

IN THE
Supreme Court of the United States

EUNICE MEDINA, IN HER OFFICIAL CAPACITY AS INTERIM
DIRECTOR, SOUTH CAROLINA DEPARTMENT OF HEALTH
AND HUMAN SERVICES,
Petitioner,

v.

PLANNED PARENTHOOD SOUTH ATLANTIC, ET AL.,
Respondents.

On Writ of Certiorari to the
United States Court of Appeals for the Fourth Circuit

BRIEF OF MEDICAID BENEFICIARIES C.M., E.K.,
J.V., J.A.M., N.G., AND L. M.-S. AS AMICI CURIAE IN
SUPPORT OF RESPONDENTS

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INTERESTS OF AMICI ¹

The amici curiae are six individuals, either presently or previously enrolled in Medicaid, who have received healthcare services at one of many Planned Parenthood health centers across the country. Their experiences illustrate the real-life impact of the free-choice-of-provider provision and show just how important it is that the courthouse door remain open when States attempt to bar patients insured by Medicaid from seeking care from the qualified provider of their choice. For amici, the health care they receive from Planned Parenthood is irreplaceable.

Like many Medicaid beneficiaries, amici rely on Planned Parenthood for healthcare services that have nothing to do with abortion. Instead, patients like amici rely on Planned Parenthood to provide a wide range of medical care, including annual physicals, blood work, screenings for various forms of cancer, infertility and prenatal services – indeed, some patients rely on Planned Parenthood for virtually all their healthcare needs.

For patients like amici, healthcare providers are not fungible. To the contrary, Planned Parenthood health centers provide services in areas and in ways that uniquely meet their patients' healthcare needs. Amici's

¹ Pursuant to Rule 37.6, counsel for amici curiae state that no counsel for a party authored this brief in whole or in part, and no person or entity other than amici or their counsel has made a monetary contribution to the preparation or submission of this brief.

stories illustrate the enormous value Planned Parenthood brings to patients, and with that, to the Medicaid program itself.

First, Planned Parenthood provides services where they are most needed. Like many Medicaid beneficiaries, amici live in federally recognized “medically underserved areas,” where access to adequate primary care is hard to come by, particularly for low-income communities. For these patients, Planned Parenthood is not only their provider of choice, but potentially the *only* source of life-saving care that meets their needs.

Second, Planned Parenthood offers a flexible schedule, including walk-in care. This flexibility is critically important to patients with low incomes, including Medicaid beneficiaries like amici, many of whom are juggling inflexible work schedules, childcare responsibilities, and transportation challenges. Amici report unsuccessful attempts to seek health care from other providers who only offered to schedule an appointment several *months* into the future, even when patients expressed a need for time-sensitive care.

Third, Planned Parenthood uniquely engenders trust. Like many Medicaid beneficiaries, amici describe feeling stigmatized by other providers because of their socioeconomic status. They relate experiences in which other providers treated them as an afterthought, as if people with low incomes are second-class patients. Planned Parenthood does the opposite, demonstrating through both words and action that these patients are important and equally deserving of empathy and attention. Other amici describe the vulnerability and

discomfort they feel seeking intimate health services as the result of domestic violence or sexual trauma. For these patients, Planned Parenthood provides a uniquely supportive environment to receive their care, enabling patients who have experienced an attack on their autonomy to regain agency over their own lives. Efforts to restrict where such patients can seek care have the opposite effect, deepening patients' sense of loss of control.

The experiences of amici provide real-world examples of the importance of preserving an enforceable provision that enables Medicaid beneficiaries to choose their provider. C.M. is from Birmingham, AL, a city located within a federally recognized medically underserved area.² She now lives in Brooklyn, NY, a borough with multiple federally recognized medically underserved areas, including a designation specifically indicating a shortage of primary care services for the Medicaid-eligible population.³ C.M. is enrolled in Medicaid and regularly seeks care from Planned Parenthood, including for her annual PAP smear and other wellness exams. She describes the care she has

² *Health Workforce Shortage Areas*, Health Res. & Servs. Admin. (data as of Mar. 6, 2025), <https://data.hrsa.gov/topics/health-workforce/shortage-areas> (Jefferson County, AL) [hereinafter HRSA Database].

