Nos. 25-1698, 25-1755

IN THE UNITED STATES COURT OF APPEALS
FOR THE FIRST CIRCUIT

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.; PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS; PLANNED PARENTHOOD ASSOCIATION OF UTAH,

Plaintiffs-Appellees,

v.

ROBERT F. KENNEDY, JR., in the official capacity as Secretary of the U.S. Department of Health and Human Services; UNITED STATES DEPARTMENT OF HEALTH & HUMAN SERVICES; MEHMET OZ, in the official capacity as Administrator of the Centers for Medicare & Medicaid Services; CENTERS FOR MEDICARE & MEDICAID SERVICES

Defendants-Appellants.

On Appeal from the United States District Court for the District of Massachusetts, No. 1:25-cv-11913 (Hon. Indira Talwani)

BRIEF OF *AMICI CURIAE* AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, AMERICAN ACADEMY OF FAMILY PHYSICIANS, AMERICAN ACADEMY OF NURSING, AMERICAN COLLEGE OF NURSE-MIDWIVES, AMERICAN MEDICAL WOMEN'S ASSOCIATION, NORTH AMERICAN SOCIETY FOR PEDIATRIC AND ADOLESCENT GYNECOLOGY, SOCIETY FOR ADOLESCENT HEALTH AND MEDICINE, SOCIETY OF FAMILY PLANNING, AND SOCIETY OF OB/GYN HOSPITALISTS IN SUPPORT OF APPELLEES

Molly A. Meegan
Francisco M. Negrón, Jr.
Meaghan Hannan Davant
American College of Obstetricians and Gynecologists
409 12th Street, S.W.
Washington, D.C. 20024
(202) 638-5577

Nicole A. Saharsky
Leif Overvold
Zachary Krislov
MAYER BROWN LLP
1999 K Street, N.W.
Washington, D.C. 20006
(202) 263-3000
nsaharsky@mayerbrown.com

RULE 26.1 CORPORATE DISCLOSURE STATEMENT

Pursuant to Rule 26.1 of the Federal Rules of Appellate Procedure, *amici curiae* state that they have no parent corporation and that no publicly traded corporation owns 10% or more of their stock. *Amici* are not aware of any publicly held corporation that has a direct financial interest in the outcome of this appeal.

TABLE OF CONTENTS

TABLE OF AUTHORITIES

Page(s)

Statutes

Rule and Regulation

Page(s)

Other Authorities

TABLE OF AUTHORITIES
(continued)

TABLE OF AUTHORITIES
(continued)

TABLE OF AUTHORITIES
(continued)

TABLE OF AUTHORITIES
(continued)

TABLE OF AUTHORITIES
(continued)

TABLE OF AUTHORITIES
(continued)

TABLE OF AUTHORITIES
(continued)

TABLE OF AUTHORITIES
(continued)

INTEREST OF THE *AMICI CURIAE*

Amici the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Family Physicians, the American Academy of Nursing, the American College of Nurse-Midwives, the American Medical Women's Association, the North American Society for Pediatric and Adolescent Gynecology, the Society for Adolescent Health and Medicine, the Society of Family Planning, and the Society of OB/GYN Hospitalists are leading professional medical organizations that serve patients throughout the country.[1] They work to ensure access to evidence-based health care, advance medical education, further the ethical practice of medicine, and promote health care policy that improves patient health.

On July 4, 2025, Congress enacted the One Big Beautiful Bill Act, Pub. L. No. 119-21, 139 Stat. 72. Section 71113 of the Act (the Defund Provision) prevents "prohibited entit[ies]" from receiving Medicaid reimbursements, based on criteria that target the Planned Parenthood Federation of America and all or nearly all of its members. *See id.* § 71113; Dist. Ct. Op. 32. The

[1] No counsel for a party authored this brief in whole or in part, and no person other than *amici curiae*, their members, or their counsel contributed money that was intended to fund the preparation or submission of this brief. *See* Fed. R. App. P. 29(a)(4)(E). All parties have consented to the filing of this brief.

district court concluded that the Defund Provision is likely unconstitutional, holding that it violates the Bill of Attainder Clause, the equal protection guarantee of the Fifth Amendment, and, for certain Planned Parenthood affiliates, their associational rights under the First Amendment. The question before this Court is whether the district court's preliminary injunction of the Defund Provision should be affirmed. In *amici*'s view, the answer is yes.

Amici submit this brief to explain the importance of Medicaid in the United States and the potential consequences on the public health system if qualified and willing providers are excluded through provisions like the Defund Provision. *Amici* are uniquely positioned to provide the Court with the insight and perspective of thousands of medical providers and experts.

INTRODUCTION AND SUMMARY OF THE ARGUMENT

As the national health insurance program for persons of limited financial means, Medicaid is a vital component of the nation's healthcare system. Over 70 million Americans currently rely on Medicaid for health care. Protecting Medicaid is an investment in the health, lives, and futures of individuals nationwide. This starts with ensuring that Medicaid continues to offer access to a wide range of qualified health care providers.

For many Medicaid patients, a Planned Parenthood affiliate is a critical healthcare provider.

The Defund Provision undercuts Planned Parenthood affiliates' ability to serve Medicaid and other patients, not based on any concern with their competence to provide healthcare, but as punishment for Planned Parenthood's political advocacy. *Amici* strongly oppose political interference in patients' ability to obtain care from qualified providers. If it remains in effect, the Defund Provision will harm the lives of Medicaid patients and the public health writ large.

