UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MAINE

THE FAMILY PLANNING ASSOCIATION OF MAINE D/B/A MAINE FAMILY PLANNING, Plaintiff, v. UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES; ROBERT F. KENNEDY, JR., in his official capacity as Secretary of Health and Human Services; CENTERS FOR MEDICARE & MEDICAID SERVICES; and MEHMET OZ, in his official capacity as the Administrator of the Centers for Medicare & Medicaid Services, Defendants.	)	Case No. _____ **COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF** **REQUEST FOR IMMEDIATE RELIEF**

Plaintiff Family Planning Association of Maine d/b/a Maine Family Planning ("MFP"), through its attorneys, brings this Complaint for Declaratory and Injunctive Relief against the United States Department of Health and Human Services ("HHS"), Robert F. Kennedy, Jr., in his official capacity as Secretary of HHS, the Centers for Medicare & Medicaid Services ("CMS"), and Mehmet Oz in his official capacity as the Administrator of CMS, and alleges as follows:

INTRODUCTION

1. "[A]ffordable, confidential care"—"no matter who you are or where you live."[1] True to its motto, Maine Family Planning has spent decades providing award-winning, essential health care and serves thousands of Mainers each year. Its services include contraception counseling, gynecological exams and check-ups, preventive care, cancer screenings, sexually transmitted infections ("STI") testing, well-person exams, and treatment of common acute and chronic conditions like strep throat, asthma, and diabetes.

2. MFP has continuously sought to improve and expand its services to meet the needs of Maine's most underserved populations, including lower-income, rural, and unhoused patients. Many of these Mainers could not access health care without MFP. Indeed, for approximately 70% of its patients, MFP is the only health care provider that they will see in a given year.[2] Because of the population MFP serves, almost half of MFP's patients who receive care other than abortion rely on Medicaid, and Medicaid funding comprises nearly one-quarter of MFP's budget.

3. After decades of providing a broad range of quality care to its Medicaid patients, on July 4, 2025, MFP was stripped of its ability to receive federal Medicaid reimbursements for all of its services—solely because MFP provides abortions in addition to its numerous other health care services. But existing federal law, known as the Hyde Amendment, already prohibits the use of federal Medicaid funding for abortions outside of extremely limited circumstances.[3] MFP strictly abides by this restriction on the use of federal Medicaid funding, and has never been found to have improperly used Medicaid funding for abortions.

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[1] Me. Fam. Plan., Home Page, https://mainefamilyplanning.org/ (last visited July 11, 2025).

[2] Chantelle Lee, *Abortion Is Legal in Maine, but Trump's 'Big Beautiful Bill' Could Gut Much of the State's Reproductive Health Care Access*, TIME (July 2, 2025, 14:49 PT), https://time.com/7299743/trump-big-beautiful-bill-reproductive-health-care-maine/.

[3] Departments of Labor and Health, Education, and Welfare Appropriation Act of 1977, Pub. L. No. 94-439, § 209, 90 Stat. 1418, 1434 (1976); Further Consolidated Appropriations Act of 2024, Pub. L. No. 118-47 §§ 506, 507, 138 Stat. 460, 703 (2024).

4. On July 4, 2025, Section 71113[4] (the "Defunding Provision") was signed into law as part of President Trump's "big beautiful bill." The Defunding Provision is the culmination of a years-long campaign to "defund" Planned Parenthood. The provision's parameters were designed to create plausible deniability that its sole target was Planned Parenthood; as a result, MFP got caught in its net.

5. The Defunding Provision bars federal Medicaid funding for *all* health care services, including preventive care and family planning services, for a *tiny subset* of American health care providers—including MFP—that, as of October 1, 2025, (1) are non-profit, (2) "essential community providers . . . primarily engaged in family planning services, reproductive health, and related medical care"—providers who, by definition, "serve[] predominantly low-income, medically underserved individuals," (3) received more than $800,000 in federal and state Medicaid reimbursements in fiscal year 2023 (FY23), and (4) provide abortions that fall outside of the narrow exceptions in the Hyde Amendment.[5]

6. In stark contrast, the Defunding Provision does not apply to other entities providing the exact same Medicaid-reimbursable health care as MFP. Non-profit clinics providing family planning services but not abortion that receive a similar amount of Medicaid funding as MFP are not affected by the Defunding Provision. Non-profit clinics providing family planning and abortion services that received less than $800,000 in Medicaid reimbursements in FY23 are not affected by the Defunding Provision. Non-profit clinics providing family planning services and abortion that receive a similar amount of Medicaid funding but do not "primarily" engage in providing reproductive health care or family planning are not affected by the Defunding Provision. For-profit

[4] One Big Beautiful Bill Act, H.R.1, 119th Cong. § 71113 (2025) (as enrolled).
[5] H.R. 1, § 71113(b).

entities providing family planning services and abortion care are not affected by the Defunding Provision.

7. The Defunding Provision thus deprives MFP of the same Medicaid funding available to other health care providers throughout the United States. Targeting health care providers who serve the populations with the fewest resources, and doing it by withholding funding simply because they also provide abortion care, is completely opposed to the goal of the Medicaid program—to ensure that adults and children with limited resources can access health care.

8. By irrationally including MFP to disguise its true purpose of targeting Planned Parenthood while allowing similarly situated entities to continue to bill Medicaid, the Defunding Provision violates the Fifth Amendment's guarantee of equal protection and endangers the health of thousands of Mainers, particularly those who are low-income, live in rural areas, and are women. Without federal Medicaid reimbursements, MFP's ability to provide comprehensive health care to Medicaid-eligible patients is at grave risk. The result is significant and irreparable harm to MFP and its patients, many of whom have nowhere else to turn for time-sensitive health care such as cancer screenings and STI testing.

PARTIES

I. Plaintiff Maine Family Planning

9. Plaintiff MFP is a 501(c)(3) non-profit incorporated in Maine with its principal place of business in Augusta, Maine. Its mission is to ensure that all Mainers have access to high-quality and affordable sexual and reproductive health care. MFP offers a range of family planning, reproductive health, and primary care services, including abortion care. MFP directly operates eighteen health care centers throughout Maine and provides funding through subcontracts that support forty-four additional sites. Plaintiff MFP sues on its own behalf.

