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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF HAWAII

HAWAII DISABILITY RIGHTS
CENTER, in a representative capacity
on behalf of its constituents,
Plaintiff,

vs.

CHRISTINA KISHIMOTO, in her
official capacity as Superintendent of
the State of Hawaii, Department of
Education; PANKAJ BHANOT, in his
official capacity as Director of the
State of Hawaii, Department of
Human Services,

Defendants.

Civil No. CV 18-00465 LEK-WRP

DEFENDANT RYAN YAMANE'S,
in his official capacity, MOTION
FOR PARTIAL JUDGMENT ON
THE PLEADINGS;
MEMORANDUM IN SUPPORT OF
MOTION; CERTIFICATE OF
COMPLIANCE WITH LR7.8;
CERTIFICATE OF SERVICE

Trial: April 6, 2026

Judge: The Hon. Leslie E. Kobayashi

DEFENDANT RYAN YAMANE’S, in his official capacity,
MOTION FOR PARTIAL JUDGMENT ON THE PLEADINGS

Defendant Ryan Yamane, in his official capacity, by and through his attorneys, Anne E. Lopez, Attorney General of the State of Hawaii, and Skyler G. Cruz, Elaine T. Chow, and Issac H. Ickes, Deputy Attorneys General, hereby moves for partial judgment on the pleadings (“Motion”). This Motion is made pursuant to Rules 7 and 12(c) of the Federal Rules of Civil Procedure, and LR7.4 of the Local Rules of Practice for the United States District Court for the District of Hawaii, and is based on the Memorandum in Support of Motion, and the record and files herein.

DATED: Honolulu, Hawaii, November 14, 2025.

STATE OF HAWAII

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Attorney General of Hawaii

/s/ Elaine T. Chow
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ELAINE T. CHOW
ISAAC H. ICKES
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Attorneys for Defendants
KEITH HAYASHI and RYAN
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MEMORANDUM IN SUPPORT OF
MOTION

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MEMORANDUM IN SUPPORT OF MOTION

Defendant Ryan Yamane (“Defendant”), in his official capacity, by and through his attorneys, Anne E. Lopez, Attorney General of the State of Hawaii, and Skyler G. Cruz, Elaine T. Chow, and Issac H. Ickes, Deputy Attorneys General, hereby submits this Memorandum in Support of his Motion for Partial Judgment on the Pleadings.

I. INTRODUCTION

Plaintiff Hawaii Disability Rights Center (“Plaintiff”) filed this lawsuit against Defendants Christina Kishimoto and Pankaj Bhanot, succeeded by Keith Hayashi and Ryan Yamane, in their official capacities (collectively, “Defendants”), alleging violations of the American Disabilities Act, Section 504 Rehabilitation Act, Medicaid Act, and the Individuals with Disabilities Education Act. Plaintiff asserts that the Department of Education, State of Hawaii (“DOE”), and the Department of Human Services, State of Hawaii (“DHS”), fail to provide adequate Applied Behavior Analysis services to autistic students. This Motion seeks to dismiss the Medicaid Act claim brought under 42 USC § 1983 (“Section 1983”). The Medicaid Act does not contain “rights-creating language” that permits Plaintiff to file such a claim. Thus, the claim should be dismissed with prejudice.

II. BACKGROUND

On November 28, 2018, Plaintiff, a protection and advocacy agency, brought this lawsuit against Defendants in its representative capacity on behalf of its constituents, who are persons in Hawaii under the age of 22 who have been diagnosed with autism spectrum disorder (“Autism”) and who require some level of Applied Behavior Analysis (“ABA”) services to ameliorate their condition. Dkt. 1, ¶¶ 65-70. Plaintiff alleges, among other things, that “DHS is required by federal law to provide medically necessary ABA services to Medicaid-eligible individuals from birth through age 21, under the early and periodic screening, diagnostic, and treatment mandate (“EPSDT”) of the Medicaid Act.” Id. at ¶ 25. Plaintiff alleges that “DHS’s stated policy is that DOE, rather than DHS, will provide ABA services to Medicaid-eligible students with Autism during school hours.” Id. at ¶ 26. Plaintiff further claims that “DHS fails to ensure that medically necessary ABA is provided during the school day and effectively limits EPSDT recipients with Autism to the services provided by DOE in public schools.” Id. at ¶ 27.