³ HRSA Database (Kings County, NY).

received there as “better than any private provider [she’s] ever had.”⁴

E.K. is from Elko, NV, a city designated as a medically underserved area specifically with respect to its residents with low incomes.⁵ She was previously enrolled in Medicaid and, along with generations of women in her family, she regularly goes to Planned Parenthood for cancer screenings, other preventive care, and health-related education.

J.V. is from Albany, NY, a city within a federally recognized medically underserved area.⁶ She is enrolled in Medicaid and has been seeking contraceptive and preventive care from Planned Parenthood for more than 15 years, starting when she was 15 years old. She describes Planned Parenthood as “the only health care provider [she] trust[s] with [her] reproductive health.”⁷

J.A.M. is from New Orleans, LA, a city within a federally recognized medically underserved area.⁸ She is enrolled in Medicaid and has finally been able to manage her painful endometriosis symptoms with assistance from providers at Planned Parenthood.

⁴ Testimonial of C.M.

⁵ HRSA Database (Elko County, NV).

⁶ HRSA Database (Albany County, NY).

⁷ Testimonial of J.V.

⁸ HRSA Database (Orleans County, LA).

N.G. is from New York, NY, a city with federally recognized medically underserved areas in each of the five boroughs.⁹ She is enrolled in Medicaid and has finally been able to manage her Polycystic Ovary Syndrome (PCOS) with assistance from providers at Planned Parenthood. She describes the care she received at Planned Parenthood as “the best gynecological care [she] ever had.”¹⁰

L.M.-S. is from Houston, TX, a city with multiple federally recognized medically underserved areas, including a specific provider shortage for residents with low incomes.¹¹ She is enrolled in Medicaid and sought care when she suffered domestic violence and sexual assault. Other providers in her community informed her there was a one-to-three month wait for an appointment. When she contacted Planned Parenthood, she immediately received a same-day appointment. Only Planned Parenthood provided the access to care that she needed.

Amici, in short, have an interest in preserving their ability to access health care from any qualified provider, particularly in parts of the country where such providers are few and far between or have limited capacity. And amici likewise have an interest in preserving their right to seek health care from their providers of choice, free

⁹ HRSA Database (Kings County, Queens County, New York County, Bronx County, and Richmond County, NY).

¹⁰ Testimonial of N.G.

¹¹ HRSA Database (Harris County, TX).

from state interference. As amici's stories demonstrate, health care is deeply personal, and a State's infringement on the patient-provider relationship warrants scrutiny.

SUMMARY OF ARGUMENT

Petitioner argues that the State's authority to prohibit Medicaid beneficiaries from receiving care from providers disfavored by the State "ensures that women receive comprehensive medical care" and "improv[es] 'access to necessary medical care.'" Pet'r Br. 11. That is wrong. Barring Medicaid beneficiaries from receiving care at Planned Parenthood would significantly restrict access to health care throughout the nation and diminish the quality of care for countless individuals insured by Medicaid.

Across the U.S., people with low incomes struggle to access the health care they need. At least forty-seven of the fifty States have federally recognized provider shortages specific to meeting the needs of patients with low incomes. Nearly half of all women of reproductive age in the United States live in an area of federally recognized healthcare shortages, and ten million women live in counties where there is not a single obstetrician-gynecologist (OB/GYN). Seventy-six percent of Planned Parenthood health centers are located in rural or medically underserved areas.

Planned Parenthood health centers offer a wide range of healthcare services, including primary care visits for adults and children and critical sexual and reproductive health (SRH) care. The accounts of amici demonstrate the array of preventive care and

comprehensive treatments they have received, and intend to continue receiving, from Planned Parenthood.

Planned Parenthood is particularly effective in providing care to these underserved communities because it offers care in a flexible environment. Many Medicaid beneficiaries face daunting challenges to receive care. Without significant resources, they are often seeking health care while coping with inflexible work schedules, significant childcare responsibilities, and challenging travel arrangements. As amici explain, the flexibility that Planned Parenthood offers may well be the difference between receiving high-quality health care or receiving no health care at all. Unsurprisingly, the data show that when States have excluded Planned Parenthood from healthcare programs, the use and availability of health care declines dramatically.

