adopting a construction that threatens to prevent agencies from disclosing *anonymized* information relevant to safeguarding public health.

I. The Decision Below Dilutes Standing Requirements

“Indiana’s constitution imposes structural limits on the exercise of judicial power.” *Hoosier Contractors, LLC v. Gardner*, 212 N.E.3d 1234, 1238 (Ind. 2023). To have standing for prospective relief, a plaintiff must be in “immediate danger of suffering a direct injury as a result of the complained-of conduct.” *Id.* “[W]holly speculative and hypothetical” allegations are insufficient. *Ind. Fam. Inst. Inc. v. City of Carmel*, 155 N.E.3d 1209, 1219–20 (Ind. Ct. App. 2020).

But this case is built on contingent, hypothetical allegations. Plaintiffs challenge the Department’s disclosure of terminated pregnancy reports. App. II 41. The Department’s action, however, does “not require[] the plaintiffs to do anything or to refrain from doing anything.” *FDA v. All. for Hippocratic Med.*, 602 U.S. 367, 385 (2024). Nor does disclosure reveal any private information about plaintiffs, who have disclaimed suing on patients’ behalf. App. II 16.

The Court of Appeals still held that plaintiffs had standing, reasoning that disclosure “*could* have a chilling effect on the patient/physician relationship” or cause patients to seek abortions elsewhere “*if* [a report] included any patient health

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information.” Op. 15 (emphasis added). But not all disclosures of information inflict injury; “dissemination of *anonymized* information” does not “give rise to any injury.” *Dinerstein v. Google, LLC*, 73 F.4th 502, 514 (7th Cir. 2023). And it is speculative that disclosing reports would reveal any sensitive, private information. Reports include non-personalized information about “maternal life and health factors”; they do not include patient names, addresses, or the like. Ind. Code § 16-34-2-5(a). Then, before disclosing reports, the Department redacts any information it believes could raise patient privacy concerns. Tr. II 142:19–143:9.

The Court of Appeals pointed to the Medical Board’s discipline of Bernard for allegedly disclosing the same “patient information” about age, state of residence, gestational age, and approximate date of treatment contained in terminated pregnancy reports. Op. 16. But the Board never suggested that *all* terminated pregnancy reports contain information that cannot be shared consistent with federal prohibitions on disclosing patient information where there is a “reasonable basis to believe” it “can be used to identify the individual.” App. II 69–70 (quoting 45 C.F.R. § 160.103). Rather, confronted with a highly unusual situation involving a ten-year-old rape victim from Ohio, the Board concluded that Bernard had violated federal law by sharing details she had a “reasonable basis to believe could be used to identify” the victim, whose case had become the subject of media scrutiny. App. II 69–70.

And even if *unredacted* terminated pregnancy reports might reveal patient identities—which no evidence suggests will happen—the Department redacts reports. Tr. II 142:19–143:9. It reads its settlement with Voices to authorize redaction

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of “information [that] will expose a patient identity.” Tr. II 145:16–146:4; *contra* Op. 17. Bare speculation that reports might be “insufficiently anonymized” does not give patients—much less providers—standing. *Dinerstein*, 73 F.4th at 514. That is especially true here. Plaintiffs know of no instance in which disclosure of reports under APRA ever revealed a patient’s identity. Tr. II 110:4–6, 118:2–4. The assumption reports might “include[] . . . patient information,” Op. 15, rests on air.

The possibility that a report would be insufficiently anonymized *and* injure plaintiffs themselves is more speculative still. The Court of Appeals observed that “one of Dr. Bernard’s patients”—out of the many she sees—“left [her] care for an out-of-state abortion provider,” and posited a “patient *could* be less likely to disclose certain medical information.” Op. 15 (emphasis added). But a single, past occurrence does not demonstrate injury is imminent. *See City of Los Angeles v. Lyons*, 461 U.S. 95, 103–04 (1983). No evidence shows that other patients had considered going elsewhere, or that a patient who saw Bernard had ever refused to disclose information. And Bernard never claimed that she lost income or suffered other personal harm due to a patient’s decision to visit another provider.