The Complaint asserts four counts against Defendants, though only three counts remain in this lawsuit.¹ The remaining counts are: Count I – Violation of

¹ On July 29, 2020, Defendants filed a Motion for Summary Judgment for failure to exhaust. Dkt. 88. On August 31, 2022, the Court entered an Order Granting Defendants’ Motion for Summary Judgment (“Summary Judgment Order”) and a Judgment in a Civil Case (“Judgment”). Dkts. 147-148. Plaintiff appealed the Summary Judgment Order and on November 26, 2024, the Ninth Circuit Court of

Civil Rights under 42 U.S.C. § 1983, American Disabilities Act, 42 USC § 12101, against DOE and DHS; Count II – Violation of Civil Rights under 42 U.S.C. § 1983, Section 504 Rehabilitation Act, 29 USC § 701, against DOE and DHS; and Count III – Violation of Civil Rights under 42 U.S.C. § 1983, Medicaid Act, 42 USC §§ 1396, against DHS. In Count III, Plaintiff specifically alleges that:

101. DHS has violated, and is continuing to violate, the EPSDT mandate of the Medicaid Act by failing to provide and ensure access to medically necessary ABA services during school hours.

102. DHS has improperly delegated its responsibility to provide ABA services to EPSDT recipients during the school day to DOE, despite knowing that DOE does not provide or accommodate ABA services for its students.

103. DHS has violated, and is continuing to violate, the Medicaid Act by failing to coordinate a mechanism for ensuring the delivery of necessary services to students with Autism enrolled in DOE schools.

104. The DHS policy deprives Medicaid recipients with Autism of their EPSDT rights under the color of state law in violation of 42 U.S.C. § 1983.

105. HDRC's constituents are suffering ongoing and irreparable harm by these DHS violations and the harm will continue unless DHS's conduct is declared unlawful and enjoined by this Court. There is no adequate remedy at law.

Dkt. 1, at ¶¶ 101-105. Plaintiff seeks declaratory and injunctive relief. Dkt. 1, at PageID.22-25.

Appeals (“Ninth Circuit”) entered its Opinion, affirming the Court’s decision in dismissing IDEA claim for failure to exhaust. See Dkt. 55-1.

III. STANDARD OF REVIEW

Pursuant to Rule 12(c) of the Federal Rules of Civil Procedure, a party may move for judgment on the pleading after the pleadings are closed. “[A] Rule 12(c) motion is ‘functionally identical’ to a Rule 12(b)(6) motion.” Ryan v. Salisbury, 382 F. Supp. 3d 1031, 1051 (D. Haw. 2019). The Court must “accept all factual allegations in the complaint as true and construe them in the light most favorable to the non-moving party.” Fleming v. Pickard, 581 F.3d 922, 925 (9th Cir. 2009) (citing Turner v. Cook, 362 F.3d 1219, 1225 (9th Cir. 2004)). “A judgment on the pleadings is properly granted when, taking all the allegations in the pleading as true, the moving party is entitled to judgment as a matter of law.” Heliotrope Gen., Inc. v. Ford Motor Co., 189 F.3d 971, 978–79 (9th Cir. 1999).

IV. ARGUMENT

Plaintiff brings a claim under Section 1983 on behalf of its constituent students seeking a declaration that Defendants violate their rights under the Medicaid Act as well as injunctive relief to remedy the alleged violation. In support of that claim, Plaintiff generally alleges that “DHS fails to ensure that medically necessary ABA is provided during the school day and effectively limits EPSDT recipients with Autism to the services provided by DOE in public schools.” Dkt. 1, ¶ 27. However, in light of the United States Supreme Court’s June 2025 opinion in Medina v. Planned Parenthood South Atlantic, 145 S. Ct. 2219 (2025), this claim

must be dismissed because the relevant provisions in the Medicaid Act lack the necessary “rights-creating” language.

In Medina, the Court addressed whether “individual Medicaid beneficiaries may sue state officials for failing to comply with one funding condition spelled out in 42 U.S.C. § 1396a(a)(23)(A).” 145 S. Ct. at 2226. That condition – the any-qualified-provider provision – is one of several conditions that state plans must meet under Medicaid to receive federal funding. Id. at 2226-27. The any-qualified-provider provision states that a state plan for medical assistance must provide that:

any individual eligible for medical assistance (including drugs) may obtain such assistance from any institution, agency, community pharmacy, or person, qualified to perform the service or services required (including an organization which provides such services, or arranges for their availability, on a prepayment basis), who undertakes to provide him such services . . .