Regardless of where one lives, Medicaid beneficiaries must remain free to choose a provider who makes them feel comfortable and respected. Medicaid beneficiaries deserve the same access to qualified providers of their choice, who accept their insurance, as anyone else. As the experiences of amici illustrate, the free-choice-of-provider provision empowers Medicaid beneficiaries to exercise agency and autonomy over their health care by seeking care from a trusted provider. For amici, Planned Parenthood is a source of patient-centered care that promotes their dignity and fosters trust – necessary elements of high-quality health care.

ARGUMENT

I. Barring Medicaid Beneficiaries from Receiving Care at Planned Parenthood Would Significantly Restrict the Availability of Care in the Areas That Need It Most.

Planned Parenthood health centers operate against a backdrop of critical healthcare shortages throughout the country. Approximately seventy-seven million Americans, or more than 20% of the United States population, live in areas designated by the Health Resources and Services Administration (HRSA) as “health professional shortage areas” (HPSAs) for primary care services – meaning there are not enough providers to meet the primary care needs of the population.¹²

These provider shortages disproportionately affect people with low incomes, especially women. At least forty-seven of the fifty States have federally recognized provider shortages specific to meeting the needs of patients with low incomes.¹³ Nearly half of all women of reproductive age in the United States live in an area of federally recognized healthcare shortages, and ten million women live in counties where there is not a single obstetrician-gynecologist (OB/GYN).¹⁴

¹² HRSA Database.

¹³ *Id.*

¹⁴ Planned Parenthood, *Reproductive-Age Women in Underserved Areas: Opportunities to Expand Access Through Telehealth*, https://www.plannedparenthood.org/uploads/filer_public/28/1b/281

Planned Parenthood helps to mitigate this healthcare crisis. Seventy-six percent of Planned Parenthood health centers are located in rural or medically underserved areas.¹⁵

In those communities, and elsewhere, Planned Parenthood provides much-needed primary care visits for adults and children alike.¹⁶ For the many Americans facing provider shortages, Planned Parenthood health centers offer a wide range of critical sexual and reproductive health (SRH) care. To be clear, that range of healthcare services extends far beyond the narrow range of services (such as abortion) that petitioner opposes. Services offered at Planned Parenthood include (but are not limited to) annual physical exams, cancer screenings and prevention (such as breast exams, Pap smears, HPV vaccinations), testing and treatment for sexually transmitted infections (STIs), a broad

bf671-696b-4523-a236-03e7b9b5436f/190110-wora-telehealth-report-d02.pdf?_ga=2.204619088.1157319131.1588710286-815341750.1588600562.

¹⁵ Press Release, Planned Parenthood Fed'n of Am., *IPM: "Defunding" Planned Parenthood Would Have Devastating Consequences for Communities Across the Country* (Feb. 3, 2025), <https://www.plannedparenthood.org/about-us/newsroom/press-releases/ipm-defunding-planned-parenthood-would-have-devastating-consequences-for-communities-across-the-country> [hereinafter Planned Parenthood Press Release].

¹⁶ Planned Parenthood, *Above & Beyond: Annual Report 2022-2023*, at 24, https://cdn.plannedparenthood.org/uploads/filer_public/ecf4/ecf43d92-fcd2-4d11-b299-e67b5c3ac394/2024-ppfa-annual-report-c3-digital.pdf [hereinafter Annual Report].

spectrum of contraceptive services (which, as amici's stories illustrate, are used to treat a wide range of health conditions), infertility services, prenatal services, and miscarriage care.¹⁷

The experiences of amici illustrate the wide range of preventive healthcare services that Planned Parenthood provides. One amicus, C.M., regularly receives her annual Pap smear and other wellness exams at her local Planned Parenthood health center. Another amicus, E.K., goes to her local Planned Parenthood for "cancer screenings, preventive care, and education."¹⁸ Indeed, women in E.K.'s family have relied on Planned Parenthood for preventive healthcare services for generations. Similarly, another amicus, J.V., has been receiving "birth control, cancer screenings and well-woman exams" from Planned Parenthood providers ever since her mother – a Planned Parenthood patient herself – first brought her to their local Planned Parenthood health center at age fifteen.¹⁹

Beyond preventive care, Planned Parenthood provides essential medical treatment for active conditions. Amicus C.M., for example, requires contraceptive services for medical reasons, and Planned Parenthood helped her find the right option to fit her specific medical needs.