First, Medicaid providers, including Planned Parenthood affiliates, ensure access for millions of Americans to a wide range of health care services. This is particularly true for women, low-income individuals, people of color, and people living in rural areas, who depend on Medicaid to receive care and already face difficulties accessing it. Permitting the government to exclude Planned Parenthood affiliates from the Medicaid program based on a political agenda, notwithstanding their ability to serve as qualified Medicaid providers, sets a dangerous precedent in allowing politics to override science and public health. The impact will be devastating – undermining patient choice, interfering with the clinician-patient relationship, and creating further barriers to medical care.

Second, if the government could arbitrarily remove qualified providers from Medicaid plans, this would be detrimental to public health across the country. Data show that other health care providers cannot compensate for the loss of qualified providers like the Planned Parenthood affiliates targeted by the Defund Provision. The exclusion of providers would further overwhelm a system that is already limited in capacity. Reducing access to services will inevitably lead to poorer health outcomes.

Third, terminating Planned Parenthood affiliates as Medicaid providers would have a harmful impact on Medicaid beneficiaries around the country. Removing Planned Parenthood affiliates from the Medicaid program would reduce the number of providers available and create additional barriers to accessing health care, especially for already vulnerable populations in areas where Planned Parenthood is the only source of care. As recent history shows, removing Planned Parenthood from the Medicaid program will increase the negative health outcomes and consequences for Planned Parenthood's patients and the public at large.

Medicaid services should be protected and expanded to provide greater access to the full range of services to support patient health care needs, not restricted by government interference based on ideological objections unrelated to quality of care. The Court should reject the government's

attempt to interfere with the provision of health care without any medical or scientific justification. For all these reasons, this Court should affirm the district court's preliminary injunction.

ARGUMENT

I. Eliminating Medicaid Providers Limits Access to Health Care

Medicaid was designed to expand access to medical care and has had a profoundly positive impact on access to health care and improved health outcomes. Medicaid providers fulfill a critical need in ensuring access to quality health care for millions of individuals with limited financial means and those living in medically underserved communities. If the government could arbitrarily remove providers from the Medicaid program based on concerns unrelated to their ability to serve as qualified medical providers, that would undermine and potentially even extinguish patient choice, reducing access to many health care services.

A. Medicaid Is Critical in Providing Access to Essential Health Care

Medicaid is integral to the American health care safety net. Medicaid provides access to health care for over 20% of the United States population.[2] This year, Medicaid provided health insurance to 70.5 million individuals

[2] Alice Burns et al., Kaiser Fam. Found., *10 Things to Know About Medicaid*, at fig.1 (Feb. 18, 2025), https://perma.cc/WKK5-K2NR.

nationwide.[3] Notably, Medicaid provides coverage for a significant portion of women across the country and is the largest single payer of maternity care in the United States.[4] In 2023, nearly one in five women aged 19 to 64 relied on Medicaid for insurance.[5]

Medicaid providers offer patients a wide range of medical services. Medicaid covers a comprehensive list of essential services to beneficiaries, including a variety of services that States are required to provide under federal law.[6] These include inpatient and outpatient hospital services, laboratory and X-ray services, nursing facility services, physician services, certified pediatric and family nurse practitioner services, rural health clinic services, and more.[7] There are also optional Medicaid benefits, such as dental

---

[3] *June 2025 Medicaid & CHIP Enrollment Data Highlights*, Medicaid.gov (June 2025), https://perma.cc/7RAT-S3LG.

[4] Ivette Gomez et al., Kaiser Fam. Found., *Medicaid Coverage for Women*, (Feb. 17, 2022), https://perma.cc/3NDZ-H9N5. Medicaid covered over 40% of all U.S. births in 2023. *Id.* This figure is even higher for underserved populations; for Black mothers, Medicaid covered approximately 64% of all labor and delivery services in 2022. *See* Michelle Osterman et al., *Births: Final Data for 2022*, 73:2 Nat'l Vital Stat. Reps. 1, 7 (Apr. 4, 2024), https://perma.cc/HGB4-7S4E.

[5] Kaiser Fam. Found., *Women's Health Insurance Coverage* (Dec. 2024), https://perma.cc/4XMT-AASJ.

[6] *Mandatory & Optional Medicaid Benefits*, Medicaid.gov, https://perma.cc/XFB9-PL4A, (last visited Oct. 13, 2025).

[7] *Id.*

services, physical therapy, occupational therapy, prescription drugs, and hospice, that States may provide.[8]

Medicaid plays an indispensable role in maternal care, providing both prenatal and postpartum coverage. Medicaid is the largest payer of pregnancy services, financing between 40% and 50% of all births in the United States, and it is the largest source of public funding for family planning services, accounting for 75% of all public family planning expenditures.[9] Notably, these statistics do not capture the months of coverage for essential prenatal care Medicaid provides that enables many patients to have healthy pregnancies and infants, nor do they reflect the coverage provided after delivery. For example, Medicaid ensures that people of reproductive age have access to screening and treatment for diseases that may affect pregnancy, such as diabetes, heart disease, and obesity.[10] In States that expanded Medicaid under the Affordable Care Act, mothers are more likely to utilize prenatal and postpartum services, which results in their infants having

---

[8] *Id.*

[9] Usha Ranji et al., Kaiser Fam. Found., *Medicaid Coverage of Family Planning Benefits: Findings from a 2021 State Survey* (Feb. 2022), https://perma.cc/8FAM-FDFV; ACOG, *Medicaid*, https://perma.cc/4JAL-TSLY (last visited Oct. 13, 2025).

