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. 1:25-cv-00364 **REQUEST FOR IMMEDIATE RELIEF**

PLAINTIFF MAINE FAMILY PLANNING'S EMERGENCY MOTION FOR AN INJUNCTION PENDING APPEAL

Pursuant to Rule 62(d) of the Federal Rules of Civil Procedure, Plaintiff Family Planning Association of Maine d/b/a Maine Family Planning ("MFP") respectfully requests an injunction pending appeal to the United States Court of Appeals for the First Circuit of this Court's August 25, 2025 Order on Motion for Preliminary Injunction, ECF No. 31. Plaintiff's counsel notified counsel for Defendants by email on August 28 that Plaintiff would be filing this motion. Defendants oppose the motion.

MFP respectfully requests a ruling on this motion by Monday, September 8, so that it may promptly request relief from the First Circuit, if necessary, before September 30, at which point it will have to notify patients in its primary care practice that they are being discharged from MFP's care.

Dated: August 29, 2025

Respectfully submitted,

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PLAINTIFF MAINE FAMILY PLANNING'S MEMORANDUM OF LAW IN SUPPORT OF ITS EMERGENCY MOTION FOR AN INJUNCTION PENDING APPEAL

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PRELIMINARY STATEMENT

Plaintiff Maine Family Planning ("MFP") was caught up in Congress's unconstitutional and targeted attempt to defund Planned Parenthood and its members. Since the Defunding Provision took effect, MFP has been unable to bill Medicaid and has thus had to turn away new primary care patients. Within a matter of weeks, MFP will have to discharge all of its existing primary care patients and wind down its primary care practice. Soon after, MFP may have to discharge family planning patients on Medicaid as well. On appeal, MFP will show that the criteria for determining which providers can no longer receive federal Medicaid reimbursements are not rationally related to any government interest, including Defendants' supposed interest in incrementally reducing the overall number of abortions. But given the ongoing harm to MFP's operations and the looming threat to MFP's continued ability to provide primary care services, MFP cannot wait until the appeal is resolved for relief.

MFP respectfully requests that the Court grant an injunction pursuant to Federal Rule of Civil Procedure 62(d) during the pendency of its appeal of this Court's August 25, 2025 Order on Motion for Preliminary Injunction, ECF No. 31 ("PI Order"). MFP is filing its Notice of Appeal of the PI Order concurrently with this motion. Plaintiff's counsel notified counsel for Defendants by email on August 28 that Plaintiff would be filing this motion, and Defendants oppose the motion. MFP respectfully requests a ruling by Monday, September 8, so that it may promptly request relief from the First Circuit, if necessary, before September 30, at which point it will have to notify patients in its primary care practice that they are being discharged from MFP's care.

BACKGROUND

MFP provides comprehensive family planning and reproductive health care at eighteen clinics across twelve counties, and a mobile health clinic. Decl. of Evelyn Kieltyka in Supp. Pl.'s

Mot. for a TRO and/or Prelim. Inj., ECF No. 5-2 ¶¶ 6, 8 ("Kieltyka Decl."). In calendar year 2024, MFP clinics served over 8,000 patients, including 645 abortion patients (7.4 percent of all patients), 633 primary care patients (7.3 percent of all patients), and 7,215 family planning patients (82.5 percent of all patients). *Id.* ¶ 11. Due to the rurality of Maine and the shortage of providers, MFP is often the *only* comprehensive family planning and reproductive health care provider accessible to thousands of Mainers. *Id.* ¶¶ 9-10, 19, 30. Nearly half of the patients who received services other than an abortion at MFP in 2024 were enrolled in Medicaid. *Id.* ¶ 30.

As enacted on July 4, 2025, the Defunding Provision provides that no federal Medicaid funding may go to a "prohibited entity." One Big Beautiful Bill Act, H.R. 1, 119th Cong. § 71113 (2025) (as enrolled). A "prohibited entity" is defined as any entity that (1) is organized as a 501(c)(3), (2) is an essential community provider under 45 C.F.R. § 156.235, (3) is "primarily engaged in family planning services, reproductive health, and related medical care," (4) 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 (5) received more than $800,000 in Medicaid reimbursements in fiscal year 2023. *Id.* These criteria apply to MFP, and, as such, MFP stopped billing Medicaid for all services effective July 5, 2025. Kieltyka Decl. ¶¶ 24, 36.