¹⁷ Annual Report at 23.

¹⁸ Testimonial of E.K.

¹⁹ Testimonial of J.V.

Planned Parenthood providers also develop comprehensive treatment plans that have allowed multiple amici to manage chronic symptoms that had disrupted their daily lives for more than a decade prior to receiving care from Planned Parenthood. For example, amicus N.G., an army veteran, suffered for 22 years from “incredibly painful” symptoms of Polycystic Ovary Syndrome (PCOS), including during her military service.²⁰ After several failed attempts to access treatment, she finally learned about options for managing her endometriosis symptoms at her local Planned Parenthood. N.G.’s treatment plan includes hormonal contraception services, and she relies on Planned Parenthood for that care.

Another amicus, J.A.M., had a similar experience. After at least a decade of painful endometriosis symptoms, which were at times so severe that they prevented her from working, J.A.M. suffered life-threatening complications from the condition and was rushed to the hospital. In the wake of that hospitalization, J.A.M. finally received a treatment plan at Planned Parenthood that has allowed her to manage her symptoms and carry out her workplace responsibilities without interruption.

²⁰ Testimonial of N.G.

Countless public accounts confirm the wide range of care that patients receive at Planned Parenthood. Those services include annual physicals,²¹ cervical cancer screenings,²² breast cancer screenings,²³ referrals for breast cancer treatment,²⁴ testing for STIs,²⁵ treatment

²¹ Declaration of Jane Doe #3 in Support of Plaintiffs' Motion for Temporary Restraining Order and/or Preliminary Injunction, *Planned Parenthood Ark. & E. Okla. v. Selig*, No. 4:15-cv-00566 (E.D. Ark. Sept. 11, 2015), ECF No. 3 [hereinafter Jane Doe #3 (E.D. Ark. Sept. 11, 2015)]; Declaration of Jane Doe #5 in Support of Plaintiffs' Motion for Preliminary Injunction on Their Constitutional Claims, *Planned Parenthood Ark. & E. Okla. v. Gillespie*, No. 4:15-cv-00566 (E.D. Ark. Feb. 26, 2018), ECF No. 166-4 [hereinafter Jane Doe #5 (E.D. Ark. Feb. 26, 2018)].

²² Declaration of Jane Doe #4 in Support of Plaintiffs' Motion for Temporary Restraining Order and/or Preliminary Injunction, *Planned Parenthood of Greater Texas Family Planning and Preventative Health Services, Inc. v. Traylor*, No. 1:15-cv-01058 (W.D. Tex. Jan. 19, 2017), ECF No. 87-4.

²³ Jane Doe #3 (E.D. Ark. Sept. 11, 2015).

²⁴ Declaration of Jane Doe #1 in Support of Plaintiffs' Motion for Temporary Restraining Order and Preliminary Injunction, *Planned Parenthood Gulf Coast, Inc. v. Kliebert*, No. 15-cv-00565 (M.D. La. Aug. 25, 2015), ECF No. 4-3 [hereinafter Jane Doe #1 (M.D. La. Aug. 25, 2015)].

²⁵ Declaration of Jane Doe #3 in Support of Plaintiffs' Motion for Temporary Restraining Order and Preliminary Injunction, *Planned Parenthood Gulf Coast, Inc. v. Kliebert*, No. 15-cv-00565 (M.D. La. Aug. 25, 2015), ECF No. 4-5.

for STIs,²⁶ and blood work.²⁷ In fact, many patients rely on Planned Parenthood for *all* their health care needs.²⁸

In light of the widespread provider access issues discussed above, barring Medicaid beneficiaries from receiving care at Planned Parenthood would not “ensure[] that women receive comprehensive medical care,” as petitioner contends, Pet’r Br. 11; rather, it would further restrict the already limited options amici have for health care, particularly in medically underserved communities.