II. Defendants

10. Defendant the United States Department of Health and Human Services ("HHS") is an executive department of the United States.

11. Defendant Robert F. Kennedy, Jr., is the Secretary of HHS and is sued in his official capacity. Secretary Kennedy has overall responsibility for implementation of the Medicaid program, including for the Defunding Provision.

12. Defendant Centers for Medicare & Medicaid Services ("CMS") is a subdivision of HHS.

13. Defendant Mehmet Oz is the Administrator of CMS and is sued in his official capacity. Administrator Oz is responsible for implementing the Medicaid program in a manner consistent with federal law, including the Defunding Provision.

JURISDICTION AND VENUE

14. This Court has subject matter jurisdiction pursuant to 28 U.S.C. § 1331, as this action arises under the Constitution and laws of the United States. This Court has jurisdiction to render declaratory and injunctive relief under 28 U.S.C. §§ 2201 and 2202, Federal Rules of Civil Procedure 57 and 65, and the inherent equitable powers of this Court.

15. Venue is proper in this district under 28 U.S.C. §§ 1391(b)(2) and (e)(1). MFP is located in this judicial district and has its principal place of business in this judicial district. A substantial part of the events or omissions giving rise to these claims occurred or is occurring in this judicial district. Defendants are United States departments and agencies and United States officials sued in their official capacities.

FACTUAL BACKGROUND

I. MFP Provides Critical Family Planning, Reproductive Health, and Primary Care.

16. MFP operates eighteen family planning clinics located in Augusta, Bangor, Belfast, Calais, Damariscotta, Dexter, Ellsworth, Farmington, Fort Kent, Houlton, Lewiston, Machias, Norway, Presque Isle, Thomaston, Rumford, Skowhegan, and Waterville—at least one site in twelve out of Maine's sixteen counties. MFP also has a mobile health clinic.

17. At its clinics, MFP provides a range of critical family planning and reproductive health care services, including contraceptive services; pregnancy testing and options counseling; family planning (or preconception) counseling; referrals for adoption; prenatal consultation; endometrial and vulvar biopsy; annual wellness visits; gynecological exams; breast exams; pap tests; colposcopies; screening for cervical and breast cancer; screening, diagnosis, and treatment of STIs, vaginal infections, and urinary tract infections; intrauterine insemination; vasectomy; consultations and prescriptions for HIV pre-exposure prophylaxis; miscarriage care; gender-affirming health care; and family support services for pregnant women, new moms, and their families. MFP offers procedural abortions at its Augusta clinic and medication abortions at all eighteen clinics.

18. Two MFP clinics are listed as an "essential community provider" in the family planning category on the HHS Rolling Draft Essential Community Provider (ECP) List for the Federally-facilitated Marketplace (the "ECP List").[6] By definition, essential community providers serve "predominantly low-income, medically underserved individuals." 45 C.F.R. § 156.235(c).

[6] *HHS Rolling Draft Essential Community Provider (ECP) List for the Federally-facilitated Marketplace*, Ctrs. for Medicare & Medicaid Servs., https://data.healthcare.gov/rolling-draft-list (last visited July 11, 2025) [hereinafter *ECP List*].

19. MFP also provides funding through subcontracts that support forty-four additional sites. The sixty-two family planning centers in its network are located across the state, providing access in fifteen out of Maine's sixteen counties. In calendar year 2024, the network served approximately 28,000 patients across the state. MFP clinics served over 8,000 patients, including 645 abortion patients (7.4 percent of all patients), 633 primary care patients (7.25 percent of all patients), and 7,215 family planning patients (82.5 percent of all patients). Family planning patients had over 10,000 visits and primary care patients had over 2,000 visits.

20. MFP offers primary care at three of its clinic locations: Ellsworth, Houlton and Presque Isle. The primary care services include wellness and preventive care; diagnosis and treatment of common acute and chronic conditions; menopause management for mid-life women; adolescent health services; and geriatric health services. MFP began offering this care in Ellsworth in 2015 and in Houlton and Presque Isle in 2022 after realizing the dearth of health care providers in these regions. Even for patients who are not coming to MFP for primary care, MFP providers address patients' overall health, including identifying potential chronic illnesses, because MFP is often the only health care provider that its patients see in a given year.

21. As one MFP patient explained, "Maine Family Planning in Augusta is my Primary Care Physician. In the last four years I've received care there, not once did I have an abortion. I have however, had access to STD/STI testing, thyroid testing, blood panels, Pap smears, breast examinations, referrals for mammograms, [and] a Premenstrual Dysphoric Disorder diagnosis. The last two saved my life. Not only was I able to find a space and practitioner that felt safe enough to advocate for myself, they took my concerns seriously and they provided me care that would not

otherwise be accessible to me."[7] And according to another patient: "Many of us count on our local MFP for a wide variety of basic, essential health care that often we can't otherwise access. Mainers are facing innumerable barriers to accessing health care, from insurance coverage fights to providers not accepting new patients, from transportation barriers to federal attacks on Medicaid funding."[8]

22. To better serve populations with difficulty accessing health care, MFP established an outreach program called the Reproductive Empowerment Project for people with opioid addiction that includes contraceptive consultation, harm reduction, STI screening, pregnancy testing, and options counseling.

23. In late 2024, MFP also launched "Health on Wheels," a mobile health care facility that travels across the state to serve populations with difficulty accessing health care, such as people with opioid addiction or people who are unhoused. Health on Wheels provides services like primary, wound, and reproductive health care including birth control, Pap smears, HIV prevention, and STI testing.[9] The mobile clinic travels "up to 100 miles in any direction" from where it is housed, providing care at locations including syringe service programs, encampments, soup kitchens, and places with known HIV clusters.[10] These services are critical given ongoing increases

[7] *An Act to Improve Women's Health and Economic Security by Funding Family Planning Services: Hearing on L.D. 143 Before the J. Standing Comm. on Health & Human Servs.*, 132nd Leg., 1st Spec. Sess. (Me. 2025) (testimony of Ashley Smith).

[8] Kelsey Linnell, *Family Planning Health Centers Are a Crucial Safety*, Bangor Daily News (June 16, 2025), https://www.bangordailynews.com/2025/06/16/opinion/opinion-contributor/family-planning-health-centers-safety-net-joam40zk0w/.