Upon enactment of the Defunding Provision, MFP stopped accepting new primary care patients on Medicaid. *Id.* ¶ 22. MFP's primary care practice was modeled to serve Medicaid patients; without the ability to bill Medicaid, the practice is not self-sustaining. Suppl. Decl. of Evelyn Kieltyka in Supp. Pl.'s Mot. for a TRO and/or Prelim. Inj., ECF No. 25-1 ¶ 7 ("Kieltyka Suppl. Decl."). MFP has determined that, without Medicaid reimbursements, it will have to end its primary care practice altogether and discharge patients no later than October 31, 2025. *Id.* ¶ 8; Kieltyka Decl. ¶ 22. To give patients time to try to find a new provider who is accepting new

Medicaid patients, MFP will have to notify them of the discharge no later than September 30. Kieltyka Suppl. Decl. ¶ 8. MFP's primary care clinics are located in counties with a significant shortage of healthcare providers, and MFP's primary care patients often travel a considerable distance to access care. *Id.* ¶ 9; Kieltyka Decl. ¶ 18. If MFP has to discharge patients, there will be few providers who are available to take them on as new patients. Kieltyka Suppl. Decl. ¶ 9. MFP will also have to lay off two primary care providers; without these providers, MFP may not be able to reestablish its primary care practice when it succeeds in this litigation or when the Defunding Provision ultimately expires. *Id.*

MFP's family planning services include care like annual gynecological exams; screening for cervical and breast cancer; contraceptive counseling; and STI testing. Kieltyka Decl. ¶ 7. MFP is currently able to provide this care to Medicaid-eligible family planning patients through funding from the Title X family planning program. Kieltyka Suppl. Decl. ¶¶ 3-6. However, MFP expects that it will have to discharge or stop serving family planning patients enrolled in Medicaid once those funds run out—which could be as soon as next month—at which point those patients, too, would lose access to care. *Id.* ¶ 8.

STANDARD OF REVIEW

"The standard for an injunction pending appeal is the same as the standard for a preliminary injunction." *Sierra Club v. U.S. Army Corps of Eng'rs*, 2020 WL 7682552, at *1 (D. Me. 2020) (citing *Respect Me. PAC v. McKee*, 622 F.3d 13, 15 (1st Cir. 2010)). Thus, to issue an injunction pending appeal pursuant to Fed. R. Civ. P. 62(d), the court must determine whether the movant has made "a strong showing that they are likely to succeed on the merits, that they will be irreparably injured absent emergency relief, that the balance of the equities favors them, and that an injunction is in the public interest." *Together Emps. v. Mass Gen. Brigham Inc.*, 19 F.4th 1, 7 (1st Cir. 2021)

(citing *Respect Me. PAC*, 622 F.3d at 15). "The first two factors are the most important," *id.*, but the "likelihood of success on the merits remains the weightiest factor." *McBreairty v. Brewer Sch. Dep't*, No. 1:24-CV-00053-LEW, 2024 WL 1554927, at *1 (D. Me. Apr. 10, 2024) (citing *Acevedo-Garcia v. Vera-Monroig*, 296 F.3d 13, 17 (1st Cir. 2002) (per curiam)). Although "more than mere possibility" of success on the merits is required, *Respect Me. PAC*, 622 F.3d at 15, "the moving party need not persuade the court that it is likely to be reversed on appeal." *Canterbury Liquors & Pantry v. Sullivan*, 999 F. Supp. 144, 150 (D. Mass. 1998).

ARGUMENT

All four factors weigh in favor of entering an injunction pending appeal. Without immediate relief from this Court, MFP and its patients will not be able to continue to provide and access essential and potentially lifesaving medical care.

I. MFP is Likely to Succeed in Showing that the Defunding Provision Violates Equal Protection.

Although this Court is not empowered to second guess the wisdom of congressional decision-making, it still must determine that Defendants have satisfied the "requirement of some rationality in the nature of the class singled out." *Rinaldi v. Yeager*, 384 U.S. 305, 308-09 (1966). MFP has made a preliminary showing that the Defunding Provision is unlikely to pass constitutional muster because the only plausible rationale for the particular criteria it uses is animus towards Planned Parenthood.

a. The Defunding Provision Was Motivated by Unconstitutional Animus.