Data from States that have attempted to exclude Planned Parenthood from programs that provide funding for family planning services confirms this risk. For example, after the Kansas legislature blocked its residents’ ability to obtain care at Planned Parenthood through the Title X program, the State experienced a more than 37% decline in the number of annual pelvic exams, birth control, cancer screenings, STI testing, and

²⁶ Jane Doe #5 (E.D. Ark. Feb. 26, 2018).

²⁷ Declaration of Jane Doe #1, *Planned Parenthood of Kansas and Mid-Missouri v. Mosier*, No. 2:16-cv-02284 (D. Kan. May 4, 2016), ECF No. 7-2 [hereinafter Jane Doe #1 (D. Kan. May 4, 2016)].

²⁸ *See, e.g.*, Declaration of Jane Doe #1 in Support of Plaintiffs’ Motion for Temporary Restraining Order and/or Preliminary Injunction, *Planned Parenthood Ark. & E. Okla. v. Selig*, No. 4:15-cv-00566 (E.D. Ark. Sept. 11, 2015), ECF No. 3 [hereinafter Jane Doe #1 (E.D. Ark. Sept. 11, 2015)]; Jane Doe #3 (E.D. Ark. Sept. 11, 2015).

other care obtained through the program.²⁹ Similarly, Iowa saw an 86% decline in the provision of reproductive healthcare services within two years of the State's decision to forego federal funding that would have enabled state residents to receive care from Planned Parenthood.³⁰ And in Wisconsin, excluding Planned Parenthood and similar providers from critical women's health programs forced the closure of five family planning health centers in rural parts of the State, leaving 3,100 patients without access to reproductive health care.³¹

Even in communities where other healthcare providers are generally available, Planned Parenthood health centers bridge access issues by providing immediate medical care when patients need it most. Many patients with low incomes, including those enrolled in Medicaid, may have difficulty getting to pre-scheduled appointments while juggling inflexible work schedules, childcare responsibilities, lack of childcare resources, and transportation challenges. To meet these

²⁹ Roxana Hegeman, *Feds Push Back on States Targeting Planned Parenthood Funds*, AP News (Sept. 24, 2016), <https://apnews.com/domestic-news-domestic-news-general-news-03c09aa8420a4bce98a413449129d2f8>.

³⁰ Michaela Ramm, *Iowa's Family Planning Service Use Plummets 85 Percent After Switch to New Program*, Gazette (Dec. 10, 2019), <https://www.thegazette.com/health-care-medicine/iowas-family-planning-service-use-plummets-85-percent-after-switch-to-new-program/>.

³¹ Planned Parenthood Press Release.

needs, Planned Parenthood offers services to walk-in patients.³²

As one patient explained, this flexibility is particularly important for treatments that must be administered at specific times and for medical conditions that may require prompt attention.³³ Before she found Planned Parenthood, the same patient had repeatedly tried to seek care for concerning symptoms from private OB/GYNs in her area, but each time she was told the next available appointment was three-to-four weeks away.³⁴ If she needed to be seen sooner, those other providers advised, she would have to go to the emergency room.³⁵

Similarly, when one amicus, L.M.-S., sought immediate care for injuries inflicted by domestic violence and sexual assault, she “faced a challenge of having to wait anywhere between one and three months before [she] could see an OBGYN provider who accepted [her] insurance.”³⁶ She felt that she was “always placed at the back of waiting lines” at other healthcare providers in her area due to her status as a Medicaid

³² Declaration of Suzanna De Baca in Support of Plaintiffs’ Motion for Temporary Restraining Order and/or Preliminary Injunction, *Planned Parenthood Ark. & E. Okla. v. Selig*, No. 4:15-cv-00566 (E.D. Ark. Sept. 11, 2015), ECF No. 3.

³³ Jane Doe #1 (E.D. Ark. Sept. 11, 2015).