[10] Wayne Turner et al., *What Makes Medicaid, Medicaid? - Services*, Nat'l Health L. Program, at 4-5 (2023), https://perma.cc/Z47G-CAZE.

reduced rates of low birthweight and a decreased likelihood of infant mortality.[11] Moreover, to ensure that there is not a care gap for newborn children, Medicaid provides immediate coverage to infants born to Medicaid enrollees.[12]

Medicaid also limits cost burdens on beneficiaries, thereby increasing access to these services. Medicaid enrollees' out-of-pocket health care spending is ten times lower than that of patients with private insurance.[13] Studies show that Medicaid expansion resulted in lower out-of-pocket costs and improved access to primary and preventative care.[14] States that expanded Medicaid also showed better continuity of care and management of chronic disease, an overall decrease in unmet health care needs among low-income adults, and a significant reduction in overall emergency department

---

[11] Madeline Guth & Karen Diep, Kaiser Fam. Found., *What Does the Recent Literature Say About Medicaid Expansion?: Impacts on Sexual and Reproductive Health* (June 29, 2023), https://perma.cc/4RSJ-QAD6.

[12] 42 U.S.C. § 1396a(e)(4); 42 C.F.R. § 435.117.

[13] Heidi Allen et al., *Comparison of Utilization, Costs and Quality of Medicaid vs Subsidized Private Health Insurance for Low-Income Adults*, 4:1 JAMA Network Open, at 1, 2 (Jan. 5, 2021), https://perma.cc/452R-EKS7.

[14] Benjamin Sommers et al., *Changes in Utilization and Health among Low-Income Adults after Medicaid Expansion or Expanded Private Insurance*, 176:10 JAMA Internal Med. 1501, 1507-08 (Oct. 2016).

use.[15] Individuals in Medicaid expansion States are also less likely to skip medications or delay care due to cost.[16]

For women in particular, Medicaid advances economic security, decreasing debt and bankruptcy due to medical expenditures.[17] In addition, women with Medicaid coverage use primary care and preventive services at rates that approach those of privatelyinsured women and are less likely to forgo care due to cost than their uninsured counterparts.[18]

B. Medicaid Provides Access to Medical Services for Patients Who Otherwise Face Significant Barriers to Care

Medicaid has played an important role in improving health outcomes by providing access to much-needed care to medically underserved communities, including low-income individuals, communities of color, and rural residents.

---

[15] Amber Sabbatini & Jerome Dugan, *Medicaid Expansion and Avoidable Emergency Department Use – Implications for US National and State Government Spending*, 5:6 JAMA Network Open, at 1 (2022), https://perma.cc/3663-7TB7.

[16] Sommers et al., *Changes in Utilization and Health among Low-Income Adults after Medicaid Expansion or Expanded Private Insurance*, *supra* note 14, at 1503.

[17] ACOG, *Protecting and Expanding Medicaid to Improve Women's Health*, Committee Opinion 826, e163, e164 (June 2021), https://perma.cc/8PET-JFJL.

[18] Ivette Gomez et al., *Medicaid Coverage for Women*, *supra* note 4.

First, Medicaid provides access to vital services for people with limited financial means. Coverage extends to 48% of all adults under 65 years of age that have an income below 100% of the federal poverty level, and 80% of children with income below this level.[19] Medicaid generally prohibits premiums on low-income households below 150% of the federal poverty level, as even small premiums can negatively impact enrollment.[20] Without Medicaid, low-income individuals can face destructive financial consequences or forgo care with potentially serious health outcomes. For example, Medicaid's lowered out-of-pocket costs protect vulnerable individuals from incurring debilitating medical debt from a single catastrophic event or complication.[21] This ensures that accessing health care does not lead to medical bankruptcy.

Second, Medicaid also provides an important source of health care coverage for people of color, who make up 60% of Medicaid beneficiaries under

---

[19] Cong. Rsch. Serv., *Medicaid: An Overview*, at 2 (April 30, 2025), https://perma.cc/CJC5-Q2EV.

[20] Madeline Guth et al., Kaiser Fam. Found., *Understanding the Impact of Medicaid Premiums & Cost-Sharing: Updated Evidence from the Literature and Section 1115 Waivers* (Sept. 9, 2021), https://perma.cc/9QWU-AYMF; Betsy Q. Cliff et al., Nat'l Bureau Econ. Rsch., *Adverse Selection in Medicaid: Evidence from Discontinuous Program Rules*, at 5 (May 2021), https://perma.cc/X55L-AZEL.

[21] *See* Luojia Hu et al., *The Effect of the Affordable Care Act Medicaid Expansions on Financial Wellbeing*, 163 J. Pub. Econ. 99, 100, 117-18 (2018).

the age of 65.[22] Communities of color represent the majority of beneficiaries of Medicaid in 25 States and significant portions of those covered in most of the remaining States.[23] Black and Latinx Americans are more likely to experience poverty and are less likely to have access to quality care. Communities of color also face higher rates of chronic conditions, which require comprehensive and reliable health care coverage.[24] The expansion of Medicaid under the Affordable Care Act demonstrates the important role Medicaid plays in promoting positive health outcomes across populations.

Third, Medicaid plays an important role in addressing the unique challenges faced by patients living in rural areas. Rural residents face significant challenges to accessing care because they are more likely to be low-income, often face barriers to accessing care, such as provider shortages and long travel distances to providers, and tend to have worse health outcomes. It is therefore unsurprising that Medicaid coverage rates are higher in rural

---

[22] Kaiser Fam. Found., *Distribution of the Nonelderly with Medicaid by Race/Ethnicity* (2023), https://perma.cc/HH7S-HBGV.

[23] Jamila Michener, *Politics, Pandemic and Racial Justice Through the Lens of Medicaid*, 11:4 Am. J. Pub. Health 643, 643 (Apr. 2021).