As this Court acknowledged, "the Supreme Court has held that a 'bare congressional desire to harm a politically unpopular group' does not amount to a rational basis that would justify discriminatory lawmaking." PI Order at 10 (quoting *U.S. Dep't of Agric. v. Moreno*, 413 U.S. 528, 534 (1973)). MFP has demonstrated that is exactly the case here. The Defunding Provision

represents the culmination of years of efforts to exclude Planned Parenthood, specifically, from receiving federal Medicaid funding. *See Planned Parenthood Fed'n of Am., Inc. v. Kennedy*, No. 1:25-CV-11913-IT, 2025 WL 2101940, at *9-11 (D. Mass. July 28, 2025) ("*Planned Parenthood*") (describing history of congressional targeting of Planned Parenthood from 2017 to present). Indeed, Congress initially attempted to enact a similar defunding provision that, in effect, "prohibit[ed] only Planned Parenthood from receiving Medicaid funds," before finally arriving at the current version of the Defunding Provision by tweaking the statutory text to sweep in at least one other entity—MFP. *See* Pl.'s Mem. Law in Supp. Pl.'s Mot. for a TRO and/or Prelim. Inj., ECF No. 5-3 at 4-5, 5 n.2 ("Pl.'s Mem. TRO/PI"); *compare* American Health Care Act of 2017, H.R. 1628, 115th Cong. § 103 (2017) (provision had substantively the same criteria as the Defunding Provision except that the threshold for Medicaid payments was $350,000,000), *with* H.R. 1, § 71113 (lowering threshold for Medicaid payments to $800,000). In so doing, Congress did not attempt to hide its aim, but instead made it explicit. *See Planned Parenthood*, 2025 WL 2101940, at *11 (describing statements by members supporting Defunding Provision as targeting Planned Parenthood and language in House minority report confirming same); Reply in Supp. Pl.'s Mot. for a TRO and/or Prelim. Inj., ECF No. 25 at 4 n.3 (collecting similar statements). As another district court in this Circuit put it while holding that the Defunding Provision is likely unconstitutional, the law "target[s]" Planned Parenthood, with entities like MFP serving as "collateral damage." *Planned Parenthood*, 2025 WL 2101940, at *17.

In fact, the Supreme Court itself summarily affirmed that a restriction on family-planning funding cannot survive rational-basis review when its purpose is simply to target Planned Parenthood. *Minnesota v. Planned Parenthood of Minn.*, 448 U.S. 901 (1980), *sum. aff'g Planned Parenthood of Minn. v. Minnesota*, 612 F.2d 359 (8th Cir. 1980) ("*Minnesota*"). While the object

of that law was less facially apparent—the law broadly withheld family-planning funding from *all* non-profit abortion providers—it nonetheless failed rational basis review given "[t]he legislative history . . . indicat[ing] that Planned Parenthood's unpopularity played a large role in its passage," *Minnesota*, 612 F.2d at 361, and the lack of a "rational distinction between" covered non-profits (which lost their funding) and non-covered hospitals and HMOs (which did not, despite also providing abortions), *id.* (citation omitted).

This Court declined to follow *Minnesota*. Although the Court acknowledged that in that decision, the Supreme Court "affirm[ed] . . . the Eighth Circuit's rational-basis takedown of the state program" on essentially the same grounds MFP urges here, it suggested *Minnesota* was no longer good law for two reasons. PI Order at 10-11.

First, the Court reasoned that *Minnesota* was decided "within the context of a precedential landscape in which abortion was considered a constitutional right." *Id.* at 10. But the Eighth Circuit's reasoning was expressly *not* based on abortion's then-constitutional protection, and the court applied rational-basis review, rather than strict scrutiny, for that reason. *Minnesota,* 612 F.2d at 360 ("no fundamental right is involved").

Second, this Court concluded that "the apparent rationale of *Minnesota* has since been supplanted" by the Supreme Court's decision in *Rust v. Sullivan*, 500 U.S. 173 (1991), which held that the government may restrict Title X funds for entities engaged in abortion-related activities. PI Order at 11. The Supreme Court, however, has repeatedly rebuked courts for engaging in exactly that kind of reasoning, admonishing that "[i]f a precedent of this Court has direct application in a case, yet appears to rest on reasons rejected in some other line of decisions, the [lower courts] should follow the case which directly controls, leaving to this Court the prerogative of overruling its own decisions." *Rodriguez de Quijas v. Shearson/Am. Express, Inc.*, 490 U.S. 477, 484 (1989).

