



NEW YORK LAWYER CHAPTER

CLE TIMED AGENDA

One Hour CLE

***Panel Discussion CLE:
Review of Reproductive Rights One Year into Trump Administration***

**February 12, 2026
12:30pm – 1:30pm ET**

This panel discussion CLE will provide an understanding of the legal framework and political landscape informing current actions to restrict reproductive rights at the federal level, including congressional efforts to defund providers and executive actions rolling back federal protections established under the Biden administration. Our experienced panel will provide information about current federal trends affecting reproductive rights and familiarize attendees with major cases reviewing the last year of abortion restrictions from the federal government and challenges to those restrictions. The panel will provide context on how these federal actions are affecting the delivery of reproductive health care and what they signal for the future of reproductive rights.

Panelists (full bios appear the end): Peyton Humphreville (they/them), Senior Staff Attorney, Planned Parenthood Federation of America; Meetra Mehdizadeh (she/her), Senior Staff Attorney, U.S. Litigation Program, Center for Reproductive Rights; Julia Kaye (she/her), Senior Staff Attorney, Reproductive Freedom Project, ACLU.

Moderator: Nicolas Kabat (he/his), Staff Attorney, Center for Reproductive Rights.

Introduction (5 minutes)

- This section will provide an overview of reproductive rights since the U.S. Supreme Court overturned *Roe v. Wade* in June 2022 by *Dobbs v. Jackson Women's Health Organization* and review background on key issues affecting reproductive healthcare access.
- Three plus years since the U.S. Supreme Court overturned *Roe*, thirteen states have completely banned abortion and half a dozen more severely restrict it. Eleven states have expanded access to abortion care since *Roe* and fifteen states have added protections for abortion access. An up-to-date listing of abortion laws by state is available here: <https://reproductiverights.org/maps/abortion-laws-by-state/>.

- Medicaid is a key driver of equitable access to gynecological and obstetrical healthcare across the U.S. “Nationally, Medicaid covers one in five adult women of reproductive age (18 to 49 years old), and more than four in ten (44%) with low incomes.” Federal law requires state Medicaid programs to cover family planning services and supplies.
 - a. Resource: <https://www.kff.org/medicaid/5-key-facts-about-medicaid-and-family-planning/>.
- Medication abortion—a two-pill regimen of mifepristone and misoprostol—is under attack at the State and Federal levels. Medication abortion access is critical to abortion access nationwide. 63% of abortions in the U.S. are done via medication abortion, according to the Guttmacher Institute. This number has significantly increased since 2020, before *Dobbs*.
 - a. Resource: <https://www.guttmacher.org/2024/03/medication-abortion-accounted-63-all-us-abortions-2023-increase-53-2020>.

Medicaid Defunding of Reproductive Health (20 Minutes)

- This session will provide an overview of a provision in the 2025 federal budget reconciliation bill, the so-called One Big Beautiful Bill Act, targeting certain abortion providers for exclusion from the Medicaid program. It will describe legal challenges to the exclusion, their status, and the effect of the exclusion on reproductive health care providers and their patients.
 - a. This section will explain the key provisions of Section 71113 of the 2025 federal budget reconciliation bill, [Public Law No. 119-21](#) (July 4, 2025). Section 71113 provides:
 - i. *No 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, including any payments made directly to the prohibited entity or under a contract or other arrangement between a State and a covered organization.*
 - ii. It defines “prohibited entity” as follows:
 - The term “prohibited entity” means an entity, including its affiliates, subsidiaries, successors, and clinics—*
 - (A) that, as of the first day of the first quarter beginning after the date of enactment of this Act—*

(i) is an organization described in section 501(c)(3) of the Internal Revenue Code of 1986 and exempt from tax under section 501(a) of such Code;

(ii) is an essential community provider described in section 156.235 of title 45, Code of Federal Regulations (as in effect on the date of enactment of this Act), that is primarily engaged in family planning services, reproductive health, and related medical care; and

(iii) provides for abortions, other than an abortion—

(I) if the pregnancy is the result of an act of rape or incest; or

(II) in the case where a woman 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 woman in danger of death unless an abortion is performed; and

(B) for which the total amount of Federal and State expenditures under the Medicaid program under title XIX of the Social Security Act for medical assistance furnished in fiscal year 2023 made directly, or by a covered organization, to the entity or to any affiliates, subsidiaries, successors, or clinics of the entity, or made to the entity or to any affiliates, subsidiaries, successors, or clinics of the entity as part of a nationwide health care provider network, exceeded \$800,000.

b. *Planned Parenthood Fed. of Am. v. Kennedy*, 162 F.4th 155 (1st Cir. 2025)

- i. This case was brought by Planned Parenthood Federation of America (on behalf of all of its members that operate health centers throughout the country), Planned Parenthood League of Massachusetts, and Planned Parenthood of Utah Association (together, “Planned Parenthood”). The plaintiffs asserted that the provision in the 2025 reconciliation bill targeting certain abortion providers for exclusion from Medicaid was an unconstitutional bill of attainder, that it violated the Equal Protection Clause, and that it unconstitutionally retaliated against Planned Parenthood for its advocacy in violation of the First Amendment. Planned Parenthood members that do not independently meet the criteria set forth in the defunding provision also requested a declaratory judgment that the law does not apply to them, or, in the alternative, that it violated their right to freely associate or that it was unconstitutionally vague.