[24] *See* James Price et al., *Racial/Ethnic Disparities in Chronic Diseases of Youths and Access to Health Care in the United States*, 2013 BioMed Rsch. Int'l at 1 (Sept. 2013).

areas compared to other areas.[25] Access to Medicaid providers is thus crucial for the nearly 14 million people living in rural parts of the country.[26] Further, individuals in rural communities tend to have worse health outcomes and face significant barriers to accessing health care because of limited providers.[27] For example, nationally, more than half of all primary care, mental health, and dental health professional shortage areas are located in rural areas.[28] Medicaid helps address barriers faced by rural residents through non-emergency medical transportation and telehealth. Medicaid law requires States to ensure all enrollees have access to transportation to and from medical appointments to access services.[29] These are important for rural residents, as access to in-person care can be limited.

---

[25] *See* Aubrianna Osorio et al., *Medicaid's Coverage Role in Small Towns and Rural Areas*, Georgetown Univ. McCourt Sch. of Pub. Pol'y (Aug. 17, 2023), https://perma.cc/3YM3-4A47.

[26] Michelle Yiu & Mara Youdelman, *Medicaid Fast Facts*, Nat'l Health L. Program, at 2 (Sept. 2024), https://perma.cc/VL7N-QL25.

[27] Julia Foutz et al., Kaiser Fam. Found., *The Role of Medicaid in Rural Areas* (April 25, 2017), https://perma.cc/FHW6-FTJS.

[28] Health Res. & Servs. Admin., U.S. Dep't of Health & Human Servs., *Designated Health Professional Shortage Areas: Fourth Quarter of Fiscal Year 2025, Designated HPSA Quarterly Summary*, at 3, https://perma.cc/J9JD-A4N6 (last visited Oct. 16, 2025).

[29] Medicaid & CHIP Payment & Access Comm'n ("MACPAC"), *Medicaid and Rural Health*, at 6 (Apr. 2021), https://perma.cc/N8X3-N8R8.

Populations that are covered under Medicaid include several medically underserved communities with a wide range of health needs. A robust network of providers sufficient in number, diversity, and geographic distribution is therefore essential to provide comprehensive care that meets Medicaid enrollees' complex needs.[30]

II. Excluding Qualified Providers from Medicaid Harms Public Health

Medicaid beneficiaries rely on a limited network of providers in their State for essential services and care. Many States have too few Medicaid providers and are overwhelmed by the number of Medicaid patients who need care. Excluding more providers from these States' Medicaid programs would further overwhelm a system already stretched thin. The resulting lack of available quality providers will decrease access to care. As countless studies show, reducing access to health care leads to significant declines in health outcomes. Medicaid patients will suffer a myriad of adverse consequences if qualified and willing providers are excluded from the program.

A. Other Health Care Providers Cannot Compensate for the Loss of a Given Provider

The United States already has a shortage of Medicaid providers, leading many Medicaid beneficiaries to struggle to find quality care. In a 2023

[30] *See* 42 C.F.R. § 438.207(a), (b)(2).

survey, every State but Nebraska reported shortages for more than one type of provider.[31] Forty-eight States reported shortages among five or more provider types.[32] Having a sufficient number of providers from which patients can choose is a key challenge for States as they ensure access to care for Medicaid beneficiaries.[33] The majority of States that report challenges to ensuring enough quality care for Medicaid beneficiaries cite a general shortage of providers as a contributing factor.[34] Eliminating even one qualified provider from this already limited pool has a serious impact on remaining providers and further exacerbates existing barriers to beneficiaries' access to quality care.

Health care provided to Medicaid patients is often highly concentrated, with a small group of providers responsible for the bulk of care. One study showed that, among Medicaid managed care plans in several States,

---

[31] Alice Burns et al., Kaiser Fam. Found., *Payment Rates for Medicaid Home- and Community-Based Services: States' Responses to Workforce Challenges* (Oct. 24, 2023), https://perma.cc/Z536-QRUS.

[32] *Id.*

[33] Kayla Holgash & Martha Heberlein, *Health Affairs, Physician Acceptance of New Medicaid Patients: What Matters and What Doesn't* (April 10, 2019), https://perma.cc/FK5G-56X9.

[34] See U.S. Gov't Accountability Office, *GAO-13-55, Medicaid: States Made Multiple Program Changes, and Beneficiaries Generally Reported Access Comparable to Private Insurance*, at 18 (Nov. 2012), https://perma.cc/7UJ5-8BVF.

25% of primary care physicians provided 86% of the care.[35] Adults and children whose primary coverage is Medicaid are more likely to report having difficulty reaching their usual medical provider after hours for urgent medical needs compared to those with private insurance.[36] Excluding otherwise-qualified providers from Medicaid exacerbates care deserts and leaves Medicaid patients vulnerable.

Further, not all providers accept Medicaid. Medicaid provider participation varies across States, and studies consistently show providers are less likely to accept patients with Medicaid than those with private insurance or Medicare.[37] For instance, one study found that, as of 2017, physicians were significantly less likely to accept new patients insured by Medicaid (74.3%) than those with Medicare (87.8%) or private insurance (96.1%).[38] National surveys report similar findings, with only 68% of family

---

[35] Avital Ludomirsky, et al., *In Medicaid Managed Care Networks, Care Is Highly Concentrated Among a Small Percentage of Physicians*, 41:5 Health Affs. 760, 760 (May 2022).

[36] MACPAC, *MACStats: Medicaid and CHIP Data Book*, at 110, 121, 137 (Dec. 2024), https://perma.cc/X2CM-HBPR.

[37] *See* George Washington Univ. Fitzhugh Mullan Inst. for Health Workforce Equity, *U.S. Medicaid Primary Care Workforce Tracker: Why This Matters*, https://perma.cc/3UDF-CR33.