42 U.S.C. § 1396a(a)(23)(A).

Medina arose from the State of South Carolina’s exclusion of Planned Parenthood from its Medicaid program on the basis that Planned Parenthood performed abortions in violation of a state law prohibiting the use of its own public funds for abortion. Medina, 145 S. Ct. at 2227. Planned Parenthood and one of its patients brought a putative class action lawsuit against the director of South Carolina’s Department of Health and Human Services (“South Carolina”) pursuant to Section 1983 seeking to vindicate rights secured under Medicaid arguing that South Carolina’s decision violated the any-qualified-provider provision. Id. The

question before the Court was whether a federal spending-power statute, such as Medicaid, creates a right that private parties can enforce under Section 1983. Id. at 2228.

The Court began observing that “[t]hough it is rare enough for any statute to confer an enforceable right, spending-power statutes like Medicaid are especially unlikely to do so.” Id. at 2230. The Court then did a “little unpacking” to explain the reasons for this. Id. After examining the history of the spending-power, the Court discussed prior caselaw holding that spending-power legislation “cannot provide the basis for a § 1983 enforcement suit unless Congress ‘speaks with a clear voice, and manifests an unambiguous intent to confer individual rights.’” Medina, 145 S. Ct. at 2232-33 (quoting Gonzaga Univ. v. Doe, 536 U.S. 273, 280, 122 S. Ct. 2268, 2273 (2002)). The Court further pointed out that just two terms ago, in Health & Hosp. Corp. of Marion Cnty. v. Talevski, 599 U.S. 166 (2023), it had affirmed these points relying on Gonzaga as well. There, the Court “reiterated that the relevant ‘[s]tatutory provisions must *unambiguously* confer individual federal rights’ before a § 1983 claim might proceed.” Medina, 145 S. Ct. at 2233 (quoting Talevski, 599 U.S. at 180) (emphasis in original). That standard, the Court “emphasized, is a ‘demanding bar’ and a ‘significant hurdle’ that will be cleared only in the ‘atypical case.’” Id. (quoting Talevski, 599 U.S. at 180, 183-184).

The Court then found that “the statutes at issue in Talevski supply the only reliable yardstick against which to measure whether spending-power legislation confers a privately enforceable right.” Medina, 145 S. Ct. at 2234. Talevski addressed two provisions of the Federal Nursing Home Reform Act (“FNHRA”). Id. These provisions governed nursing home facilities’ obligation to protect and promote residents’ “right” to be free from unnecessary physical and chemical restraints and residents’ transfer and discharge “rights.” Id. The Court found, however, that the “any-qualified-provider provision before [it] looks nothing like those FNHRA provisions.” Id. Rather, the any-qualified provider provision spoke to “what a State must do to participate in Medicaid, and [that] a State that fails to fulfill its duty might lose federal funding.” Id. at 2235. The Court acknowledged that the provision “seeks to benefit both providers and patients[,]” but missing from § 1396a(a)(23)(A) is anything like FNHRA’s clear and unambiguous ‘rights-creating language.’” Id. (quoting Talevski, 599 U.S. at 186, 143 S. Ct. 1444).

The Court also found it was notable “where Congress placed the any-qualified-provider provision[,]” which appears in a subsection titled “Contents” within § 1396a(a). Medina, 145 S. Ct. at 2236. The Court pointed out that this:

subsection outlines scores of things a state plan must include to qualify for federal funding. *Ibid.* Those requirements do not appear in any discernible order, and the any-qualified-provider provision does not crop up until paragraph 23 of 87. All of § 1396a(a)’s requirements are directed to the Secretary of Health and Human Services, who must “approve any plan” that meets them. § 1396a(b); see *Armstrong*, 575

U.S. at 331–332, 135 S.Ct. 1378 (plurality opinion). None of this may suffice to prove that the any-qualified-provider provision is unenforceable under § 1983. *See* § 1320a–2. But it does show, once more, that the statute before us stands in stark contrast to the ones we faced in *Talevski*, where Congress set its rights-creating provisions apart from others and, in doing so, helped alert grantees that accepting federal funds comes with a duty to answer private suits.