That directive is especially significant here, as *Rust* did not address—and so could not have "supplanted" *Minnesota*'s reasoning—any question of equal protection; instead, *Rust* considered challenges under First Amendment theories and the substantive due process "right to choose whether to terminate [a] pregnancy," 500 U.S. at 192-202—*i.e.*, the same legal right that the Eighth Circuit in *Minnesota* decided was not implicated there and thus did not factor into its analysis. *Minnesota*, 612 F.2d at 360.[1] Accordingly, even if this Court were permitted to second-guess the ongoing vitality of the Supreme Court's precedents, *Rust* does not displace the clear holding of *Minnesota*.

When equal protection challenges turn on motive, courts look to the motivation behind the law as a whole, relying on exactly the types of evidence that MFP pointed to here—"legislative or administrative history . . . [,] contemporary statements by members of the decisionmaking body, [and] minutes of its meetings[] or reports." *Vill. of Arlington Heights v. Metro. Hous. Dev. Corp.*, 429 U.S. 252, 268 (1977). Because that evidence leaves no doubt that the Defunding Provision was motivated by animus toward Planned Parenthood, and because the law leaves no doubt that such animus dooms a law in the face of an equal protection challenge, MFP is highly likely to succeed on the merits of its appeal.

b. The Defunding Provision Does Not Rationally Advance Any of the Government's Proffered Justifications.

Other than targeting Planned Parenthood, the Defunding Provision fails to rationally advance any other purpose. Defendants chiefly claim that the "funding prohibition is rationally targeted because it will withhold federal subsidies from providers of non-qualifying abortions and

[1] This Court also dismissed the logic of *Moreno* and similar cases because they "all appear to involve profound irrationalities that target individuals for disfavored treatment rather than the selective treatment of entities enlisted through federal funding to carry out congressional objectives." PI Order at 10. But the logic of the *Moreno* line of cases is not cabined to individuals or the power Congress relies on in passing legislation; equal protection has been long understood to apply to corporations, *see Santa Clara Cnty. v. S. Pac. R. Co.*, 118 U.S. 394, 396 (1886), and Congress's spending powers, *e.g. Regan v. Tax'n With Representation of Wash.*, 461 U.S. 540, 547 (1983).

thereby achieve a net reduction in non-qualifying abortions." PI Order at 12 (citation omitted). But that only underscores how arbitrary the Defunding Provision's criteria are. This rationale fails because the Defunding Provision defunds services necessary to *prevent* unplanned pregnancies and to promote healthy ones. *See* Decl. of Cassidy Jarvis in Supp. Pl.'s Mot. for a TRO and/or Prelim. Inj., ECF No. 5-1 ¶ 5 (explaining that if MFP "cannot accept Medicaid, many patients will be forced to make tough decisions about whether they can afford to pay for birth control out of pocket" and "potentially experience[] a life-changing unplanned pregnancy as a result"); Kieltyka Decl. ¶ 17 (explaining that MFP provides family planning and reproductive health services to patients who have trouble accessing that care due to "several hospitals in Maine closing their labor and delivery units and, as a result, OB/GYNs leaving the area"). If Congress's goal was to generally reduce the number of abortions performed outside of the narrow Hyde exceptions, it is irrational to achieve that goal by imposing exacting criteria that only apply to a tiny subset of abortion providers nationwide, treating them differently from all other "similarly situated" providers.

Defendants throw out a number of proffered justifications in defense of the Defunding Provision's highly gerrymandered criteria on which abortion-providing entities are slated to lose funding. But as shown below, these explanations do not provide a coherent, rational explanation for the Defunding Provision's collective criteria.

First, Defendants defend the "focus[] on recipients of more substantial amounts of federal funding" as targeting those "who are also likely to perform a higher proportion of abortions." PI Order at 12 (citation omitted). As an initial matter, it is unclear why receipt of substantial amounts of federal funds for services *unrelated to abortion* would be correlated with performing a higher proportion of abortions. *Cf.* Kieltyka Decl. ¶ 11 (abortions compromise only small percent of

MFP's 2024 patient services). There is thus no basis to conclude that receipt of federal funds "bear[s] a rational relationship to," *Romer v. Evans*, 517 U.S. 620, 633 (1996), entities that "perform a higher proportion of abortions," PI Order at 12 (citation omitted).