³⁴ *Id.*

³⁵ *Id.*

³⁶ Testimonial of L.M.-S.

beneficiary.³⁷ “Only with Planned Parenthood” was she “able to get an immediate same day appointment.”³⁸ Her treatment included testing for sexually transmitted infections, a Pap smear, and referrals for therapy and reconstructive surgery to repair injuries resulting from the abuse she experienced. In L.M.-S.’s experience, other OB/GYN providers who accept Medicaid are generally unable to “provide survivors . . . an immediate checkup or care.”³⁹ As amicus L.M.-S. explains, Planned Parenthood helps survivors of domestic violence and sexual assault overcome “the challenge of receiving immediate medical care.”⁴⁰

Research confirms that L.M.-S.’s experience is common among Medicaid beneficiaries. A qualitative study evaluating access to care after Texas excluded Planned Parenthood from its Medicaid program found that Medicaid beneficiaries faced significant difficulties accessing care elsewhere, particularly when a same-day appointment was needed.⁴¹ For many, these difficulties led to healthcare that was delayed or entirely forgone.⁴²

³⁷ *Id.*

³⁸ *Id.*

³⁹ *Id.*

⁴⁰ *Id.*

⁴¹ Anna Chatillon et al., *Access to Care Following Planned Parenthood’s Termination from Texas’ Medicaid Network: A Qualitative Study*, 128 *Contraception* 110141 (Dec. 2023).

⁴² *Id.*

Without access to care from Planned Parenthood, Medicaid beneficiaries will face exacerbated provider shortages – which will be felt most severely by those in medically underserved areas and those, including survivors of domestic violence and sexual assault, who require immediate care.

II. The Free-Choice-of-Provider Provision Promotes Agency and Dignity for Medicaid Beneficiaries by Enabling Patients to Seek Care from a Trusted Provider.

Medicaid provides health coverage for more than 72 million people across the country, more than twenty percent of the U.S. population.⁴³ The free-choice-of-provider provision ensures that these individuals have the ability to exercise agency and autonomy when it comes to obtaining health care. Patients' ability to choose a provider that makes them feel comfortable and respected facilitates trust in the healthcare system and is fundamental to the provision of quality health care. Studies have linked patient trust to utilization of life-saving preventive care and an increased willingness to seek medical care when needed.⁴⁴ Unsurprisingly, when

⁴³ *October 2024 Medicaid & CHIP Enrollment Data Highlights*, Medicaid, <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html> (last visited Mar. 7, 2025).

⁴⁴ Michael E. Darden & Mario Macis, *Trust and Health Care-Seeking Behavior* (Nat'l Bureau of Econ. Rsch., Working Paper 32028, 2024), https://www.nber.org/system/files/working_papers/w32028/w32028.pdf; Elizabeth L. Cope et al., *Trust In Health Care: Insights From Ongoing Research*, *Health Affairs* (Jan. 11, 2022),

patients are treated with dignity and respect, better health outcomes result.⁴⁵ As amici explain, Planned Parenthood uniquely provides this type of patient-centered care for individuals insured by Medicaid.

One amicus, C.M., decided to seek care at Planned Parenthood after a community OB/GYN “botched the job” of placing her intrauterine device (IUD). Planned Parenthood “guide[d] her through the myriad of health problems that followed (multiple infections), and the eventual removal of [her] IUD, a tricky procedure due to how it was placed.”⁴⁶ She has found that the care she receives at Planned Parenthood is “better” than the care she had previously received from any other healthcare provider.⁴⁷ Unlike previous providers where C.M. struggled to obtain the support she needed, Planned Parenthood has “made [her] feel safe and taken care of. [She] never feel[s] uncomfortable asking any question about [her] health.”⁴⁸

<https://www.healthaffairs.org/content/forefront/trust-health-care-insights-ongoing-research>.

⁴⁵ See, e.g., Mary Catherine Beach et al., *Do Patients Treated With Dignity Report Higher Satisfaction, Adherence, and Receipt of Preventive Care?*, 33 *Ann. Fam. Med.* 331 (2005), <https://pubmed.ncbi.nlm.nih.gov/articles/PMC1466898/#:~:text=Then%20we%20calculated%20adjusted%20probabilities,by%20treating%20them%20with%20dignity>.

⁴⁶ Testimonial of C.M.

⁴⁷ *Id.*

⁴⁸ *Id.*

Amicus, J.V., explains that Planned Parenthood is “the only health care provider [she] trust[s] with [her] reproductive health.”⁴⁹ Similarly, another patient, a breast cancer survivor, “feel[s] more comfortable at Planned Parenthood. They are more comfortable and understanding.”⁵⁰ She has “trust [in] the providers there.”⁵¹ That trust is not easy to come by.