[38] MACPAC, *Physician Acceptance of New Medicaid Patients: Findings from the National Electronic Health Records Survey*, at 2 (June 2021), https://perma.cc/ZS3F-QY7X.

physicians and 36% of psychiatrists reporting they accept new Medicaid patients.[39] Another study estimates that up to one-third of all physicians are unable to accept new Medicaid patients.[40]

Because only a limited number of providers participate in Medicaid, beneficiaries are more likely to experience difficulty in finding a new Medicaid provider.[41] For instance, Medicaid beneficiaries often struggle to find physicians willing to see them and experience longer wait times for appointments.[42] Thus, Medicaid beneficiaries are already limited in their choice of provider from the start. The exclusion of qualified providers would further narrow the options available, and would likely overwhelm remaining Medicaid providers.

Medicaid also makes up a large and growing share of revenue for the providers that accept Medicaid, which enables them to continue to serve

---

[39] Candice Chen et al., Health Affs., *Tracking the Elusive Medicaid Workforce to Improve Access* (Aug. 2, 2023), https://perma.cc/R4B9-GWRH.

[40] Steven Spivack, Health Affs., *Avoiding Medicaid: Characteristics of Primary Care Practices with No Medicaid Revenue* (Jan. 2021), https://perma.cc/AE45-4P4W.

[41] See George Washington Univ. Fitzhugh Mullan Inst., *Why This Matters*, *supra* note 37.

[42] Mandar Bodas et al., *Association of Primary Care Physicians' Individual- and Community-Level Characteristics with Contraceptive Service Provision to Medicaid Beneficiaries*, 4:3 JAMA Health F. 1, 2 (Mar. 2023).

disproportionate numbers of low-income people.[43] Removing these providers' ability to access Medicaid revenue will cause some to close, further restricting patients' access to care. To illustrate, since 2014, States that expanded Medicaid saw a substantial decline in the number of uninsured hospital admissions and, as a result, reduced uncompensated care costs by $5 billion.[44] Moreover, rural and safety net hospitals that disproportionately serve uninsured patients rely on payments for care provided to patients with Medicaid to keep their doors open.[45] Providers that rely on Medicaid for revenue face significant financial harm and can be forced to close if excluded from the program, undermining the provision of comprehensive health care.

B. Reducing Access to Services Leads to Poor Health Outcomes

Reducing access to health care services directly contributes to poorer health outcomes for beneficiaries, with individuals less likely to receive preventative care, manage chronic conditions effectively, and seek timely

---

[43] Rachel Nuzum et al., *Why the U.S. Needs Medicaid*, The Commonwealth Fund Blog (Sept. 23, 2016), https://perma.cc/C882-E2L6.

[44] *Id.*

[45] *See* Dan Jones et al., Am. Heart Assoc., *Health and Hope for Everyone, Everywhere, Starts with Access to Health Care: The Role of Medicaid Expansion* (July 1, 2024), at e2, https://perma.cc/RZ6G-LYCP.

treatment when needed.[46] Numerous studies have shown that interruptions in Medicaid beneficiaries' access to health services contribute to damaging health consequences.[47] Even temporary interruptions in coverage can prevent beneficiaries from accessing preventive care, prescription drugs, and other needed care and treatment. For example, one study found that people with serious health conditions who experienced a gap in coverage had more than double the number of emergency-room visits and hospitalizations related to these conditions in the month after they re-enrolled in

---

[46] See U.S. Dep't of Health & Human Servs., Healthy People 2030, Access to Health Services, https://perma.cc/F3YE-5AB3 (last visited Oct. 14, 2025).

[47] *See* Alicia Emanuel & Jules Lutaba, Nat'l Health L. Program, *Protect Medicaid Funding Issue #3: Enrollment and Continuity* (Sept. 2024) at 2-3, https://perma.cc/U82N-UXW7; *see also* Andrew Bindman et al., *Interruptions in Medicaid Coverage and Risk for Hospitalization for Ambulatory Care-sensitive Conditions*, 149:12 Annals of Internal Med. 854, 858 (Dec. 2008) (interruption in Medicaid coverage associated with higher hospitalization rates); Walter Hsiang et al., *Medicaid Patients Have Greater Difficulty Scheduling Health Care Appointments Compared With Private Insurance Patients: A Meta-Analysis*, 56 Inquiry: J. Health Care Org., Provision & Fin. 1, 1 (2019) (Medicaid insurance associated with a 1.6 fold lower likelihood in successfully scheduling a primary care appointment and a 3.3-fold lower likelihood in successfully scheduling a specialty appointment when compared with private insurance); Amanda Stevenson, et al., *Effect of Removal of Planned Parenthood from the Texas Women's Health Program*, 374:9 New Eng. J. Med. 853, 853 (Mar. 2016) (exclusion of Planned Parenthood from the Texas Medicaid family-planning program resulted in estimated reductions in the number of claims from 1042 to 672 for long-acting, reversible contraceptives and from 6832 to 4708 for injectable contraceptives); Betsy Cliff et al., *Enrollee Premiums in Medicaid – Insights from Michigan*, 386:25 New Eng. J. Med. 2352, 2353 (June 2022).

Medicaid.[48] Similarly, interruptions in care due to provider shortages will inevitably harm Medicaid patients.

Medicaid provider shortages and health care access barriers can have especially dire impacts on patients with chronic diseases and disabilities. For example, Alabama's refusal to expand Medicaid, resulting in the closure of 14 hospitals since 2010, has contributed to a rising mortality rate for Alabama women who develop cervical cancer and lack access to providers and essential services such as screenings and treatments.[49] The harms stemming from gaps in Medicaid access are especially visible in the recent cessation of automatic re-enrollment in the program, resulting in nearly two-thirds of disenrolled patients experiencing significant disruptions in care, including access to managed care, specialty, hospital, and other care.[50]

Reducing access to health care options would be especially harmful to patient health in rural areas nationwide. Research has shown that rural

---

[48] MACPAC, *Effects of Churn on Potentially Preventable Hospital Use*, at 1 (July 2022), https://perma.cc/MPC6-NLCT.