- ii. While the district court granted a preliminary injunction, the First Circuit later granted a stay of the injunction and then reversed the lower court ruling.
 - iii. Following the First Circuit's ruling, Planned Parenthood voluntarily dismissed its claims without prejudice.
- c. *Family Planning Ass'n of Maine v. United States Dep't of Health & Human Servs.*, Civil Case No. 1:25-cv-00364-LEW (D. Me. Aug. 25, 2025).
 - i. This case was brought by Maine Family Planning (MFP) to challenge a provision in the budget reconciliation bill that barred certain health care providers from receiving federal Medicaid funding. MFP asserted that the provision violates the Fifth Amendment's guarantee of equal protection by arbitrarily and irrationally treating a subset of Medicaid providers differently.
 - ii. The district court denied MFP's request for a preliminary injunction, finding that plaintiff was unlikely to succeed in demonstrating that the defunding provision fails rational basis review.
 - iii. MFP appealed the denial of the preliminary injunction to the First Circuit. Following the First Circuit's ruling in the Planned Parenthood case, MFP voluntarily dismissed its case without prejudice.
- d. *State of California et al. v. United States Dep't of Health & Human Servs.*, Civil Case. No. 1:25-cv-12118 (filed D. Mass.)
 - i. In addition to the legal challenges filed by health care providers, a coalition of state attorneys general filed a legal challenge to the defunding provision, alleging that the provision violates the spending clause.
 - ii. The district court granted a preliminary injunction to the states but administratively stayed the injunction to allow the federal government to appeal. The preliminary injunction is currently stayed pending appeal.
- e. On-the-ground impact of defunding legislation.
 - i. Loss of Medicaid funding for clinics that also provide abortions has been devastating and will continue to hamper access to care. For example, Maine Family Planning has had to end its primary care practice due to the inability to seek federal Medicaid reimbursements. Planned Parenthood health centers provided \$45 million of unreimbursed care to patients who are enrolled in Medicaid in September alone (the month the First Circuit vacated the district court's preliminary injunction in the Planned Parenthood challenge to the defunding provision). Nationwide, 23 Planned Parenthood health centers have closed since the reconciliation bill was signed into law.

- f. Future of Medicaid funding for reproductive rights.
- Panelists: Peyton Humphreville, Meetra Mehdizadeh

Restrictions of Mifepristone Access (20 Minutes)

- This session will review:
 - a. Why is medication abortion so important right now?
 - i. FDA-approved for more than 25 years; more than 7.5 million uses; over a hundred peer-reviewed studies confirming safety and efficacy.
 - ii. The recommended regimen includes two medications (mifepristone and misoprostol) that patients take to safely end a pregnancy at home.
 - iii. Today, nearly two-thirds of U.S. abortions are medication abortions, and more than 1 in 4 U.S. abortions are provided via telemedicine.
 - iv. Medication abortion has played an especially critical role in protecting abortion access since the fall of *Roe* – which is precisely why abortion opponents are targeting it.
 - b. The FDA’s restrictions on mifepristone
 - i. Preeminent medical associations like the American Medical Association and the American College of Obstetricians and Gynecologists have long opposed the FDA’s unjustified and burdensome mifepristone regulations – which the FDA still restricts more heavily than 99% of prescription drugs.
 - ii. The ACLU has brought two lawsuits on behalf of leading health care associations challenging the FDA’s medically unnecessary restrictions on mifepristone: *ACOG v. FDA* (D. Md.) and *Purcell v. Kennedy* (D. Haw.).
 - iii. The ACLU's lawsuits prompted the FDA to reconsider its “in-person dispensing requirement,” which had barred patients from filling their prescription by mail or at a pharmacy and instead forced every patient to travel to a health center just to be handed the pill. Based on high-quality research and real-world data, FDA lifted the requirement in 2023.
 - iv. A federal court recently found that the FDA has not adequately justified its ongoing restrictions on mifepristone. *Purcell v. Kennedy*, No. CV 17-00493 JAO-RT, 2025 WL 3101785, at *2 (D. Haw. Oct. 30, 2025).

c. Major threats to mifepristone access during the Trump Administration

- i. Attacks through the courts: anti-abortion state politicians are attempting to pick up the baton after *FDA v. Alliance for Hippocratic Medicine*, 602 U.S. 367 (2024) (finding that the anti-abortion plaintiffs lacked standing):
 1. *Louisiana v. FDA* (W.D. La.): seeks to end the use of telemedicine for mifepristone nationwide; PI hearing scheduled for 2/24.
 2. *Missouri v. FDA* (E.D. Mo.): seeks to end the use of telemedicine for mifepristone nationwide & impose other sweeping restrictions.
 3. *Florida v. FDA* (N.D. Tex.): seeks to take mifepristone off the market altogether.
- ii. Attacks through the executive branch: the Trump Administration has announced a politically motivated review of the FDA's mifepristone regulations – laying the groundwork to make it even harder for patients nationwide to have a medication abortion.