[9] Brianna Bush, *Health on Wheels Brings Care Services to Mainers Who Have Limited Access*, News Ctr. Me. (Dec. 17, 2024,21:02 EST), https://www.newscentermaine.com/article/news/health/health-on-wheels-accessible-healthcare-maine-west-gardiner-maine-family-planning/97-5e88683c-b613-4c29-846c-614681ad97ec; Joe Charpentier, *Maine Family Planning Tours Lewiston with Mobile Medical Unit*, Sun J. (Nov. 20, 2024), https://www.sunjournal.com/2024/11/20/maine-family-planning-tours-lewiston-with-mobile-medical-unit/.

[10] Bush, *supra* note 9; Charpentier, *supra* note 9.

in HIV and STI cases in Maine, particularly among these underserved populations.[11] If MFP could not reach this patient population, most of these individuals would otherwise not be able to receive care.

24. The care MFP provides is crucial because Maine already faces a shortage of health care providers. Thirteen of Maine's sixteen counties contain health professional shortage areas for primary care,[12] and 85,155 Maine residents live in these areas.[13] In some regions of the state, MFP is the only clinic where patients can obtain long-acting reversible contraception ("LARCs"), such as IUDs or implants, without having to schedule around limited provider availability and facing extensive wait times.

25. Further compounding the provider shortage, factors such as geography, poverty, and low population density can make health care even more difficult to access in Maine. Maine is one of the most rural states in the country, and 40% of its population lives in Maine's rural counties.[14] Indeed, in eleven of the twelve counties where MFP operates clinics, more than 50% of the population lives in a rural area.[15] Many patients live long distances from Maine's cities, and transportation and excessive travel times are major obstacles to accessing health care, especially with limited public transportation outside of Maine's one large city, Portland. The remote and rural areas with low population densities have fewer health care choices compared with Maine's more

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[11] Div. of Disease Surveill., Me. Ctr. for Disease Control & Prevention, *Infectious Disease Prevention Program*, Me. Dep't of Health & Human Servs. https://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/ (last visited July 11, 2025).

[12] *Health Professional Shortage Areas: Primary Care, by County, April 2025 - Maine*, Rural Health Info. Hub, https://www.ruralhealthinfo.org/charts/5?state=ME (last visited July 11, 2025).

[13] *Primary Care Health Professional Shortage Areas (HPSAs)*, Kaiser Fam. Found. (Dec. 31, 2024), https://www.kff.org/other/state-indicator/primary-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22maine%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

[14] Me. Ctr. For Disease Control & Prevention, *Rural Health in Maine*, https://www.maine.gov/dhhs/mecdc/public-health-systems/rhpc/rural-health.shtml (last visited July 11, 2025).

[15] U.S. Census Bureau, *County Rurality Level: 2010*, at 39, https://www2.census.gov/geo/pdfs/reference/ua/County_Rural_Lookup_v4.pdf (last visited July 11, 2025).

heavily populated southern counties. Transportation within and between remote counties is also limited. Interstate 95 is the sole north-south highway; in winter weather, it is usually reduced to one lane north of Orono and is occasionally closed. There are no east-west interstates, and travel along Route 2, which goes from Bangor to the New Hampshire border, can be very slow in some parts of the state.

26. With travel posing such a hurdle to accessing care, local clinics in rural areas are a crucial part of the health care system. As one Mainer explained, "At the current funding level, many of Maine's rural health centers are open 1-2 days a week. . . . In my reproductive years I was fortunate to have Family Planning nestled in my Waterville neighborhood. In fact, services remain within walking distance for many consumers. We have many in our low-moderate income neighborhood who depend on affordable Family Planning. Waterville is a service center for many in Somerset County, one of the poorest counties in Maine."[16]

27. MFP's confidential, nonjudgmental, quality care has gained the trust of Mainers over decades of providing care throughout the state, and many MFP patients continue to return for care. Particularly in rural areas, patients worry about anonymity when visiting a health center. Many patients may feel more comfortable—and less stigmatized—discussing sensitive topics related to reproductive health care at MFP, where they know they will receive confidential care from clinicians who specialize in reproductive health. As one MFP patient explained: "When I began to need family planning services, I was uncomfortable going to the same primary care provider I'd had since childhood . . . My experience at a family planning provider was the first time I ever received kind, comprehensive, non-coercive information about birth control . . . . My

[16] *An Act to Improve Women's Health and Economic Security by Funding Family Planning Services: Hearing on L.D. 143 Before the J. Standing Comm. on Health & Human Servs.*, 132nd Leg., 1st Spec. Sess. (Me. 2025) (testimony of Kimberly Hallee), https://www.mainelegislature.org/legis/bills/getTestimonyDoc.asp?id=10035608.

family planning providers were and continue to be compassionate, knowledgeable and truly nonjudgmental."[17]

28. MFP has won several awards for its dedication to providing quality care, including the 2013 National Family Planning & Reproductive Health Association Dr. Allan Rosenfield Access Award for achievement in improving access to reproductive health care at the local level; the 2018 Dr. Wendy J. Wolf Health Leadership Award from the Maine Health Access Foundation, recognizing MFP President/CEO George Hill and MFP's dedication to providing access to quality health care; the 2018 Pump Handle Award from the Maine Center for Disease Control and Prevention for important contributions to helping reduce the impact of infectious diseases in Maine; the 2021 Maine Association for Health, Physical Education, Recreation, and Dance Honor Award, recognizing MFP and its staff's efforts to provide evidence-based sexuality information for STI/HIV and pregnancy prevention to teachers in Maine; and the 2024 WIC Breastfeeding Award of Excellence for MFP WIC of Hancock and Washington Counties' prenatal education and breastfeeding peer counseling program.