[49] *See* Equal Justice Initiative, *Women Are Dying as Alabama Refuses to Expand Medicaid* (Apr. 6, 2020), https://perma.cc/6UGU-95N2; Eyal Press, *A Preventable Cancer Is on the Rise in Alabama*, The New Yorker (Mar. 30, 2020), https://perma.cc/8FHD-BNXS.

[50] Peter Shin et al., Geiger Gibson Program in Cmty. Health, Milken Inst. Sch. of Pub. Health, *One Year After Medicaid Unwinding Began, Community Health Centers, Their Patients, and Their Communities are Feeling the Impact* (Apr. 2024), https://perma.cc/9YL4-NEXY.

Americans tend to have poorer health than their urban counterparts, due in part to a scarcity of services and lack of trained physicians.[51] These health problems are compounded by a shortage of providers and recent hospital closures, with more than half of all primary care, mental health, and dental health professional shortage areas nationally being located in rural areas.[52] When rural hospitals close, a study has found that low-income and elderly patients are the most likely to delay or forgo care.[53]

Threats to Medicaid are threats to the health and lives of people. Stripping away access to qualified Medicaid providers creates barriers and delays care, thus worsening patient outcomes and increasing health care costs. The resulting harm will reverberate through underserved communities and will also adversely affect hospitals, health systems, and physical practices already struggling to provide care.

---

[51] Nathan Douthit et al., *Exposing Some Important Barriers to Health Care Access in the Rural USA*, 129:6 Pub. Health 611 (June 2015); MACPAC, *Medicaid and Rural Health*, *supra* note 29.

[52] MACPAC, *Medicaid and Rural Health*, *supra* note 29.

[53] Jane Wishner et al., *A Look at Rural Hospital Closures and Implications for Access to Care: Three Case Studies*, Kaiser Fam. Found. (July 7, 2016), https://perma.cc/G3HL-BWL5.

III. Removing Planned Parenthood Affiliates from the Medicaid Program Will Reduce Access to Care and Harm Patient Health

Planned Parenthood affiliates provide essential care to 2.1 million patients each year.[54] More than 70% of Planned Parenthood patients are at or below 150% of the federal poverty level, making many eligible for Medicaid.[55] Planned Parenthood provides its patients with a wide range of health care services. Cutting off Planned Parenthood affiliates from receiving Medicaid funds will prevent its patients from receiving critical care.

A. Planned Parenthood Affiliates Help Ensure Patient Access to a Wide Range of Health Care Services

Planned Parenthood plays a critical role in providing a wide range of health care services to patients who need them. Planned Parenthood affiliates provide a range of family planning and reproductive healthcare services, including contraceptive care, cancer screenings, pregnancy tests and prenatal services, sexually transmitted infection (STI) testing and treatment, and primary care.[56]

---

[54] Planned Parenthood, *Who We Are*, https://perma.cc/R76D-Q6CV (last visited Oct. 15, 2025).

[55] *Id.*

[56] Planned Parenthood, *2023-2024 Annual Report*, at 23 (2025), https://perma.cc/G698-J4YY.

To illustrate how widely utilized Planned Parenthood's services are, between 2022 and 2023, Planned Parenthood health centers provided approximately 5.1 million tests or treatment for STIs, including nearly 770,000 HIV tests, as well as over 420,000 cervical, breast, and other cancer screenings, and more than 943,000 pregnancy tests.[57] Of the approximately 25 million women who receive contraceptive services each year, nearly one in five receive that care at publicly funded clinics like Planned Parenthood.[58]

Moreover, according to data from the National Survey of Family Growth, 71% of women with Medicaid or other public insurance who receive contraceptive care at family planning clinics report that that clinic is their "usual source" of health care.[59] Further, a 2016 survey of clinics receiving Title X funding found that 60% of women overall—and 65% of uninsured

---

[57] *Id.*

[58] See Jennifer Frost et al., Guttmacher Inst., *Trends and Differentials in Receipt of Sexual and Reproductive Health Services in the United States: Services Received and Sources of Care, 2006-2019*, at 9 tbl.4 (June 2021), https://perma.cc/TZG2-NN2E.

[59] Jennifer Frost, Guttmacher Inst., *U.S. Women's Use of Sexual and Reproductive Health Services: Trends, Sources of Care and Factors Associated with Use, 1995-2010*, (May 2013), at 33 fig.13, https://perma.cc/9JY7-L4QB.

women—reported the clinic where they were seeking care had been their *only source* of broader health care over the past year.[60]

B. Planned Parenthood Affiliates Fill Gaps in the Public Health System

Planned Parenthood plays an especially important role when it comes to providing care to Medicaid beneficiaries. As discussed *supra* in Section II, because individuals covered by Medicaid are already limited in their choice of provider, many rely on publicly funded health care centers, like Planned Parenthood. In 57% of counties with a Planned Parenthood clinic, Planned Parenthood serves at least half of all contraceptive patients seeking care at publicly funded providers.[61] In 26% of those counties, Planned Parenthood serves five times as many contraceptive patients as Federally Qualified Health Centers (FQHCs).[62]

If Planned Parenthood affiliates are excluded from the Medicaid program, Medicaid patients will not be able to simply go elsewhere for care. Already, over 19 million women around the country live in "contraceptive

---

[60] Megan L. Kavanaugh et al., *Use of Health Insurance Among Clients Seeking Contraceptive Services at Title X–Funded Facilities in 2016*, 50 Perspectives on Sexual & Reproductive Health 101, 105 (2018).

