

**Summary of District Court’s Decision
in *Adkins v. Idaho*
April 11, 2025**

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Summary: On April 11, 2025, an Idaho state trial court issued a ruling clarifying the meaning of the medical exception to Idaho’s abortion bans.

The court ruled that Idaho’s abortion bans “do not prohibit performing an ‘abortion’ . . . if, in the performing physician’s good faith medical judgment (based on the facts known to the physician at the time of the abortion), the patient—because of an existing medical condition or pregnancy complication that would be alleviated by an abortion—faces a non-negligible risk of dying sooner without an abortion (even if her death is neither imminent nor assured), so long as (i) the risk of her death doesn’t arise from a risk of self-harm, and (ii) the manner of pregnancy termination is the one that, without increasing the risk of her death, best facilitates the unborn child’s survival outside the uterus, if feasible.”

For example, the court explained that “[d]enying or delaying abortion care” for conditions such as “hypertension, cardiac disease, renal insufficiency, diabetes, autoimmune diseases, vascular problems, coagulation disorders, sickle-cell disease, cancer, or susceptibility to stroke” can “shorten [the patient’s] lifespan.” As another example, the court explained that, “[a]ccording to both sides’ experts, if left untreated, previable PPROM can cause a pregnant woman to suffer infection, sepsis, hemorrhage, infertility, and, ultimately, death.” These examples are discussed in more detail below.

Idaho’s Total Abortion Ban: Idaho’s total abortion ban has a medical exception for abortions performed “by a physician” if “[t]he physician determined, in his good faith medical judgment and based on the facts known to the physician at the time, that the abortion was necessary to prevent the death of the pregnant woman.” Idaho Code § 18-622(2)(a). But “[n]o abortion shall be deemed necessary to prevent the death of the pregnant woman because the physician believes that the woman may or will take action to harm herself.” *Id.*

An abortion performed under this exception must be done “in the manner that, in [the physician’s] good faith medical judgment and based on the facts known to the physician at the time, provided the best opportunity for the unborn child to survive, unless, in his good faith medical judgment, termination of the pregnancy in that manner would have posed a greater risk of the death of the pregnant woman.” *Id.*

Broad construction: The court determined that it should read the exception broadly, and it gave three reasons for doing so.

First, the court said that the Idaho Supreme Court’s previous statements about the exception not requiring immediacy or certainty “suggest a broad construction rather than a narrow one.” Findings of Fact & Conclusions of Law ¶ 38.

Second, the court stated that “a narrow construction wouldn’t serve the legislative policy of Idaho’s Abortion Laws, which are rooted in respect for human life,” because a narrow construction “would risk the extant, fully formed human lives of pregnant women.” *Id.* ¶ 39. “The legislature presumably *didn’t* intend to gamble with the lives of pregnant women by conditioning access to abortion care on a *high likelihood* a pregnant woman will die without it or on her arrival at *death’s door* before it can be provided.” *Id.* (emphasis added). “Indeed, even a *modest likelihood* that a pregnant woman will die without abortion care is a *huge risk to take with her life*, which the legislature surely *didn’t intend* to deem less worthy of protection than the fetal life growing in her uterus.” *Id.* (emphasis added). “So, any ambiguity in the ‘prevent the death’ exception’s statutory language should be resolved in favor of a broad construction, which would better promote the statutory policy of respect for human life.” *Id.*

Third, the court pointed to the “rule of lenity,” which is a legal principle that ambiguous criminal statutes should be read in a way “that favors the accused rather than the government.” *Id.* ¶ 40. The court explained: “A broad construction of the exception favors an accused physician.” *Id.*

“Necessary to prevent the death”: The court recognized two issues in the exception that it needed to resolve. First, “necessary to prevent the death” does not specify “how certain a physician must be that a pregnant woman will die without an abortion.” *Id.* ¶ 28. Second, this language does not specify “how imminent her death must be.” *Id.*

In resolving this uncertainty, the court explained that the exception does *not* “impos[e] certainty or imminence requirements.” *Id.* The patient’s death does not need to be “imminent nor assured.” *Id.* ¶ 42; *id.* ¶ 41 n.5.

The court ruled that an abortion is “necessary to prevent the death” of a pregnant person if the person “faces a non-negligible *risk* of dying *sooner* without an abortion (even if her death is neither imminent nor assured)” because of “an existing medical condition or pregnancy complication that would be alleviated by an abortion.” *Id.* ¶ 42 (emphasis added).