Second, Defendants claim that the Defunding Provision targets entities with "more focused services and broad networks," who are "more likely to engage with pregnant women seeking family-planning advice who are susceptible to efforts to push them towards abortion." *Id.* (citation omitted). But that rationale, too, suffers from the same problem as above: Even crediting the unfounded assertion that patients "seeking family-planning advice" are more "susceptible to efforts to push them towards abortion," *id.*, absent some basis to believe that entities covered by the Defunding Provision seek to influence patients' decision-making in favor of abortion—and there is none[2]—such assertion has no rational relation to the Defendants' purported aim of *decreasing* abortions. And there is still no non-arbitrary reason for why Congress would wish to protect "pregnant women seeking family-planning advice" from "efforts to push them towards abortion," *id.*, *only* if they visited a non-profit clinic primarily serving low-income individuals and not if they visited any other type of provider.

Third, Defendants attempt to justify the Defunding Provision on the grounds that "Congress could have rationally concluded that if an abortion group was already receiving . . . [a] government subsidy (in the form of tax-exempt status), it should not also receive federal funds." *Id.* (citation omitted). Once again, if that was Congress's goal, then the Defunding Provision was a uniquely poor way of achieving it. Far from removing federal "subsid[ies]" for non-profit abortion providers, *id.*, the Defunding Provision leaves almost all such subsidies in place—

[2] *See, e.g.*, Kieltyka Decl. ¶ 6 (explaining Plaintiff's mission includes "ensur[ing] that all people have . . . the right to control their sexual and reproductive lives"); *Minnesota*, 612 F.2d at 362 (rejecting argument that non-profits play a different "role in the abortion decision" from "hospitals and HMOs" that provide abortion).

including for any providers (no matter how many abortions they provide) that do not serve primarily low-income individuals.

MFP's challenge is thus not based on a mere "public policy critique" of the Defunding Provision. *Id.* at 9. The Defunding Provision does not serve—but rather does violence to—the government's proffered interests. Indeed, the government has said what its aim was directly: to eliminate funding from Planned Parenthood, an organization the government disfavors. That is exactly the kind of animus-based legislating that equal protection prohibits. MFP is thus exceptionally likely to prevail on the merits of its appeal.

II. Plaintiff Has Experienced and Will Continue to Experience Irreparable Harm Absent An Injunction.

Irreparable injury is not in dispute here; as this Court already recognized, MFP's "concern over the impact of the Medicaid funding prohibition is weighty and there is a reasonable perspective that the injury to its practice is not fully redressable once realized." *Id.* at 16-17. Without court intervention, MFP will have to close its primary care practice, lay off staff, and eventually turn away family planning patients. Kieltyka Suppl. Decl. ¶¶ 8-9. This forced, dramatic contraction in scope of care is precisely the sort of damage to an organization that courts have recognized as irreparable harm. *See League of Women Voters of United States v. Newby*, 838 F.3d 1, 8 (D.C. Cir. 2016); *accord Dr. Jose S. Belaval, Inc. v. Perez-Perdomo*, 465 F.3d 33, 36 n.2 (1st Cir. 2006) (discussing "irreparable injury" to health center from government's failure to make Medicaid payments).

This Court correctly concluded that MFP's "asserted injury [is] more than mere 'unsubstantiated fears' of a 'speculative injury.'" PI Order at 17 (citations omitted). Moreover, this Court has made clear that if MFP showed a likelihood of success on the merits, it would "not

withhold preliminary injunctive relief based on reservations about the existence of irreparable injury." *Id.*[3]

III. The Balance of Equities and Public Interest Weigh in Favor of Granting the Injunction.

The balance of equities weighs strongly in favor of granting an injunction pending appeal. An injunction will impose no harm on Defendants, who will not be required to either cover services or expend funding that they would not otherwise have been willing to cover or spend. *See Marlo M. ex rel. Parris v. Cansler*, 679 F. Supp. 2d 635, 638 (E.D.N.C. 2010) (finding balance of equities favored plaintiffs where injunction would require the state "to maintain the funding [it] ha[s] provided to Plaintiffs for years"). And, though Defendants may "not wish to fund certain entities" because of their opposition to abortion, PI Order at 18, this argument falls flat where the government has expressed a willingness to fund *other* abortion providers so long as they are not non-profit, essential community providers primarily engaged in family planning or related care, and who received more than $800,000 in Medicaid reimbursements in fiscal year 2023.