[61] Planned Parenthood, *The Irreplaceable Role of Planned Parenthood Health Centers*, at 2 (Apr. 2024), https://perma.cc/7CCE-2CV8.

[62] *Id.*

deserts" and lack reasonable access to a health center offering the full range of contraceptive methods in their county.[63] If Planned Parenthood affiliates become ineligible to receive Medicaid reimbursements, patients will only find it more difficult to access contraceptive care and the range of health care services Planned Parenthood provides.

All told, the Congressional Budget Office estimates that excluding Planned Parenthood clinics from Medicaid nationwide would cause 390,000 women to lose access to family planning services and as many as 650,000 women to face reduced access to preventive care services.[64]

If Planned Parenthood ceases providing services, other low- or no-cost providers, such as FQHCs, cannot fill the void. Although FQHCs outnumber Planned Parenthood clinics at a rate of 15 to 1,[65] in 2020, Planned Parenthood health centers served 1.6 million (33%) of the 4.7 million

---

[63] Power to Decide, *Contraceptive Deserts*, https://perma.cc/7UZF-3W94 (last visited Oct. 15, 2025).

[64] Sara Rosenbaum, *Medicaid Coverage for Family Planning—Can the Courts Stop the States from Excluding Planned Parenthood?*, 377 New Eng. J. Med 2205, 2205 (Dec. 2017); Cong. Budget Off., *Cost Estimate: H.R 3134, Defund Planned Parenthood Act of 2015* (2015), https://perma.cc/8QTY-9A4B.

[65] Cong. Rsch. Serv., R44295, *Factors Related to the Use of Planned Parenthood Affiliated Health Centers (PPAHCs) and Federally Qualified Health Centers (FHQCs)*, at Summary (2017), https://perma.cc/FYA2-Z287.

contraceptive clients treated at low- or no-cost family planning centers.[66] If Planned Parenthood were excluded from federal programs such as Medicaid, "FQHC sites offering contraceptive care would have to increase their capacity to provide these services by 56%, or an additional one million contraceptive clients."[67]

Further, FQHCs vary widely in the range of family planning services offered: those that do not receive Title X funding are less likely to have on-site availability of contraceptive methods.[68] In 2020 "only 56% of FQHC sites nationwide reported offering contraceptive care to at least 10 women per year—the threshold at which clinics are considered part of the network of safety-net contraceptive providers."[69]

---

[66] Guttmacher Inst., *Federally Qualified Health Centers Could Not Readily Replace Planned Parenthood* (June 4, 2025), https://perma.cc/Y9UW-7WL5.

[67] *Id.*

[68] Liane Ventura et al., *Contraceptive Access at Federally Qualified Health Centers During the South Carolina Choose Well Initiative: A Qualitative Analysis of Staff Perceptions and Experiences*, 2:1 Women's Health Reps. 608, 609 (2021), https://perma.cc/9GYL-7VRK.

[69] Guttmacher Inst., *supra* note 66.

C. Defunding Planned Parenthood Affiliates Risks Harming Patients

Barring Planned Parenthood affiliates from receiving Medicaid reimbursements will subject Medicaid beneficiaries around the country to unnecessary and avoidable harm.

Publicly funded family planning clinics like Planned Parenthood help women avoid unintended or mistimed pregnancies. One study found that nearly half of pregnancies in the United States are mistimed or unintended – totaling 2.8 million unintended pregnancies each year, affecting nearly 5% of reproductive-age women annually.[70] Unintended pregnancy is significantly associated with adverse maternal outcomes, including increased rates of depression during both the pregnancy and postpartum periods and maternal experience of interpersonal violence.[71] Similarly, closely spaced pregnancies—those conceived within 6 months of a prior birth—are associated with higher risks of preterm birth and infants smaller than their

---

[70] Guttmacher Inst., *Unintended Pregnancy in the United States*, at 1 (2019), https://perma.cc/K3U5-767M.

[71] Heidi D. Nelson et al., *Associations of Unintended Pregnancy with Maternal and Infant Health Outcomes*, 328(17) JAMA 1714 (2022).

gestational age.[72] Closely spaced births also pose higher maternal risks of death and serious illness that increase with maternal age.[73]

Planned Parenthood's contraceptive care also protects those women for whom pregnancy can be hazardous or life-threatening.[74] And contraceptive medications have several scientifically recognized uses outside of reproductive health, including treating severe menstrual pain, endometriosis, and acne, and decreasing the risk of endometrial and ovarian cancer.[75]

Outside of reproductive care, Planned Parenthood also provides critical screening services for patients with cancer and HIV. Early testing and detection are crucial for optimizing treatment for these patients.[76] Detecting and treating STIs in their early stages can help prevent serious complications and long-term health effects, such as infertility, chronic pain, or

---

[72] Laura Schummers et al. *Association of Short Interpregnancy Interval with Pregnancy Outcomes According to Maternal Age*, 178(12) JAMA Internal Med. 1661 (2018).

[73] *Id.*

[74] *See, e.g.*, Megan L. Kavanaugh & Ragnar M. Anderson, Guttmacher Inst., *Contraception and Beyond: The Health Benefits of Services Provided at Family Planning Centers*, at 7, 11–13 (July 2013), https://perma.cc/ME8X-XCRG.