Another amicus, E.K., sought care at Planned Parenthood because she knew it was the place to go “when you have questions or need help.”⁵² Patients need the ability to seek care from a provider who listens and engenders trust. This is especially important for Medicaid beneficiaries who, because of their socioeconomic status and other social determinants of health, are too often treated with dismissiveness by providers. For example, one patient spoke of “bad experiences in the past when [she has] felt judged by medical providers because [she is] a single mother. [She] did not feel judged at Planned Parenthood.”⁵³

Another amicus, N.G., describes the mistreatment she had previously faced by healthcare providers, and how she finally received the quality health care she deserved at Planned Parenthood. N.G. suffered for 22

⁴⁹ Testimonial of J.V.

⁵⁰ Jane Doe #1 (M.D. La. Aug. 25, 2015).

⁵¹ *Id.*

⁵² Testimonial of E.K.

⁵³ Jane Doe #1 (D. Kan. May 4, 2016).

years with undiagnosed polycystic ovary syndrome (PCOS). Her periods were so painful that growing up, she experienced “profus[e] vomiting” and had to miss school.⁵⁴ She explains that “[a]s a Black, low-income woman who has been homeless, [she is] perceived as someone who does not deserve or need high-quality health care.”⁵⁵ She had become accustomed to receiving health care in which doctors “left [her] alone on the treatment table with [her] feet in the stirrups for 30 minutes, totally forgetting about [her.]”⁵⁶

When N.G. decided to seek care at Planned Parenthood, everything changed. The Planned Parenthood staff “made [her] feel comfortable” because they “saw [her] as a whole person. They treated [her] – not the ailment. It was not a one-size-fits-all approach. There was no shame, no blame. It was a wonderful feeling. Everyone deserves this care.”⁵⁷ N.G. emphasizes the life-changing impact of seeking care from a provider that “encourage[s] folks to ask questions and make themselves vulnerable so that they can get the care they need.”⁵⁸ Unlike other providers, Planned Parenthood has made N.G. feel “strong and empowered” helping her to “move pas[t] the shame and silence [she]

⁵⁴ Testimonial of N.G.

⁵⁵ *Id.*

⁵⁶ *Id.*

⁵⁷ *Id.*

⁵⁸ *Id.*

carried around for decades. The end result is improved health care for both [her] and [her] daughter.”⁵⁹

The need for treatment with dignity can be especially strong for patients who have experienced domestic violence or sexual trauma. Amicus, L.M.-S., for example, a survivor of domestic violence who sought care at Planned Parenthood, explains that “[she] know[s] that when [she] step[s] foot into Planned Parenthood, [she is] receiving the same quality care everyone else in the health center is receiving, regardless of [her] income or [her] insurance.”⁶⁰ Another patient, who was sexually assaulted as a teenager, feels “very uncomfortable getting reproductive healthcare as a result. Planned Parenthood is the only provider [she] feels comfortable with.”⁶¹ Survivors need a safe place to go and receive the care they need – “Planned Parenthood is [that] safe place.”⁶²

As E.K. puts it, Planned Parenthood is “there for people who face enormous hurdles to getting health care, whether it’s income or race or geography or gender identity or immigration status – whatever it is, they are there. They are there for Democrats and Republicans.

⁵⁹ *Id.*

⁶⁰ Testimonial of L.M.-S.

⁶¹ Declaration of Jane Doe # 2 in Support of Plaintiffs’ Motion to Amend Protective Order, *Planned Parenthood Southeast Inc. v. Dzielak*, No. 16-cv-454 (S.D. Miss. July 6, 2016), ECF No. 12-1.

⁶² Testimonial of L.M.-S.

They're there for women and men. They are there, no matter what."⁶³

Planned Parenthood's treatment of all patients with dignity and respect, regardless of circumstances, matters – empowering individuals to obtain the care they need and improving their health in the process. If patients cannot choose the provider they have come to know and trust, they lose their agency over their own health care and with that, their own lives.

CONCLUSION

For the foregoing reasons, amici respectfully request that this Court affirm the decision below.

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Respectfully submitted,

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⁶³ Testimonial of E.K.