II. Medicaid Is Essential for Mainers Seeking Health Care, Including at MFP.

29. Medicaid is a government program that provides crucial health care services to adults and children with limited resources. First established in 1965, the purpose of Medicaid is to allow states "to furnish . . . medical assistance" to patients "whose income and resources are insufficient to meet the costs of necessary medical services" and to provide "rehabilitation and other services to help such families and individuals attain or retain capability for independence or self-care." 42 U.S.C. § 1396-1. The provision of medical services must be administered in a

[17] Jake Richards, *Advocates and Lawmakers Push for increased funding for Maine Planned Parenthood*, News Ctr. Me. (Mar. 7, 2025), https://www.newscentermaine.com/article/news/health/push-for-increased-maine-planned-parenthood-funding/97-cd57cd5c-0d4f-4e99-bd15-1b628bd93294.

manner consistent with "simplicity of administration and the best interests of the recipients." 42 U.S.C. § 1396a(a)(19).

30. The Medicaid program is funded by both state and federal funding. 42 C.F.R. § 430.0. State governments have latitude to determine coverage and management of each state's Medicaid program, within broad guidelines set by the federal government. 42 U.S.C. §§ 1396a, 1396b; *Atkins v. Rivera*, 477 U.S. 154, 156–57 (1986).

31. MaineCare is the state of Maine's Medicaid program. MaineCare covers medically necessary services, including primary care visits, family planning services, prescription medications, and behavioral health.[18] MaineCare plays a critically important role in ensuring that rural Mainers have access to care. Adults and children living in rural areas, including most of Maine, are more likely to rely on MaineCare or CHIP (the Children's Health Insurance Program) than adults and children who live in urban areas.[19] Indeed, more than half of Medicaid enrollees in Maine live in rural areas,[20] and more than 20% of non-elderly adults in Maine who live outside of urban areas are covered by Medicaid.[21] In some rural counties like Aroostook County, Washington County, and Somerset County, where five MFP clinics are located, the number of Mainers who rely on MaineCare is as high as 40%.[22]

32. Almost half of MFP's patients who receive care other than abortion rely on Medicaid. Between July 1, 2022 and June 30, 2023, 41% of MFP family planning network's patients had public insurance, and 82% fell below 250% of the federal poverty level and, as a

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[18] Off. MaineCare Servs., Me. Dep't Health & Human Servs., *MaineCare Member Handbook*, at 8-9 (2024), https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/mainecare-member-handbook.pdf.
[19] Joan Alker et al., *Medicaid's Role in Small Towns and Rural Areas*, Geo. Univ. Ctr. Child. & Fams. (Jan. 15, 2025), https://ccf.georgetown.edu/2025/01/15/medicaids-role-in-small-towns-and-rural-areas/.
[20] *Medicaid in Maine*, Kaiser Fam. Found. (May 2025), https://files.kff.org/attachment/fact-sheet-medicaid-state-ME (52% of Medicaid enrollees in Maine live in a rural area).
[21] Alker et al., *supra* note 19.
[22] Letter from Janet T. Mills, Gov., State of Me., to Sen. Susan Collins et al. (June 25, 2025), https://mainemorningstar.com/wp-content/uploads/2025/06/6.25.25_Governor-Mills-Delegation-Letter.pdf.

result, qualified for free or reduced services.[23] And in calendar year 2024, 49.8% of patients who received services other than abortion care at MFP were enrolled in MaineCare. Without MaineCare, many of these patients could not afford to see a health care provider and might postpone or forgo care altogether.

33. Medicaid funding is essential to MFP and allows MFP to serve low-income patients. Prior to the passage of the Defunding Provision, MFP billed MaineCare when it provided covered services to patients on MaineCare and would then be reimbursed for the cost of the specific service provided. Reimbursements for Medicaid funding are a significant part of MFP's annual budget—approximately 20 to 25%, or roughly $1.9 million. Thus, in FY23, MFP received more than $800,000 from Medicaid reimbursements.

34. Unlike MFP, many health care providers in private practice do not accept Medicaid because the reimbursement rates are often lower than private insurance.[24] As a result, Medicaid patients have fewer options when finding a health care provider.[25] These patients may face long waitlists when scheduling care,[26] or have to travel longer distances to find a provider who is able to see them in a timely manner. Even if other health care providers accept Medicaid, MFP makes intentional efforts to reach particularly underserved patient populations, including through the Reproductive Empowerment Project and Health on Wheels—programs that other health care providers are unlikely to replicate.

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[23] Me. Fam. Plan., *Annual Report 2023*, at 4, https://mainefamilyplanning.org/wp-content/uploads/MFP2023AnnualReport.pdf (last visited July 14, 2025).

[24] FamilyCare Health, *The Medicaid Payment Crisis: Why Many Doctors Are No Longer Accepting Patients* (March 14, 2025), https://familycare.health/resources/the-medicaid-payment-crisis/.

[25] Suzanne Blake, *Medicaid Patients Are Losing Their Doctors Because of Costs*, Newsweek (July 19, 2024), https://www.newsweek.com/medicaid-patients-are-losing-doctors-because-costs-1927849; Walter R Hsiang et al., *Medicaid Patients Have Greater Difficulty Scheduling Health Care Appointments Compared With Private Insurance Patients: A Meta-Analysis*, 56 Inquiry: J. Health Care Org, Provision, & Fin. 1, 6 (2019).

[26] Evelyn G. Gotlieb et al., *Disparities in Primary Care Wait Times in Medicaid versus Commercial Insurance*, 34 J. Am. Bd. of Fam Med. 3 (2021).

35. Medicaid coverage is crucial for access to essential reproductive health services, including birth control, screenings for breast and cervical cancer, and STI testing and treatment.[27] Medicaid is the largest source of public funding for family planning services, accounting for 75% of all public family planning expenditures.[28] It also covers prenatal and postpartum care and provides funding for 41% of all births in the United States, including 39% of births in Maine in 2023.[29] Studies consistently show that Medicaid enrollees have substantially better access to care than people who are uninsured, and thus they are less likely to postpone or go without care due to cost.[30] Research demonstrates that access to Medicaid is associated not only with increased access to care, but with lower mortality rates for conditions such as cancer and cardiovascular disease, and decreased maternal mortality.[31]

36. Federal Medicaid funding does not cover abortions outside of limited exceptions. Since 1977, a federal law—commonly known as the Hyde Amendment—has prohibited the use of

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[27] 42 U.S.C. § 1396d; 42 C.F.R. § 441.20; CMS, *Mandatory & Optional Medicaid Benefits*, https://www.medicaid.gov/medicaid/benefits/mandatory-optional-medicaid-benefits (last visited July 11, 2025); Jennifer J. Frost et al., Guttmacher Inst., *Publicly Supported Family Planning Services in the United States: Likely Need, Availability and Impact, 2016*, at 19 (2019),https://www.guttmacher.org/sites/default/files/report_pdf/publicly-supported-fp-services-us-2016.pdf (without access to publicly funded family planning services, in 2016, "an estimated 1.3 million women would have foregone or postponed cervical cancer testing" and "6.7 million women would have foregone screening" for STIs).