[75] *Id.*

[76] See Am. Cancer Soc'y, *Cancer Prevention & Early Detection Facts & Figures 2025-2026* (2025), at 38-39, 46-51, https://perma.cc/W8KM-D7LJ; INSIGHT START Study Grp., *Initiation of Antiretroviral Therapy in Early Asymptomatic HIV Infection*, 373 New Eng. J. Med. 795, 803-05 (Aug. 2015).

increased risk of certain cancers.[77] Timely detection also enables providers to offer appropriate treatment plans, reducing the risk of recurrence and promoting long-term sexual health.[78] Diagnosis is even more important in light of studies showing that an estimated 15% of people with HIV in the United States are unaware they have HIV, and it is estimated that 40% of new diagnoses of HIV are transmitted by those who are not aware of their HIV diagnosis.[79] Early identification of HIV allows patients to receive treatment sooner, which is important to reduce related illnesses and improve mortality rates.[80] The risks of delayed care are obvious: the longer patients go without knowing they have cancer or HIV, the greater the chance they will be unable to receive effective treatment. Many Americans – and many Medicaid beneficiaries – depend on Planned Parenthood for early detection to enable effective treatment.

---

[77] Roxanne Barrow et al., Ctrs. for Disease Control & Prevention, *Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services, 2020*, at 1 (2020), https://perma.cc/KH2S-R3YY; Kaitlin Hufstetler et al., *Clinical Updates in Sexually Transmitted Infections, 2024*, 33:6 J. Women's Health 827, 827 (June 2024).

[78] Aspen Med. Ctr., *The Importance of Early STD Detection and Testing: A Comprehensive Guide* (Apr. 11, 2024), https://perma.cc/G2LP-E5FY; *see also* Barrow et al., *supra* note 77, at 9.

[79] Nat'l Insts. of Health, *HIV Testing* (May 24, 2024), https://perma.cc/YFS9-ZE83.

[80] *Id.*

The harms of defunding Planned Parenthood are not speculative: they are proven. States that have removed Planned Parenthood as a Medicaid provider have faced increased negative health outcomes. The closure of Scott County, Indiana's sole Planned Parenthood clinic in 2013 provides an illustrative example. Before the clinic closed, the county had an average of just five HIV diagnoses per year.[81] However, between November 2014 and November 2015 following the closure, there were 181 HIV diagnoses in the county.[82] The HIV outbreak was unprecedented and caused then-governor Mike Pence to declare a public health emergency.[83] Scott County's Planned Parenthood clinic had provided free HIV testing, but no comparable testing was available to the community following its closure and leading up to the

---

[81] Jeffrey Crowley & Gregorio Millett, *Preventing HIV and Hepatitis Infections Among People Who Inject Drugs: Leveraging an Indiana Outbreak Response to Break the Impasse*, 21 AIDS & Behav. 968, 969 (Feb. 2017).

[82] *Id.* Because of the closure, it became "hard, if not impossible, for people even to learn they were infected[,]" leading to increased spread of the disease. Gregg Gonsalves & Forrest Crawford, *How Mike Pence Made Indiana's HIV Outbreak Worse*, Politico (Mar. 2, 2020), https://perma.cc/38M6-ZXZH. Early screening and diagnosis allow individuals to access treatment and reduce their risk of further transmitting HIV. Ctrs. for Disease Control & Prevention, *HIV Screening and Testing* (Dec. 20, 2022), https://perma.cc/G232-2UGK.

[83] Planned Parenthood, *IPM: "Defunding" Planned Parenthood Would Have Devastating Consequences for Communities Across the Country* (Feb. 3, 2025), https://perma.cc/6ZVZ-DLFG.

outbreak.[84] As another example, following Texas's defunding of women's health care and associated clinic closures, the State's maternal mortality rose twofold to 36 maternal deaths per 100,000 live births during 2011–2014.[85] These examples underscore the detrimental impact that the loss of even one health care provider can have on the health of Medicaid beneficiaries, to say nothing of the across-the-board removal of Planned Parenthood affiliates that the Defund Provision would effect.

---

[84] Philip Peters et al., *HIV Infection Linked to Injection Use of Oxymorphone in Indiana, 2014-2015*, 375:3 New Eng. J. Med. 229, 230 (2016).

[85] David Boulware, *Recent Increases in the U.S. Maternal Mortality Rate: Disentangling Trends from Measurement Issues*, 129:2 Obstetrics & Gynecology 385, 385 (Feb. 2017).

CONCLUSION

For the foregoing reasons, the Court should affirm the decision of the district court.

Dated: October 20, 2025

Respectfully submitted,

/s/ *Nicole A. Saharsky*

Nicole A. Saharsky
Leif Overvold
Zachary Krislov
MAYER BROWN LLP
1999 K Street, N.W.
Washington, D.C. 20006
(202) 263-3000
nsaharsky@mayerbrown.com

Molly A. Meegan
Francisco M. Negrón, Jr.
Meaghan Hannan Davant
American College of Obstetricians and Gynecologists
409 12th Street, S.W.
Washington, D.C. 20024
(202) 638-5577

CERTIFICATE OF COMPLIANCE

Pursuant to Federal Rule of Appellate Procedure 32(g), undersigned counsel certifies that this brief:

(i) complies with the type-volume limitation of Rule 29(a)(5) because it contains 6,183 words, including footnotes and excluding the parts of the brief exempted by Rule 32(f); and

(ii) complies with the typeface requirements of Rule 32(a)(5) and the type style requirements of Rule 32(a)(6) because it has been prepared using Microsoft Word for Microsoft 365 and is set in Century Schoolbook font in a size equivalent to 14 points or larger.

Dated: October 20, 2025

/s/ *Nicole A. Saharsky*
Nicole A. Saharsky

CERTIFICATE OF SERVICE

I hereby certify that I electronically filed the foregoing with the Clerk of the Court for the United States Court of Appeals for the First Circuit by using the appellate CM/ECF system on October 20, 2025. I certify that all participants in the case are registered CM/ECF users and that service will be accomplished by the appellate CM/ECF system.

/s/ *Nicole A. Saharsky*
Nicole A. Saharsky