In contrast to the absence of harm to Defendants, denying relief to MFP would inflict lasting damage on MFP's reputation as a trusted community provider—damage that cannot be easily undone even if Medicaid funding is eventually restored. Once MFP is forced to discharge existing Medicaid primary care patients, the trusting relationships MFP has worked on building

[3] Although the Court implied that MFP could circumvent the harms imposed by the Defunding Provision through corporate, structural, or operational changes, PI Order at 17, the Defunding Provision deliberately restricts an entity's ability to avoid its harsh consequences through corporate restructuring. By its own terms, the Defunding Provision applies not only to entities that independently meet the criteria for being prohibited entities but also to all "affiliates, subsidiaries, successors, and clinics" of prohibited entities. H.R. 1, § 71113 (b)(1). Indeed, in violation of the First Amendment freedom of association, the Defunding Provision even reaches and withholds Medicaid funding from corporate entities that do not themselves provide abortions merely because they may be somehow related or affiliated with entities that do. *See Planned Parenthood*, 2025 WL 2101940 at *15 ("restricting funds based on affiliation with an abortion provider operates only to restrict the associational right of [plaintiffs] that do not provide abortion.").

will be hard to rebuild. Kieltyka Suppl. Decl ¶ 10. Moreover, once MFP lays off two primary care providers, it will be challenging for MFP to reestablish a primary care practice. *Id.*

The public interest factor also weighs in favor of granting injunctive relief. Preserving access to health care for low-income patients is in the public interest. *Rio Grande Cmty. Health Ctr., Inc. v. Rullan*, 397 F.3d 56, 76-77 (1st Cir. 2005) (affirming district court's conclusion that injunctive relief was in public interest where "any shut down of [FQHC health center] would adversely affect hundreds of Medicaid patients"). And, though Defendants gesture to "the interest of the public in ensuring that their representatives in Congress are able to effectuate legislation," PI Order at 18, an injunction restoring Medicaid funding for MFP does not interfere with any of Congress's powers to effectuate legislation. The Defunding Provision does not decrease or increase funding for Medicaid programs or change the scope of services that Medicaid covers; therefore, an injunction does not interfere with any alleged Congressional power under the Appropriations Clause as it does not alter the money that Congress appropriated. Nor does an injunction interfere with Congress's legitimate policy choices. To the extent that Congress does not want to provide federal funding for abortion, an injunction allowing MFP to continue providing primary care (*e.g.*, management of diabetes, asthma, and geriatric services) and family planning care (*e.g.*, birth control and cancer screenings) is irrelevant to these policy choices. Moreover, the public interest in ensuring Congress can effectuate legislation is limited by the maxim that there is generally no public interest in unlawful government action. *See Somerville Pub. Sch. v. McMahon*, 139 F.4th 63, 76 (1st Cir. 2025) (rejecting federal agency's argument that its actions were "indistinguishable" from the public interest). As explained *supra*, the Defunding Provision violates equal protection.

Accordingly, the balance of equities overwhelmingly favors MFP. Preserving the status quo by requiring Defendants to restore Medicaid funding not only prevents irreparable harm to MFP

but also advances the public interest in uninterrupted healthcare for low-income communities and in blocking unlawful government action.

CONCLUSION

For the foregoing reasons, the Court should grant Plaintiff's Emergency Motion for an Injunction Pending Appeal. MFP respectfully requests that the Court issue its decision by September 8 to allow MFP to seek relief from the First Circuit before MFP has to lay off staff and inform patients that its primary care practice is ending. Alternatively, if the Court is unable to grant or deny the Emergency Motion on an expedited basis, MFP respectfully requests an emergency temporary injunction prohibiting Defendants, their agents, employees, successors, and anyone acting in concert or participation with them from enforcing, retroactively enforcing, or otherwise applying the Defunding Provision against MFP while the Court considers Plaintiff's motion and any responses from Defendants.

Dated: August 29, 2025

Respectfully submitted,

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