Moreover, the Court of Appeals’ focus on how patients—third parties—might respond to anonymized disclosures underscores a separate problem. “The direct injury required for standing is ‘an injury resulting directly from a particular cause, without any intervening causes.’” *Franciscan All., Inc. v. City of Hammond*, 212 N.E.3d 1270, 1274 (Ind. Ct. App. 2023) (quoting *Solarize Ind., Inc. v. S. Ind. Gas & Elec. Co.*, 182 N.E.3d 212, 220 (Ind. 2022)). But a theory requiring courts to guess at

third-party conduct necessarily describes an *indirect* injury. *See id.* at 1274–75. The court effectively discarded the direct-injury requirement.

The court’s backup standing theory fares worse still. Citing the Medical Board’s discipline of Bernard and the Commissioner’s legal position in this case, the court charged “the State” with taking “contradictory positions” as to what patient information is confidential, asserting that conflict “itself constitutes injury.” Op. 17–18. But parties do not have standing simply because they would like legal clarity. *See City of Indianapolis v. Ind. State Bd. of Tax Comm’rs*, 308 N.E.2d 868, 869–70 (Ind. 1974). The “complained-of conduct” must create an “immediate danger of . . . direct injury.” *Solarize*, 182 N.E.3d at 217. Here, however, the “complained-of conduct”—the disclosure of reports—does not “require[] the plaintiffs to do anything or to refrain from doing anything.” *All. for Hippocratic Med.*, 602 U.S. at 385.

Nor has the State taken conflicting positions. The Board did not discipline Bernard for violating APRA’s prohibition on disclosing “patient medical records,” rule that terminated pregnancy reports are “patient medical records,” or conclude that every disclosure of patient age, state of residence, and the like violates federal law. Rather, the Board concluded that Bernard’s revelation of sensational details about the victim in an ongoing criminal proceeding violated federal non-disclosure requirements. *See* App. II 69–70; p. 12, *supra*. That hardly suggests the Department’s disclosure of *redacted* terminated pregnancy reports implicates the same concern. Indeed, plaintiffs conceded below that minimally redacted reports would qualify for a federal safe harbor. *See* Appellees’ Br. 35.

And even assuming a positional conflict exists, the question remains: how does any conflict personally injure plaintiffs? The Court of Appeals asserted injury “may” occur. Op. 17. But the only explanation offered for the “may” is that Voices used information in terminated pregnancy reports to “allegedly [make] false claims.” Op. 17 n.7. Self-evidently, however, the Department is not responsible for Voices’ messaging. That the court could point to no actual harm speaks volumes.

To preserve doctrinal integrity and protect the separation of powers, this Court should correct the Court of Appeals’ disregard for the requirement that standing requires a “personal, direct,” and “imminent” injury. *Holcomb v. Bray*, 187 N.E.3d 1268, 1286 (Ind. 2022). Indeed, this Court’s intervention is especially warranted given the lower court’s insistence that *Holcomb* authorizes lawsuits by any plaintiff claiming they “could” suffer injury, Op. 14—never mind how speculative or attenuated the possibility. This Court is best positioned to clarify its decision and reiterate that, when *Holcomb* stated plaintiffs can satisfy the Declaratory Judgment Act’s requirements by “showing their rights are implicated in such a way that they could suffer an injury,” it did not change the constitutional rule that standing requires a “personal, direct,” and “imminent” injury. 187 N.E.3d at 1286–87.

II. The Decision Defies This Court’s Private-Right-of-Action Precedents

The Court of Appeals showed equally little regard for this Court’s decisions holding that plaintiffs cannot enforce a statute without a private right of action. Its decision—which holds no right of action is required if a judge deems deciding the merits “essential,” Op. 19 n.9—creates an exception that swallows the rule.

A. The decision contravenes binding precedent

This Court has repeatedly held that statutorily imposed duties are privately enforceable only if the legislature makes them so. *See Kelly v. Ind. Bureau of Motor Vehicles*, 260 N.E.3d 934, 938 (2025); *Doe #1 v. Ind. Dep’t of Child Servs.*, 81 N.E.3d 199, 202–04 (Ind. 2017); *Howard Reg’l Health Sys. v. Gordon*, 952 N.E.2d 182, 187 (Ind. 2011); *Blanck v. Ind. Dep’t of Corr.*, 829 N.E.2d 505, 509 (Ind. 2005). The Court “will not read a private right of action” into a statute ““designed mainly for public benefit,”” *Kelly*, 81 N.E.3d at 941 (quoting *Doe #1*, 81 N.E.3d at 202), or where a “statute expressly provides one enforcement mechanism,” *Doe #1*, 81 N.E.3d at 204.