[28] Usha Ranji et al., *Medicaid Coverage of Family Planning Benefits: Findings from a 2021 State Survey*, Kaiser Fam. Found. (Feb.17, 2022), https://www.kff.org/womens-health-policy/report/medicaid-coverage-of-family-planning-benefits-findings-from-a-2021-state-survey; Am. Coll. of Obstetricians & Gynecologists, *Medicaid*, https://www.acog.org/practice-management/ payment-resources/payer-policies/Medicaid (last visited July 11, 2025).

[29] Nat'l Ctr. for Health Stats., Ctrs. for Disease Control & Prevention, *Birth Data* (June 13, 2025), https://www.cdc.gov/nchs/nvss/births.htm; Usha Ranji et al., *5 Key Facts About Medicaid and Pregnancy*, Kaiser Fam. Found. (May 29, 2025), https://www.kff.org/medicaid/issue-brief/5-key-facts-about-medicaid-and-pregnancy.

[30] Alice Burns et al., *10 Things to Know About Medicaid*, Kaiser Fam. Found. (Feb. 18, 2025), https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid; *see also* Benjamin Sommers et al., *Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance*, 176 JAMA Internal Med. 1501, 1507-08 (2016); Steven C. Hill & Salam Abdus, *The Effects of Medicaid on Access to Care and Adherence to Recommended Preventive Services*, 56 Health Servs. Res. 84, 89-92 (2020).

[31] Burns et al., *supra* note 30; *see also* Julia Paradise & Rachel Garfield, *What Is Medicaid's Impact on Access to Care, Health Outcomes, and Quality of Care? Setting the Record Straight on the Evidence*, Kaiser. Fam. Found. (Aug. 2, 2013), https://www.kff.org/report-section/what-is-medicaids-impact-on-access-to-care-health-outcomes-and-quality-of-care-setting-the-record-straight-on-the-evidence-issue-brief.

federal Medicaid dollars to pay for abortions, except in extremely limited circumstances.[32] Today, the Hyde Amendment prohibits the use of federal Medicaid funds to pay for abortions except when (1) the pregnancy is the result of rape or incest; or (2) a pregnant person "suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the [pregnant person] in danger of death unless an abortion is performed."[33]

37. Consistent with these restrictions, MFP does not use federal Medicaid funding for abortion services outside of these limited exceptions. Indeed, MFP has been a recipient of federal funding for over 50 years, has always adhered to the abortion-related restrictions placed on such funds, and has never been found to have improperly used federal funds for abortion services.

III. MFP Is Ensnared In Congress's Latest Attempt to Exploit the Budget Process to Strip Medicaid Funding from Planned Parenthood.

38. The Defunding Provision is the culmination of a years-long attempt to exclude Planned Parenthood from receiving federal funding for any health care services. Although legislative history indicates that Planned Parenthood was the intended target of the legislation, to circumvent procedural barriers, Congress drafted the Defunding Provision to include *some* additional entity other than Planned Parenthood. MFP got caught in Congress' net.

39. Indeed, Congress has previously tried to pass defunding prohibitions that mirrored the current Defunding Provision in all respects other than the amount of Medicaid reimbursements that an entity had received to be a "prohibited entity." During a previous attempt to defund Planned Parenthood using the budget reconciliation process, the House of Representatives passed a bill with a provision to prohibit Medicaid funding for "prohibited entit[ies]" that met criteria

[32] *See, e.g.*, Fabiola De Liban et al., *Abortion Coverage Under Medicaid*, Nat'l Health Law Program (2025), https://healthlaw.org/wp-content/uploads/2022/04/2025-Abortion-Coverage-Under-Medicaid.pdf.
[33] Further Consolidated Appropriations Act, 2024, Pub. L. No. 118-47, §§ 506, 507, 138 Stat.460, 703 (2024).

substantively identical to the Defunding Provision, but with a much higher threshold of $350,000,000 in Medicaid payments.[34] This attempt failed when the Senate Parliamentarian determined that "prohibit[ing] only Planned Parenthood from receiving Medicaid funds for one year" violates the Byrd Rule,[35] a procedural rule that prevents inclusion of "extraneous" non-budgetary provisions in budget reconciliation legislation, and therefore requires 60 votes in the Senate to waive (rather than the ordinary 51 votes for budget reconciliation legislation).[36] Anti-abortion politicians in the Senate responded by reducing the threshold for "prohibited entities" from $350 million to $1 million.[37] The Parliamentarian allowed the bill to proceed with the $1 million threshold, though the bill ultimately failed to pass.

40. Learning from its prior efforts to defund Planned Parenthood, Congress used a lower threshold for Medicaid reimbursements in the Defunding Provision to avoid targeting only Planned Parenthood and thus implicating the Byrd Rule.[38] As passed, the Defunding Provision provides that "[n]o federal funds that are considered direct spending and provided to carry out a State plan under title XIX of the Social Security Act or a waiver of such a plan shall be used to make payments to a prohibited entity for items and services furnished during the 1-year period beginning on the date of the enactment of this Act . . . ."[39] A "prohibited entity" is defined as any entity that meets the following criteria as of "the first day of the first quarter beginning after the date of enactment" of the Defunding Provision: (1) is organized as a 501(c)(3) and exempt from

