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**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF IDAHO**

ROBINSON, *et al.*

Plaintiffs,

v.

RAÚL LABRADOR, in his official
capacity as Attorney General of the
State of Idaho; *et al.*

Defendants.

Case No. 1:24-cv-00306-DCN

**RESPONSE TO PLAINTIFFS'
MOTION FOR SEVENTH
PRELIMINARY INJUNCTION
[DKT. 183]**

Plaintiffs continue to demand risky and unproven cross-sex hormones, at taxpayer expense, in contravention of state law. *See* Idaho Code § 18-8901; Claudia Haupt et al., *Antiandrogen or estradiol treatment or both during hormone therapy in transitioning transgender women*, 11 Cochrane Database of Systematic Reviews, Art. No. CD013138 at 2, 11 (2020) (finding insufficient evidence to determine the efficacy or safety of hormonal treatment approaches for transgender women in transition). The Idaho Legislature had in mind the substantial risks and harmful effects of these cross-sex hormones when it exercised its “broad power to establish and enforce standards of conduct within its borders relative to the health of everyone.” *Barsky v. Bd. of Regents of Univ.*, 347 U.S. 442, 449 (1954); H.B. 668, Sec. 1, 68th Leg., 2nd Reg. Sess., 2024 Idaho Sess. Laws 1.

But even if one were to dispute the risks and harms of using cross-sex hormones to treat gender dysphoria—and indeed dispute the Idaho Legislature’s wisdom in barring public funds for this treatment, as Plaintiffs do—it is beyond dispute that there is significant medical debate and disagreement regarding this treatment. *See Dana v. Campbell*, No. 1:18-CV-00298-DCN, 2025 WL 1827042, at *7 (D. Idaho July 1, 2025). And “it is precisely where such [medical] disagreement exists that legislatures have been afforded the widest latitude.” *Kansas v. Hendricks*, 521 U.S. 346, 360 n.3 (1997); *United States v. Skrametti*, 605 U.S. 495, 525 (2025) (refraining from second guessing legislature’s wisdom where there are “fierce scientific and policy debates about the safety, efficacy, and propriety of medical treatments in an evolving field”).

Courts must afford state legislatures broad deference to regulate medical care in their prisons as well. *Snipes v. DeTella*, 95 F.3d 586, 592 (7th Cir. 1996) (warning against treating the Eighth Amendment as a “medical code that mandates specific medical treatment”). Proper deference means that “a simple difference in medical opinion . . . cannot support a claim of cruel and unusual punishment.” *Keohane v. Fla. Dep’t of Corr. Sec’y.*, 952 F.3d 1257, 1274 (11th Cir. 2020) (cleaned up). To establish an Eighth Amendment violation in this case—by showing deliberate indifference to a serious medical need—Plaintiffs must show that there is “[no] genuine debate . . . within the medical community about the necessity or efficacy of” cross-sex hormone treatment for gender dysphoria. *Gibson v. Collier*, 920 F.3d 212, 220 (5th Cir. 2019). Plaintiffs cannot make this showing. There is genuine debate about this treatment. This Court has acknowledged that debate. *Dana*, 2025 WL 1827042, at *7. And the very existence of the debate means the Court must respect the Idaho Legislature’s reasonable decision not to pay to treat gender dysphoria with risky and unproven cross-sex hormones in prisons.

State Defendants therefore oppose Plaintiffs’ renewed request to enjoin the enforcement of Idaho Code § 18-8901. To avoid repetition, State Defendants incorporate here their arguments opposing the previous injunctions.

DATED: February 17, 2025

STATE OF IDAHO
OFFICE OF THE ATTORNEY GENERAL

By: /s/ Matthew L. Maurer
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CERTIFICATE OF SERVICE

I certify that on February 17, 2026, the foregoing was electronically filed with the Clerk of the Court using the CM/ECF system, which sent a Notice of Electronic Filing to the following persons:

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