Medina, 145 S. Ct. at 2236. The Court then observed that if “§ 1396a(a)(23)(A) did create an individually enforceable right[, m]any other Medicaid plan requirements would likely do the same. And instead of remaining ‘atypical’ exceptions . . . rights-creating provisions might more nearly become the rule.” *Id.* In the end, the Court concluded that the any-qualified-provider provision in § 1396a(a)(23)(A) does not clearly and unambiguously confer an individual right to sue state officials. *Id.* at 2239.

Medina did not address the specific Medicaid provision at issue in this case. That is, the EPSDT provision in § 1396a(a)(43).² Prior to Medina, however, a Court in this District did address the question of “whether Medicaid recipients have a private cause of action to enforce their rights to EPSDT services under 42 U.S.C. § 1983.” J.E. v. Wong, 125 F. Supp. 3d. 1099, 1105 (D. Haw. 2015). In J.E., the Court

² As of the date of this filing, the Ninth Circuit has not issued an opinion applying Medina to address whether the EPSDT provisions of the Medicaid Act contain the rights-creating language to maintain a claim. It has, however, applied Medina and Gonzaga to hold that statutes relating to funds appropriated for human subjects and the Public Readiness and Emergency Preparedness Act lack the requisite rights-creating language to create rights enforceable under Section 1983. Curtis v. Inslee, 154 F.4th 678, 687–88 (9th Cir. 2025).

acknowledged that “the Ninth Circuit Court of Appeals [had] not addressed the question of whether there is a private right of action with regard to the provision of EPSDT services under Medicaid[.]” Id. at 1105–06. But the Court found that the reasoning in the Ninth Circuit’s decision in Watson v. Weeks, 436 F.3d 1152 (9th Cir. 2006), which found a private right of action under 42 U.S.C. § 1396a(a)(10)(A), applied to its analysis. The court also pointed out that the Ninth Circuit, along with other Circuits, relied on the framework in Blessing v. Freestone, 520 U.S. 329, 117 S. Ct. 1353 (1997) in reaching that conclusion. Id. at 1108. Relying on Watson and Blessing, the J.E. court held that the plaintiffs had a private right cause of action under the Medicaid Act. Id.

The J.E. court’s holding is not persuasive in this case because it relied on cases that were expressly or impliedly overruled by Medina. First, in Medina, the Supreme Court observed that “[s]ome lower court judges . . . still consult . . . Blessing when asking whether a spending-power statute creates an enforceable individual right” and clarified that “[t]hey should not.” Medina, 145 S. Ct. at 2234 (the Court further cautioned that “[t]o the extent lower courts feel obliged, or permitted, to consider the contrary reasoning of . . . Blessing, they should resist the impulse.”). Second, Watson relied largely on the framework in Blessing (albeit as modified by Gonzaga) in reaching its conclusion that plaintiffs had established a right of action under Section 1983 to bring a suit alleging a violation of § 1396a(a)(10). Finally, J.E.

applied the three-part test under Blessing to reach its conclusion and Medina makes clear that courts can no longer rely on Blessing to determine whether a spending-power statute creates an enforceable individual right.³ Medina, 145 S. Ct. at 2234.

While Gonzaga remains good law, the J.E. court did not rely on – or even reference – Gonzaga in its decision. Rather, J.E. relied heavily on Watson, which in turn relied largely on Blessing and, to some degree, on Gonzaga. Yet, even if Watson remains good law, J.E.'s reliance on Watson is not sufficient to escape the holding in Medina. This is because the EPSDT provision at issue here, like the any-qualified-provider provision at issue in Medina, is found within a section that establishes the required “Contents” of a state plan for medical assistance. Medina, 145 S. Ct. at 2236; 42 U.S.C. § 1396a(a). Medina found the placement of the provision significant to its analysis. As the Court pointed out, “[a]ll of § 1396a(a)’s requirements are directed to the Secretary of Health and Human Services, who must ‘approve any plan’ that meets them.” Medina, 145 S. Ct. at 2236. The Court

³ “It is [the U.S. Supreme Court’s] responsibility to say what a [federal] statute means, and once the [U.S. Supreme] Court has spoken, it is the duty of other courts to respect that understanding of the governing rule of law.” James v. City of Boise, Idaho, 577 U.S. 306, 307 (2016). “[The U.S. District Court, District of Hawaii], like any other state or federal court, is bound by the [U.S. Supreme Court’s] interpretation of federal law.” Id. at 307. “If 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 Court of Appeals should follow the case which directly controls, leaving to this Court the prerogative of overruling its own decisions.” Rodriguez de Quijas v. Shearson/Am. Exp., Inc., 490 U.S. 477, 484 (1989).

contrasted this to “Talevski, where Congress set its rights-creating provisions apart from others and, in doing so, helped alert grantees that accepting federal funds comes with a duty to answer private suits.” Id.