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[34] American Health Care Act of 2017, H.R. 1628, 115th Cong. § 103 (2017).
[35] S. Comm. on the Budget, 115th Cong., *Background on the Byrd Rule Decisions from the Senate Budget Committee Minority Staff* (2017), https://www.budget.senate.gov/imo/media/doc/Background%20on%20Byrd%20Rule%20decisions_7.21%5B1%5D.pdf; Better Care Reconciliation Act of 2017, H.R. 1628, 115th Cong., § 123 (2017) (July 20, 2017 discussion draft), https://www.budget.senate.gov/imo/media/doc/ERN17500.pdf.
[36] Bill Heniff Jr., Cong. Rsch. Serv., RL30862, *The Budget Reconciliation Process: The Senate's "Byrd Rule"* 3-5 (2022), https://www.congress.gov/crs-product/RL30862.
[37] *See* S. Amend. 267 to H.R. 1628, 115th Cong. § 106 (2017).
[38] H.R. 1, § 71113.
[39] *Id.*

tax under 501(a) of the Internal Revenue Code of 1986; (2) is an essential community provider under 45 C.F.R. § 156.235 and "primarily engaged in family planning services, reproductive health, and related medical care"; (3) provides abortions for reasons other than to terminate pregnancies caused by rape or incest or where the patient is at risk of death without an abortion; and (4) received more than $800,000 in federal and state expenditures under Medicaid in FY23.[40]

41. Upon information and belief, the Defunding Provision was drafted to ensure that, while exempting hospitals from Medicaid cuts, it would also ensnare *at least one other health care entity in addition to Planned Parenthood* and thus avoid an unfavorable ruling by the Senate Parliamentarian similar to the ruling in 2017.

42. The bill was signed into law on July 4, 2025. Though the Defunding Provision defines "prohibited entity" based on the entity's activities as of the first day of the next quarter following enactment, or October 1, 2025, the Defunding Provision states that it takes effect immediately, prior to the determination of whether an organization qualifies. Thus, though an entity may not know for certain whether it would be a "prohibited entity" until October 1, it would nonetheless be prohibited from receiving Medicaid funding for all of its services as of July 4.

43. The Defunding Provision does not purport to be a cost-saving measure. Rather, because the Defunding Provision targets a small number of specific health care entities rather than eliminating services or reducing patient eligibility, it leaves open the possibility that patients could access care from other Medicaid providers who would bill for reimbursement from the federal government—in which case, the federal government would still be covering the cost of their care and would not be saving on costs (though in practice, many of MFP's patients will struggle to find alternative providers if they cannot go to MFP). Moreover, the Congressional Budget Office

[40] *Id.*

("CBO") estimates that the Defunding Provision will cost taxpayers $52 million over the next 10 years, and an additional $1 million has been appropriated just for implementation costs in FY26 alone.[41] And, as CBO noted during a prior attempt to enact a similar provision, prohibitions like the Defunding Provision will result in individuals losing health care access, including "services that help women avert pregnancies," especially in "areas without other health care clinics or medical practitioners who serve low-income populations."[42]

IV. The Defunding Provision Discriminates Against Abortion Providers Like MFP and Will Have a Devastating Impact on MFP and its Patients.

44. Along with Planned Parenthood, MFP falls within the Defunding Provision's criteria for "prohibited entities."[43]

45. The Defunding Provision does not prohibit family planning providers that are similarly situated to MFP from receiving federal Medicaid reimbursements. For example, at least three other providers in Maine are not impacted by the Defunding Provision even though they provide similar family planning and primary care services and serve similar patient populations as MFP:

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[41] Cong. Budget Off., *Estimated Budgetary Effects of an Amendment in the Nature of a Substitute to H.R. 1, the One Big Beautiful Bill Act* (June 29, 2025), https://shorturl.at/0Qp6c ("Title VII" tab, Section 71115 "Federal Payments to Prohibited Entities"); H.R.1,§ 71113(c).

[42] Cong. Budget Off., *Cost Estimate, American Health Care Act* 23 (Mar. 13, 2017), https://www.cbo.gov/system/files/115th-congress-2017-2018/costestimate/americanhealthcareact.pdf.

[43] Planned Parenthood filed suit on July 7, 2025. *Planned Parenthood Fed'n of Am. v. Kennedy*, No. 1:25-cv-11913 (D. Mass. filed July 7, 2025), ECF No. 1. The court issued a temporary restraining order the same day, enjoining defendants from "enforcing, retroactively enforcing, or otherwise applying the provisions of Section 71113 of 'An Act to provide for reconciliation pursuant to title II of H. Con. Res. 14,'" against Planned Parenthood and requiring defendants to "take all steps necessary to ensure that Medicaid funding continues to be disbursed in the customary manner and timeframes" to Planned Parenthood. TRO, *Planned Parenthood Fed'n of Am. v. Kennedy*, No. 1:25-cv-11913 (D. Mass. July 7, 2025), ECF No. 18; Am. TRO, *Planned Parenthood Fed'n of Am. v. Kennedy*, No. 1:25-cv-11913 (D. Mass. July 11, 2025), ECF No. 46.

a. The Mabel Wadsworth Center ("Mabel's")[44] is a 501(c)(3) organization which, like MFP, has a clinic in Bangor.[45] Mabel's provides the "full spectrum of sexual and reproductive health care and primary care services," including wellness exams, birth control, vasectomies, cancer screenings, testing and treatment for STIs and vaginal infections, infertility consultation, pregnancy testing and options counseling, prenatal care, primary care, and mental health counseling.[46] Mabel's also provides medication and procedural abortion.[47] Nearly half of Mabel's patients rely on MaineCare.[48] Upon information and belief, Mabel's is not impacted by the Defunding Provision.

b. Greater Portland Health ("GPH") is a 501(c)(3) federally qualified health center that provides a range of family planning, women's health care, and maternal and prenatal health services, including contraception management and management of HIV/AIDS, Hepatitis C, and other infectious diseases.[49] GPH also provides primary care, including wellness exams, sick visits, and management of chronic conditions like diabetes and asthma; behavioral health care, including substance use disorder services; and dental care.[50] Like MFP, GPH has clinics within the Greater Portland