– Panelist: Julia Kaye.

Other Executive Actions to Restrict Access to Reproductive Healthcare (10 minutes)

- a. This section will review other executive actions which have limited access to reproductive health care, including:
 - a. Freezing funding for the Title X family planning
 - b. Withdrawing Biden-era guidance clarifying that the federal Emergency Medical Treatment and Active Labor Act (EMTALA) requires hospitals to provide abortion care when an abortion is necessary stabilizing care
 - c. Further restricting abortion access and counseling at VA hospitals
 - d. FACE Act nonenforcement / pardons
 - e. Ban on fetal tissue research

– Panelists: Meetra Mehdizadeh

- b. Accompanying reading materials: <https://reproductiverights.org/resources/fact-sheet-abortion-access-for-veterans/>; <https://reproductiverights.org/news/trump-title-x-freeze-family-planning/>; <https://reproductiverights.org/resources/what-is-the-global-gag-rule/>.

Looking Ahead: Issues to Watch in Reproductive Rights (5 minutes)

- a. This session will review what to expect from Congress, the President, and the federal courts as it relates to Reproductive Rights in the remaining three years of the Trump Administration.
- b. Panelists: Peyton Humphreville, Meetra Mehdizadeh, Julia Kaye

CLE Materials:

Purcell v. Kennedy, Civil Case No. 17-00493 JAO-RT, 2025 WL 3101785 (D. Haw. Oct. 30, 2025)

Alliance for Hippocratic Med. v. FDA, 602 U.S. 367 (2024)

FDA, Questions and Answers on Mifepristone for Medical Termination of Pregnancy Through Ten Weeks Gestation (last accessed Feb. 8, 2026)

Family Planning Ass'n of Maine v. United States Dep't of Health & Human Servs., Civil Case No. 1:25-cv-00364-LEW (D. Me. Aug. 25, 2025).

Planned Parenthood Fed. of Am. v. Kennedy, 162 F.4th 155 (1st Cir. 2025)

Associated Press, *Trump Pardons Anti-Abortion Activists Who Blockaded Clinic Entrances* (Feb. 8, 2026)

PANELISTS

Peyton Humphreville

Peyton Humphreville (they/them) is a senior staff attorney in the Public Policy Litigation & Law department at Planned Parenthood Federation of America and a delegate for 1199SEIU. Prior to joining PPFA, they were an associate at Lieff Cabraser Heimann & Bernstein LLP, a Skadden Foundation Fellow at Brooklyn Legal Services Corporation A, and a law clerk for the late Judge Deborah A. Batts on the U.S. District Court for the Southern District of New York. Peyton is a graduate of Harvard Law School and Harvard College.

Julia Kaye

Julia Kaye (she/her) is a Senior Staff Attorney with the ACLU Reproductive Freedom Project, where she fights against laws that limit access to essential reproductive health care. Julia was lead counsel in the two lawsuits, *ACOG v. FDA* and *Purcell v. Kennedy*, that moved the FDA to allow patients to obtain mifepristone, a safe and effective drug used for abortion and miscarriage care, through telehealth and pharmacy dispensing. She has also led or co-counseled litigation in numerous states challenging abortion bans, mandatory abortion delay requirements, laws preventing qualified nurse practitioners and midwives from providing abortion or birthing care, and other political interference with patients' health and autonomy. Julia clerked for the Honorable Edward R. Korman in the Eastern District of New York and holds degrees from New York University School of Law and Barnard College. Julia has commented on abortion restrictions for BBC World News, Open to Debate, New Yorker, USA Today, Washington Post, and the Strict Scrutiny and Lovett or Leave It podcasts, among many other outlets.

Meetra Mehdizadeh

Meetra Mehdizadeh (she/her) joined the Center in 2021 and assists with all aspects of the Center's U.S. litigation. Prior to joining the Center, Meetra worked as an agency attorney at the New York City Commission on Human Rights, where she enforced the City's anti-discrimination law with a focus on claims of gender discrimination and gender-based harassment. Previously, Meetra worked on impact litigation involving children in state custody as a staff attorney at Children's Rights. Meetra is a graduate of Harvard Law School, where she served as a Managing Editor of the Harvard Civil Rights-Civil Liberties Law Review, and the University of Chicago, where she majored in Political Science and Near Eastern Languages & Civilizations. Before law school, Meetra served as a youth development volunteer in the Peace Corps in Morocco.