And while Medina discussed Gonzaga with approval, Gonzaga supports Defendants’ position. In Gonzaga, the Ninth Circuit held that the Family Educational Rights and Privacy Act’s (“FERPA”) nondisclosure provisions did not confer any enforceable rights under section 1983. Gonzaga held that “it is *rights*, not the broader or vaguer ‘benefits’ or ‘interests,’ that may be enforced under the authority of that section.” 536 U.S. at 283 (emphasis in original). The court addressed the confusion caused by Blessing, which it observed led some courts to believe that plaintiffs could sue under section 1983 “so long as the plaintiff falls within the general zone of interest.” Id. The Court explained that this is “something *less than* what is required for a statute to create rights enforceable directly from the statute itself under an implied private right of action.” Id. (emphasis added). The Court then “reject[ed] the notion that our cases permit anything short of an unambiguous conferred right to support a cause of action brought under § 1983.” Id. at 283.

It appears at this time that no court in the Ninth Circuit has issued an opinion applying Medina in a case involving Medicaid. However, the Southern District of Ohio recently applied Medina to a claim brought under Section 1983 alleging a

violation of the Medicaid and found that the Medicaid did not contain rights-creating language. N.G. by & through V.G. v. Ohio Dep’t of Developmental Disabilities, No. 2:24-CV-2027, 2025 WL 2880203 (S.D. Ohio Oct. 9, 2025). In N.G., the plaintiff alleged that he had a right under Medicaid to a “free choice of provider” and brought suit against the Ohio Department of Developmental Disabilities and other defendants claiming that they violated his rights by seeking to discharge him from the Southwest Ohio Developmental Center. Applying Medina, the court rejected the plaintiff’s argument that he could assert a Section 1983 claim to vindicate his rights under § 1396a(a)(23(A) and dismissed the claim. N.G., No. 2:24-CV-2027, 2025 WL 2880203, at *11. And, although it was in dicta, the Seventh Circuit has expressed doubt as to whether Section 1983 remains available to enforce provisions of the Medicaid Act, including § 1396a(a)(43). See Indiana Prot. & Advoc. Servs. Comm’n v. Indiana Fam. & Soc. Servs. Admin., No. 24-2633, 2025 WL 2301382, at *7 (7th Cir. Aug. 11, 2025) (“The Supreme Court’s recent decision in Medina v. Planned Parenthood may well have undermined the availability of section 1983 to enforce [§§ 1396a(a)(8), (a)(10)(A), and (a)(43)(C)] of the Medicaid Act.”).

Indeed, a majority of the cases that have applied Medina have found that the subject statutes did not unambiguously confer individual rights enforceable under Section 1983. See, e.g., Nansemond Indian Nation v. Virginia, No. 2:25-CV-195, 2025 WL 2320358, at *20 (E.D. Va. Aug. 8, 2025) (applying Medina and holding

that “42 U.S.C. § 1396a(a)(8) does not create enforceable rights under § 1983.”); Timken v. S. Denver Cardiology Assocs., P.C., 155 F.4th 1227, 1234 (10th Cir. 2025) (finding that three statutes – the Emergency Use Authorization statute, the Public Readiness and Emergency Preparedness Act, and a provision of Title 10 governing human subjects research – did not use clear and unambiguous rights-creating language to support a private action under Section 1983); Washington v. Daviess Cnty. Hosp., No. 1:24-CV-01914-MPB-MJD, 2025 WL 2944258, at *3 (S.D. Ind. Oct. 14, 2025) (finding that subsection (b), (d), (f), and the related CFR regulations “lack the features necessary to create enforceable rights.”); Emrich Aerial Spraying LLC v. City of Pawhuska, No. 25-CV-00115-SH, 2025 WL 2987889, at *11 (N.D. Okla. Oct. 23, 2025) (finding plaintiff “failed to state a claim for violation of 42 U.S.C. § 1983 based on the defendants’ alleged violations of 49 U.S.C. § 47107”).⁴