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[44] *AbortionFinder*, https://www.abortionfinder.org/results?location=maine&age=18%20or%20older&lmpepoch=unsure&telehealth=physical_only&page=1 (last visited July 11, 2025).
[45] Mabel Wadsworth Ctr., *Donate*, https://www.mabelwadsworth.org/donate (last visited July 11, 2025).
[46] Mabel Wadsworth Ctr., *Health Services*, https://www.mabelwadsworth.org/services (last visited July 11, 2025).
[47] Mabel Wadsworth Ctr., *Abortion Care*, https://www.mabelwadsworth.org/services/pregnancy-care/abortion-services (last visited July 11, 2025).
[48] Remarks by Andrea Irwin, *Maine Community Leaders Urge Senators Collins and King to Oppose Kyle Duncan's Nomination*, Mabel Wadsworth Ctr. (Feb. 15, 2018), https://www.mabelwadsworth.org/2018/02/26/maine-community-leaders-urge-senators-collins-king-oppose-kyle-duncans-nomination.
[49] Greater Portland Health, *Services*, https://www.greaterportlandhealth.org/services#newpatients (last visited July 11, 2025); Greater Portland Health, *Our Story*, https://www.greaterportlandhealth.org/about/our-story (last visited July 11, 2025); Greater Portland Health, *School-Based Health Centers*, https://www.greaterportlandhealth.org/services/school-based-health-centers (last visited July 11, 2025).
[50] *Services*, *supra* note 49.

metropolitan area[51] and appears on the ECP List as a family planning provider.[52] GPH accepts MaineCare, and in 2023 and 2024, approximately 51% of GPH's patients were enrolled in Medicaid.[53] GPH does not provide abortions. Upon information and belief, GPH is not impacted by the Defunding Provision.

c. MaineHealth Maine Medical Center ("MMC") is part of MaineHealth, a 501(c)(3) integrated health care system that provides family planning and reproductive health care at some locations, including in Portland, such as routine gynecological exams; preventive screenings; infertility and family planning counseling; birth control services; pregnancy screening; diagnosis and treatment of urinary, vaginal, and sexually transmitted infections; biopsies for gynecological issues; and miscarriage care.[54] MMC also provides a range of other medical and behavioral health services, like primary care, urgent and inpatient care, and other specialized care.[55] MMC

[51] Greater Portland Health, *Hours & Locations*, https://www.greaterportlandhealth.org/locations (last visited July 11, 2025).
[52] *ECP List*, *supra* note 6.
[53] Greater Portland Health, *Payments & Insurance*, https://www.greaterportlandhealth.org/for-patients/payment-and-insurance (last visited July 11, 2025); Greater Portland Health, *Annual Report 2023*, at 14 (2023), https://files.aptuitivcdn.com/eGVOpZw261-1791/docs/2023-Annual-Report-1.pdf; Greater Portland Health, *Annual Report 2024*, at 14 (2024), https://files.aptuitivcdn.com/eGVOpZw261-1791/docs/2024-Annual-Report.pdf.
[54]MaineHealth, *About MaineHealth*, https://www.mainehealth.org/about-mainehealth (last visited July 11, 2025); MaineHealth, *Obstetrics & Gynecology*, https://www.mainehealth.org/care-services/obstetrics-gynecology-obgyn (last visited July 11, 2025); MaineHealth, *Sexually Transmitted Diseases*, https://www.mainehealth.org/care-services/infectious-disease-care-travel-medicine/sexually-transmitted-disease-std (last visited July 11, 2025); MaineHealth, *Uterine Cancer/Endometrial Cancer*, https://www.mainehealth.org/mainehealth-cancer-care/cancer-conditions-services/uterine-cancer-endometrial-cancer (last visited July 11, 2025); MaineHealth, *Miscarriage Testing & Treatment*, https://www.mainehealth.org/care-services/prenatal-care-and-childbirth/miscarriage-testing-treatment (last visited July 11, 2025).
[55] MaineHealth, *Care & Services*, https://www.mainehealth.org/care-services (last visited July 11, 2025); MaineHealth, *Cervical Cancer*, https://www.mainehealth.org/mainehealth-cancer-care/cancer-conditions-services/cervical-cancer (last visited July 11, 2025); MaineHealth, *Vaginal Cancer*, https://www.mainehealth.org/mainehealth-cancer-care/cancer-conditions-services/vaginal-cancer (last visited July 11, 2025); MaineHealth, *Prenatal Testing*, https://www.mainehealth.org/care-services/prenatal-care-and-childbirth/prenatal-testing-pregnancy-screening (last visited July 11, 2025); MaineHealth, *Obstetrics & Gynecology*, *MaineHealth Franklin Hospital*, https://www.mainehealth.org/mainehealth-franklin-hospital/care-services/obstetrics-gynecology-mainehealth-franklin-hospital (last visited July 11, 2025).

provides abortions, including in cases of lethal fetal conditions.[56] MMC accepts MaineCare, and its Portland location appears on the ECP List.[57] Upon information and belief, MMC is not impacted by the Defunding Provision.

46. The Defunding Provision provides no rationale for its differential treatment of MFP and these similarly situated providers. Nor does the Defunding Provision provide any rationale for summarily excluding MFP from Medicaid solely because it is a non-profit essential community provider that provides family planning and abortions when other similarly situated health care providers would be guaranteed process before they are excluded from Medicaid—including those entities who have been convicted of serious criminal offenses like fraud or patient neglect/abuse.[58]

47. Because the Defunding Provision states that it is effective immediately, MFP has stopped billing for Medicaid-covered services effective July 5, 2025.

48. Almost half of MFP's patients who receive care other than abortion rely on Medicaid, and, if MFP no longer receives federal Medicaid funding, these patients will likely lose their only accessible health care provider and be forced to forgo essential family planning, reproductive health, and primary care services, including wellness and preventative care, wound care, cancer screenings, STI and HIV testing and treatment, contraceptive care, and treatment of common acute and chronic conditions like diabetes. For example, almost all of the patients that MFP sees through the Health on Wheels program are enrolled in Medicaid, and MFP is the only

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[56] Yves-Yvette Young et al., *Expanding Access to Later Abortion Care in Maine: Improving In-State Clinic Referral Systems*, Ibis Reprod. Health Later Abortion Initiative, at 1 (Feb. 2021), https://www.ibisreproductivehealth.org/publications/ expanding-access-later-abortion-care-maine-improving-state-clinic-referral-systems.

[57] *ECP List*, *supra* note 6; MaineHealth, *Billing & Financial Services*, https://www.mainehealth.org/patients-visitors/billing-and-financial-services (last visited July 11, 2025); MaineHealth, *Health Insurance Coverage*, https://www.mainehealth.org/patients-visitors/billing-and-financial-services/mainehealth-access-care/health-insurance-coverage (last visited July 11, 2025).