Here, the Court of Appeals defied this Court’s precedent. As plaintiffs conceded, “APRA does not provide Plaintiffs a private right of action.” App. III 41. The statute is designed to provide public transparency, Ind. Code § 5-14-3-1, and provides for civil penalties and administrative discipline to address improper disclosures, § 5-14-3-10(a)–(b). Yet the Court of Appeals allowed plaintiffs to sue for alleged violations of APRA and obtain a preliminary injunction to enforce APRA because the court deemed reaching the merits “essential.” Op. 19 n.9. That ruling conflicts with this Court’s holding that alleged statutory violations are not “legally actionable” absent a “private right of action.” *Kelly*, 260 N.E.3d at 941.

Indeed, this Court has already rejected the argument that private parties can sue for similar types of allegedly improper disclosures. In *Doe #1*, this Court held that private remedies for the wrongful disclosure of a child-abuse report were unavailable because Indiana Code § 5-14-3-10—the same statute governing remedies for APRA

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violations—provided two “alternative enforcement mechanisms.” 81 N.E.3d at 204; accord *Kerwood v. Elkhart Cnty. Sheriff’s Dep’t*, 233 N.E.3d 1030, 1035–36 (Ind. Ct. App. 2024). Yet here, the Court of Appeals permitted private parties to sue for allegedly wrongful disclosures despite the two alternative enforcement mechanisms in § 5-14-3-10. The conflict is evident.

B. The decision is wrong

In disregarding this Court’s private-right-of-action decisions, the Court of Appeals did not even discuss them. It instead waved the problem away, saying plaintiffs “merely seek[] a judicial interpretation” and the courts must “say what the law is.” Op. 19 n.9. But plaintiffs are *not* merely seeking advice about a statute’s meaning; if they were, plaintiffs would lack standing. See *City of Indianapolis*, 308 N.E.2d at 869–70. Rather, they seek judicially imposed relief. App. II 43. And to “say what the law is” is to “apply . . . rule[s] to particular cases” where the judiciary is empowered to do so, *Marbury v. Madison*, 5 U.S. (1 Cranch) 137, 177–80 (1803)—not to ignore legislative decisions about how statutes should be enforced. Private parties cannot circumvent the requirement to show a wrong is “legally actionable” under “the guise of [seeking] statutory interpretation.” *Kelly*, 260 N.E.3d at 941.

Decisions construing the Declaratory Judgment Act—the statute plaintiffs invoked in their complaint—underscore the point. As this Court has explained, the statute does not “provide an additional form of action” or “create new rights.” *Bowser v. Tobin*, 18 N.E.2d 773, 775 (Ind. 1939). Rather, it authorizes courts to “declar[e] . . . rights” already “in existence.” *Id.* Thus, as explained in cases involving requests for

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declaratory relief, a plaintiff alleging the “violation of a duty imposed by statute” must show the statute “confers a private right of action.” *HealthPort Techs., LLC v. Garrison Law Firm, LLC*, 51 N.E.3d 1236, 1238–39 (Ind. Ct. App. 2016), *trans. denied*; *see Serbon v. City of East Chicago*, 194 N.E.3d 84, 96 (Ind. Ct. App. 2022).¹

Federal precedent agrees. To obtain a federal declaratory judgment, a party must have a “preexisting right enforceable in federal court.” *Mich. Corr. Org. v. Mich. Dep’t of Corr.*, 774 F.3d 895, 902 (6th Cir. 2014); *see Skelly Oil Co. v. Phillips Petroleum Co.*, 339 U.S. 667, 671–72 (1950). Federal plaintiffs “cannot . . . pursue[]” a declaratory judgment “without a predicate right of action.” *Alarm Detection Sys., Inc. v. Orland Fire Protection Dist.*, 929 F.3d 865, 871 n.2 (7th Cir. 2019). That rule should have governed here too. State law requires Indiana’s Declaratory Judgment Act to be construed “as far as possible” in “harmon[y]” with its federal counterpart. Ind. Code § 34-14-1-15. The Court of Appeals, however, did the opposite.