⁴ A Court in the Northern District of California addressed the question of whether prior Ninth Circuit case law holding that foster children have a private right of action to enforce case planning provisions of the Federal Adoption Assistance and Child Welfare Act had been “effectively overruled” or was “clearly irreconcilable” with Medina. Gatlin v. Contra Costa Cnty., No. 21-CV-00370-SI, 2025 WL 2459354 (N.D. Cal. Aug. 26, 2025). While acknowledging that it was “a close call,” the Court found that although there may be “some tension” between the Ninth Circuit’s decision in Henry A. v. Willden, 678 F.3d 991, 999 (9th Cir. 2012) and Medina, it did “not rise to the level that the former is ‘clearly irreconcilable’ with the latter” because although it applied the Blessing test, it had integrated Gonzaga into its analysis. Gatlin, 2025 WL 2459354 at *2. Gatlin appears to be an outlier and, in any case, its application here is limited because it construed different statutory language.

In this case, the EPSDT provision that Plaintiff alleges is being violated is found within the state plan “Contents” section in § 1396a(a). This mirrors Medina, where the plaintiffs sought to vindicate their rights for the defendants’ alleged violation of the any-qualified-provider provision, which is also found within § 1396a(a). This is important because, as pointed out in Medina, “if § 1396a(a)(23)(A) did create an individually enforceable right[, m]any other Medicaid plan requirements would likely do the same. And instead of remaining ‘atypical’ exceptions, as our cases have said they are, rights-creating provisions might more nearly become the rule.” 145 S. Ct. at 2236. There is simply nothing in the language of § 1396a(a)(43) that even suggests that provision is an atypical exception to the rule. The language in that provision merely states that a state plan must provide for informing eligible persons of the availability of EPSDT benefits and the need for age-appropriate immunizations against vaccine-preventable diseases, provide or arrange for requested screening services, arrange for corrective treatment, and report to the Secretary of Health and Human Services as provided therein. 42 U.S.C. § 1396a(a)(43). There is no direct authoritative language in the EPSDT provisions within Section 1396a that indicate Medicaid recipients have a clear, unambiguous *right* to enforce the benefits available under the statute.

And as the Court pointed out in Medina, “Congress knows how to give a grantee clear and unambiguous notice” that a state accepting federal funds may

subject it to private suits. Medina, at 2235. It did not do so here. The EPSDT provision in § 1396a(a)(43) lacks the “rights-creating” language required to confer enforceable rights under Section 1983. Medina, 145 S. Ct. at 2228-2239 (holding that a statutory provision must “*unambiguously* confer individual federal rights” and emphasizing that this standard is a “demanding bar” cleared only in “atypical” cases). Therefore, Plaintiff’s claim brought under Section 1983 alleging a violation of the Medicaid Act must be dismissed with prejudice.

V. CONCLUSION

For the foregoing reasons, Defendant respectfully requests that judgment on the pleadings be entered in its favor on Count III of the Complaint.

DATED: Honolulu, Hawaii, November 14, 2025.

STATE OF HAWAII

ANNE E. LOPEZ
Attorney General of Hawaii

/s/ Elaine T. Chow
SKYLER G. CRUZ
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Civil No. CV 18-00465 LEK-WRP

CERTIFICATE OF COMPLIANCE
WITH LR7.8

CERTIFICATE OF COMPLIANCE WITH LR7.8

This motion is made following the conference of counsel pursuant to LR7.8,
which took place on August 28, 2025.

DATED: Honolulu, Hawaii, November 14, 2025.

STATE OF HAWAII

ANNE E. LOPEZ
Attorney General of Hawaii

/s/ Elaine T. Chow

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Defendants.

Civil No. CV 18-00465 LEK-WRP

CERTIFICATE OF SERVICE

CERTIFICATE OF SERVICE

I hereby certify that, on the date indicated below, a true and correct copy of
the foregoing document was served electronically through CM/ECF on the following
at their last known address:

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DATED: Honolulu, Hawaii, November 14, 2025.

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