[58] *See, e.g.*, 42 C.F.R. pt. 1001, subparts E-F; *id.* pt. 1003 subpart O; MaineCare Benefits Manual ch. I, § 1.23-1 (codified at 10-144 Me. Code R. ch. 101, § 1.23-1).

health care provider that many of these patients see in a given year. If not enjoined, the Defunding Provision would strip these already underserved individuals of health care services altogether.

49. Even patients who may be able to access health care elsewhere will face significant delays due to the overstretched health care system in Maine. There is already a shortage of providers who accept Medicaid because of its lower reimbursement rates, and it will be difficult if not impossible for the thousands of patients MFP sees each year to find new practices willing to take on additional Medicaid recipients. Those practices may also lack MFP's geographic reach, particularly in more rural areas. Many patients will be forced to travel further distances and incur additional expenses to access care. These additional burdens will fall on patients who, by definition, already face significant hurdles in accessing care in the first place.

50. MFP has already had to stop taking new patients enrolled in MaineCare who are seeking primary care. For existing patients, the Defunding Provision has disrupted MFP's ability to continue providing care for longer than a few more months. MFP cannot abruptly discharge patients from its care, as its patients rely on MFP to treat a variety of medical conditions, including ones that require recurring medical appointments and follow-ups, such as individuals who tested positive for chlamydia, patients who have had colposcopies (examination of the cervix), or patients with abnormal cervical cancer screenings. MFP's practice is to provide patients with 30 days' notice prior to discharging them from MFP. MFP has determined that, without injunctive relief, it will have to notify its MaineCare family planning and primary care patients by September 30, 2025, that it is discharging them from care, effective October 31, 2025.

51. Without federal Medicaid reimbursements, MFP cannot cover the costs of services to the nearly half of its patients who receive care other than abortion who are enrolled in MaineCare. Already, Medicaid reimburses clinics at a lower rate than private insurance; as a result,

MFP already faces significant cost deficits. MFP's health centers in Rumford, Damariscotta, and Dexter only operate one or two days per week due to these current funding deficits. Without Medicaid funding, these clinics and others would have to make up for the shortfall and will be forced to limit or end the services that they currently provide.

52. MFP and its patients have become collateral damage to the Defunding Provision's intent to defund Planned Parenthood. In so doing, the Defunding Provision decimates access to critical health care in some of Maine's most underserved areas.

CLAIM FOR RELIEF

DENIAL OF EQUAL PROTECTION

53. The foregoing allegations in paragraphs 1 through 52 are re-alleged and incorporated by reference as if fully restated herein.

54. The Due Process Clause of the Fifth Amendment prohibits the United States from denying MFP equal protection under law.

55. The Defunding Provision prohibits MFP from receiving federal Medicaid reimbursements while allowing thousands of similarly situated health care entities throughout the United States to continue to receive federal Medicaid reimbursements for the same critical health care services that MFP provides.

56. Defendants have not and cannot proffer any rationale—let alone a constitutionally legitimate justification—as to why MFP should be subject to the Defunding Provision while thousands of similarly situated health care entities throughout the United States are not. The Defunding Provision will not save the government money, and in fact will cost the government millions of dollars more than simply allowing patients to continue to seek care from providers like MFP.

57. To the extent that the Defunding Provision is motivated by a desire to ensure that federal funds are not used for abortion, that is duplicative of existing legislation, and such duplication "necessarily casts considerable doubt upon the proposition that the [law] could rationally have been intended to prevent those very same abuses." *U.S. Dep't of Agric. v. Moreno*, 413 U.S. 528, 537 (1973).

58. The legislative record indicates that the only purpose of the Defunding Provision is a "bare congressional desire to harm a politically unpopular group," namely Planned Parenthood. *Id.* at 534. Ensnaring MFP to cloak its targeting of Planned Parenthood in a veil of plausible deniability cannot transform that bare desire to harm into anything remotely resembling a "legitimate governmental interest." *Id.*

59. Targeting a tiny subset of the myriad of providers throughout the United States who provide abortions outside of the Hyde Amendment exceptions is arbitrary and does not serve any legitimate government interest.

60. Targeting a tiny subset of the essential community providers throughout the United States who are "primarily engaged in family planning services, reproductive health, and related medical care" is arbitrary and does not serve any legitimate government interest.

61. Targeting a tiny subset 501(c)(3) nonprofit organizations throughout the United States is arbitrary and does not serve any legitimate government interest.

62. The $800,000 threshold is devoid of explanation or record support, is entirely arbitrary, and does not serve any legitimate government interest.

63. Absent declaratory and injunctive relief, the Defendants' violations will continue to cause devastating and ongoing harm to the Plaintiff and its low-income, rural, and female patients in particular.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff respectfully requests that the Court:

a. Issue a declaratory judgment that the Defunding Provision violates the Fifth Amendment of the United States Constitution on its face and/or as applied to MFP;

b. Enter a preliminary and permanent injunction prohibiting Defendants from implementing or enforcing the Defunding Provision as to MFP and/or vacating the Defunding Provision in its entirety;

c. Award MFP attorneys' fees and costs, as provided by applicable statute or regulation or the inherent powers of the Court; and

d. Grant all further and additional relief that the Court deems just and proper.

Dated: July 16, 2025

Respectfully submitted,

/s/ Taylor Asen

Taylor Asen
Rosalie B.C. Wennberg
GIDEON ASEN LLC
95 Main Street, 4th Floor, #5
Auburn, ME 04210
(207) 206-8982
tasen@gideonasenlaw.com
rwennberg@gideonasenlaw.com

Meetra Mehdizadeh*
Astrid Marisela Ackerman*
CENTER FOR REPRODUCTIVE RIGHTS
199 Water Street, 22nd Floor
New York, New York 10038
(917) 637-3788
mmehdizadeh@reprorights.org
aackerman@reprorights.org

Faith Gay*
SELENDY GAY PLLC
1290 Avenue of the Americas, 20th Floor
New York, NY 10104

(212) 390-9000
fgay@selendygay.com

Attorneys for Plaintiff

* *Application for admission* pro hac vice *forthcoming*