For example, the court discussed “[p]reexisting health conditions that can worsen during pregnancy and pose significant health risks to pregnant women,” including “hypertension, cardiac disease, renal insufficiency, diabetes, autoimmune diseases, vascular problems, coagulation disorders, sickle-cell disease, cancer, or susceptibility to stroke.” *Id.* ¶ 8 The court found that “[d]enying or delaying abortion care in these instances not only imperils the patient’s health but also *can shorten her lifespan*.” *Id.* (emphasis added).

As another example, the court explained that, “[a]ccording to both sides’ experts, if left untreated, previable PPRM can cause a pregnant woman to suffer infection, sepsis,

hemorrhage, infertility, and, ultimately, *death*.” *Id.* ¶ 11 (emphasis added). The court also discussed previable PPRM in a paragraph about how “[p]hysician confusion about Idaho’s Abortion Laws sometimes delays *needed* and wanted abortion care, with potentially tragic implications.” *Id.* ¶ 23 (emphasis added) (citation omitted). The court explained: “A physician may not know when abortion care becomes absolutely necessary to prevent that patient’s death, and the patient can progress quickly from merely facing a health risk to facing a significant risk of dying, but by then it may be too late because the disease has progressed basically past the point of no return.” *Id.* (quotation marks and ellipsis omitted).

The court did not explain precisely what constitutes a “non-negligible risk.” However, in the two examples above, the court found that a shortened lifespan (i.e., dying sooner) and death are known risks of denying or delaying an abortion for preexisting health conditions or pregnancy complications such as PPRM—suggesting that in those cases, the risk of dying sooner is not negligible. As another example about the level of risk, the court explained that “[p]reviable PPRM, if not treated with abortion care, *risks* a patient’s future fertility because it *could* lead to an intrauterine infection that progresses to sepsis and necessitates a hysterectomy.” *Id.* ¶ 20 (emphasis added).

Additionally, the court emphasized that the determination of whether a risk of dying sooner exists is “committ[ed] . . . to the good faith medical judgment of the performing physician.” *Id.* ¶ 32. More on this standard is below.

Lethal fetal diagnoses: Under the court’s interpretation of the medical exception, if a physician determines in their good-faith medical judgment that a lethal fetal diagnosis creates a non-negligible risk of the pregnant patient dying sooner without an abortion, an abortion may be provided.

The court also pointed to the Idaho Supreme Court’s statement that terminations of “non-viable pregnancies (i.e., where the unborn child is no longer developing) are plainly not within the definition of ‘abortion.’” *Id.* ¶ 42 n.6 (quoting *Planned Parenthood Great Nw. v. Idaho*, 171 Idaho 374, 445, 522 P.3d 1132, 1203 (2023)). At various times in the decision, the court referred to a pregnancy with a lethal fetal diagnosis as a nonviable pregnancy. For example, the court stated: “A lethal fetal diagnosis means not only that *the pregnancy isn’t viable* but also that the pregnant woman’s health is imperiled by continuing it.” *Id.* ¶ 18 (emphasis added).

Good-faith medical judgment: The court did not elaborate on the meaning of good-faith medical judgment other than to emphasize that the determination of whether a risk of earlier death exists is committed to the performing physician’s subjective, good-faith medical judgment based on the facts known to the physician at the time. However, the Idaho Supreme Court has said that this standard “leaves wide room for the physician’s good faith medical judgment” rather than impose a standard of “objective certainty.” It explained that the language “good faith medical judgment” is intended to make room for the “clinical judgment that physicians are routinely called upon to make for proper treatment of their patients”—“room that operates for the benefit, not the disadvantage, of the pregnant woman.” Additionally, the standard is “based on the facts

known to the physician at the time of the abortion,” rather than on facts that the physician should or could have known.

Limitations to the exception: The district court recognized two limitations on the medical exception. First, as directed by the statute itself, the risk of death cannot “arise from a risk of self-harm.” Second, the abortion must be performed in a manner that “best facilitates the [fetus’s] survival outside the uterus, if feasible,” without “increasing the risk of [the pregnant patient’s] death.” It is the “performing physician” who makes these judgments in her “good faith medical judgment.”

Appeal: No party has yet appealed the ruling. The parties have until May 23, 2025, to do so.