C. The issue is important

Correction is needed. The decision whether to let private parties enforce statutory duties implicates “delicate questions of public policy.” *Medina v. Planned Parenthood S. Atl.*, 606 U.S. 357, 369 (2025). The legislature must weigh the benefits of private enforcement, the cost to government efficiency, and other considerations. *See id.*; *Gonzaga Univ. v. Doe*, 536 U.S. 273, 290 (2002). Under the Court of Appeals’

¹ There is no tension with Trial Rule 57. *Contra* Op. 19 n.9. That rule provides “declaratory relief” “shall be allowed . . . when the right thereto is established.” Ind. Trial R. 57. A right to any relief is “established” only if the plaintiff shows the right is legally actionable. *Kelly*, 260 N.E.3d at 939.

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theory, however, any litigant can “effect an ‘end run’ around the absence of a private right of action” and the legislature’s decision “to foreclose certain remedies.” *Frawley v. Police Comm’r of Cambridge*, 46 N.E.3d 504, 512 (Mass. 2016). A litigant need only say that she wants to know “what the law is.” Op. 19 n.9.

Allowing litigants to circumvent legislative decisions about enforcement raises serious “separation-of-powers” issues while threatening to disrupt carefully calibrated policies. *Kelly*, 260 N.E.3d at 941. This case illustrates the point. The legislature designed APRA to promote “open and transparent government.” *Evansville Courier & Press v. Vanderburgh Cnty. Health Dep’t*, 17 N.E.3d 922, 929–30 (Ind. 2014). Private enforcement risks the opposite. Agencies could hesitate to volunteer information, including information crucial to public health or public order, if every email to a health researcher with anonymized data or statement to the press about an injured crime victim’s condition could trigger a lawsuit. Private enforcement also risks “direct[ing] money away from public services” to “litigation,” *Medina*, 606 U.S. at 369, and allowing private parties to “block or delay” the timely release of important information, *Chicago Teachers Union, Local 1 v. Educators for Excellence, Inc.*, 159 F.4th 524, 530 (7th Cir. 2025).

Not only does the decision below erode legislative policies, but it also creates odd consequences. The Court of Appeals all but conceded that plaintiffs cannot obtain a permanent injunction, saying prosecutors would enforce APRA’s nondisclosure provisions should plaintiffs prevail. Op. 19 n.9. But if plaintiffs cannot obtain a permanent injunction, neither are they entitled to a preliminary injunction. *See*

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California v. Texas, 593 U.S. 659, 673 (2021). To hold plaintiffs can sue here would “allow . . . ‘an advisory opinion without the possibility of any judicial relief’” and “threaten to grant unelected judges a general authority to conduct oversight of decisions of the elected branches of Government.” *Id.*

III. The Decision Misconstrues APRA

The weakness of plaintiffs’ underlying claim and the serious consequences attending the Court of Appeals’ construction of APRA reinforce the need for review. Plaintiffs brought a facial challenge to the Department’s disclosure of terminated pregnancy reports under APRA and obtained a preliminary injunction forbidding disclosure of all reports, including redacted ones. App. II 31–32. To succeed, plaintiffs must demonstrate there is no report that could be disclosed consistently with APRA. *See Baldwin v. Reagan*, 715 N.E.2d 332, 337 (Ind. 1999). They failed.

Contrary to the Court of Appeals’ view, terminated pregnancy reports are not “[p]atient medical records.” Ind. Code § 5-14-3-4(a)(9). As the restrictive modifier “patient” makes clear, APRA Section 4(a)(9) does not prohibit the disclosure of all health-related information—it prohibits the disclosure only of medical records and charts associated with identifiable “patient[s].” *See Spaulding v. Int’l Bakers Servs., Inc.*, 550 N.E.2d 307, 309 (Ind. 1990) (“Where possible, every word must be given effect and meaning.”). To the extent the Code’s general definition of “medical record” applies, it points in the same direction. *Contra* Op. 20–21. That definition requires a “medical record” to be a provider’s record concerning the “diagnosis, treatment, or prognosis of the patient.” Ind. Code § 1-1-4-5(a)(6) (emphasis added).

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Had the legislature wanted to prohibit the disclosure of anonymized or aggregated medical information, it could have done so. *See Perry Cnty. v. Huck*, 263 N.E.3d 138, 141–42 (Ind. 2025) (“we are mindful ‘of what the statute says and what it doesn’t say’”). The legislature could have prohibited disclosure of “medical records” (as opposed to “patient medical records”), or defined “medical records” as any information concerning “diagnosis, treatment, or prognosis,” omitting the term “patient.” Instead, it defined “medical record[s]” as information relating to “patient[s],” Ind. Code § 1-1-4-5(a)(6), and in APRA, required only “*patient* medical records” to be kept confidential, § 5-14-3-4(a)(9) (emphasis added).

The legislative focus on identifiable patients accords with ordinary understandings of “patient medical record.” *See Jackson v. State*, 50 N.E.3d 767, 772 (Ind. 2016) (courts “give effect to . . . plain and ordinary meaning”); *Sackett v. EPA*, 598 U.S. 651, 672 (2023) (ordinary meaning of defined term is relevant). Just as a record that “eliminate[s] any identifiable student information” is not a student educational record, *Unincorporated Operating Div. of Ind. Newspapers, Inc. v. Trs. of Ind. Univ.*, 787 N.E.2d 893, 908–09 (Ind. Ct. App. 2003), *trans. denied*, a record eliminating any identifiable patient information is not a record “of the patient.”

Here, however, the Court of Appeals construed APRA to bar disclosure of anonymized medical information. The court did not hold that terminated pregnancy reports are medical records because they concern identifiable patients. Rather, the court so held because reports “concern[] *a* patient[]”—an anonymous individual. Op. 21 (emphasis added). That reads “patient” out of the statute.

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Such a broad construction raises difficulties. Agencies regularly share anonymized medical information to promote public health. For example, the Department announces the first flu death annually,² reports details about disease outbreaks,³ and provides data to hospital staff and public-health researchers.⁴ Under the Court of Appeals' view, however, anonymized reports about the flu (a diagnosis) could be considered "patient medical records." Moreover, adopting the court's broad construction could mean that public agencies responsible for protecting public health have even less ability to share salient information than private providers. Private providers can disclose medical information so long as it "does not identify an individual." 45 C.F.R. § 164.514. Yet the court construed APRA to forbid public agencies from disclosing anonymized information. That cannot be correct.

Two aspects of the decision below exacerbate these difficulties. First, the Court of Appeals doubled down on the idea that the Department cannot redact information. Op. 22–23. APRA requires agencies to "separate . . . material that may be disclosed and make it available." Ind. Code § 5-14-3-6(a). Line-item redaction is one method of separating disclosable and nondisclosable material. *See Unincorporated Operating*

² Press Release, IDOH, Indiana Health Officials Announce First Flu Death of Season, Urge Hoosiers to Take Precautions to Prevent Illness (Oct. 27, 2025), <https://perma.cc/N9WW-2Z6K>.

³ *See, e.g.*, Press Release, IDOH, Health Officials Recommend Hepatitis A Vaccination for Individuals Who Ate Food Prepared at Centerville Convenience Store (July 17, 2018), <https://perma.cc/PC2J-R5FT>.

⁴ IDOH, Off. of Data & Analytics, *Syndromic Surveillance* (last visited Jan. 13, 2026), <https://perma.cc/PU5B-CK4S>.

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Div., 787 N.E.2d at 909. But the Court of Appeals held terminated pregnancy reports must be “withheld in [their] entirety.” Op. 22–23.

Second, the court sustained an injunction blocking release of all terminated pregnancy reports, including reports plaintiffs did not submit. It declared that limiting relief to the parties would be “illogical.” Op. 32. The opposite is true. An injunction must be no broader than necessary to afford the parties relief. *William J. Huff, II Revocable Tr. Declaration, Dated June 28, 2011 v. Cain*, 120 N.E.3d 1029, 1036 (Ind. Ct. App. 2019). And issuing universal injunctions removes any incentive to bring class actions, risks giving relief to uninjured persons, and can have other unforeseen consequences. *See Trump v. CASA, Inc.*, 606 U.S. 831, 851–54 (2025).

* * *

The upshot of the decision below is that uninjured plaintiffs can override public officials’ decisions about how to comply with state disclosure requirements, even absent a private right of action. The Court should intervene without delay. What constitutes a direct and imminent injury, whether parties without a private right obtain preliminary injunctions, and how APRA should be read are pure legal issues that do not depend on further factual development. And postponing review risks allowing separation-of-powers violations to metastasize.

CONCLUSION

The Court should grant transfer and reverse.

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WORD COUNT CERTIFICATE

As required by Indiana Appellate Rule 44, I verify that the foregoing document contains no more than 4,200 words.

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CERTIFICATE OF SERVICE

I hereby certify that on January 20, 2026, I electronically filed the foregoing document using the Indiana E-filing System (“IEFS”). I also certify that on January 20, 2026, the foregoing document was served upon the following persons using the IEFS:

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